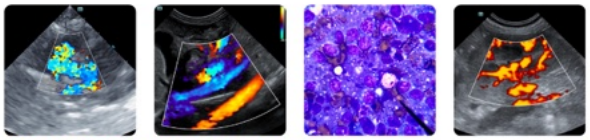


PATIENT

Mary Dillow

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

5.2 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

70918

DATE

1/26/26

PRESENTING CLINICAL SIGNS

- Patient presents with weight loss and intermittent vomiting for the last month. History of hyperthyroidism and currently only on Hill's Y/D diet. Uncontrolled hyperthyroidism on bloodwork today with Total T4 at 8.0 (0.8 - 4.7 µg/dL). Elevated ALT 350
- (12 - 130 U/L) and ALP 132 (14 - 111 U/L) Patient was fasted after 12 am last night. Sometimes she's able to hold down food but will also throw up bile periodically. Patient has a heart murmur (Grade 2/6)
- R/O: Primary hyperthyroidism for vomiting vs gastric (inflammatory vs neoplasia) vs hepatic disease (neoplasia vs inflammation vs other)
- Uncontrolled hyperthyroidism on bloodwork today with Total T4 at 8.0 (0.8 - 4.7 µg/dL). Elevated ALT 350 (12 - 130 U/L) and ALP 132 (14 - 111 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.1 cm, right measured 3.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

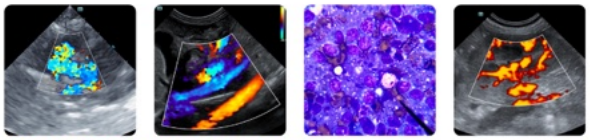
The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of ingesta is present within the stomach. Fecal material was present in the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Ingesta within the stomach.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was fasted prior to the ultrasound, the presence of ingesta within the stomach is abnormal and most likely associated with gastric hypomotility.

Etiologies for the urinary bladder sediment would be incidental debris, hematuria, crytalluria and possibly bacterial cystitis.

Further assessment would be urinalysis and possibly urine culture.

The most likely etiology for the patient's presenting clinical signs and the elevated liver enzyme activity would be the uncontrolled hyperthyroid state.

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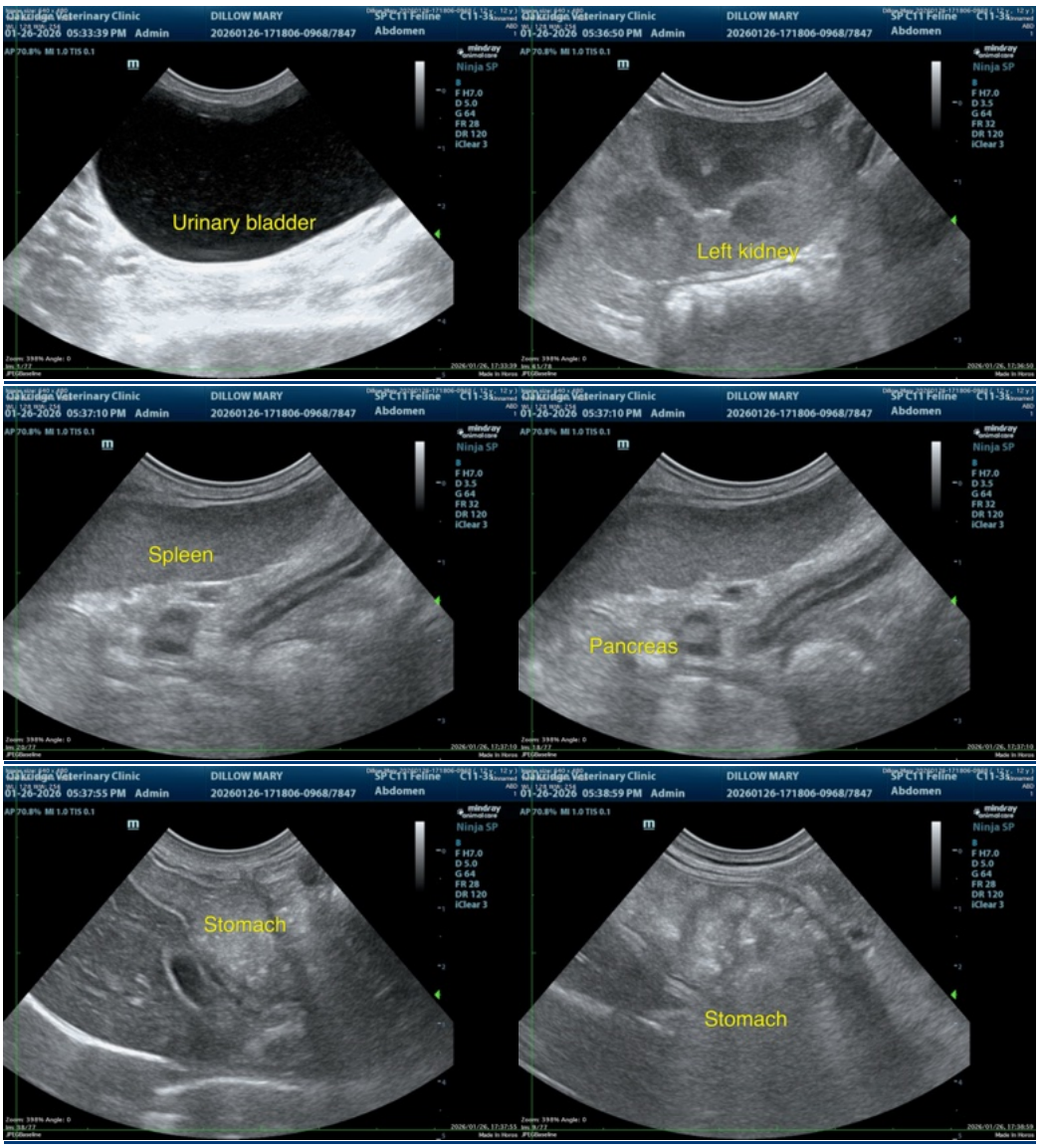

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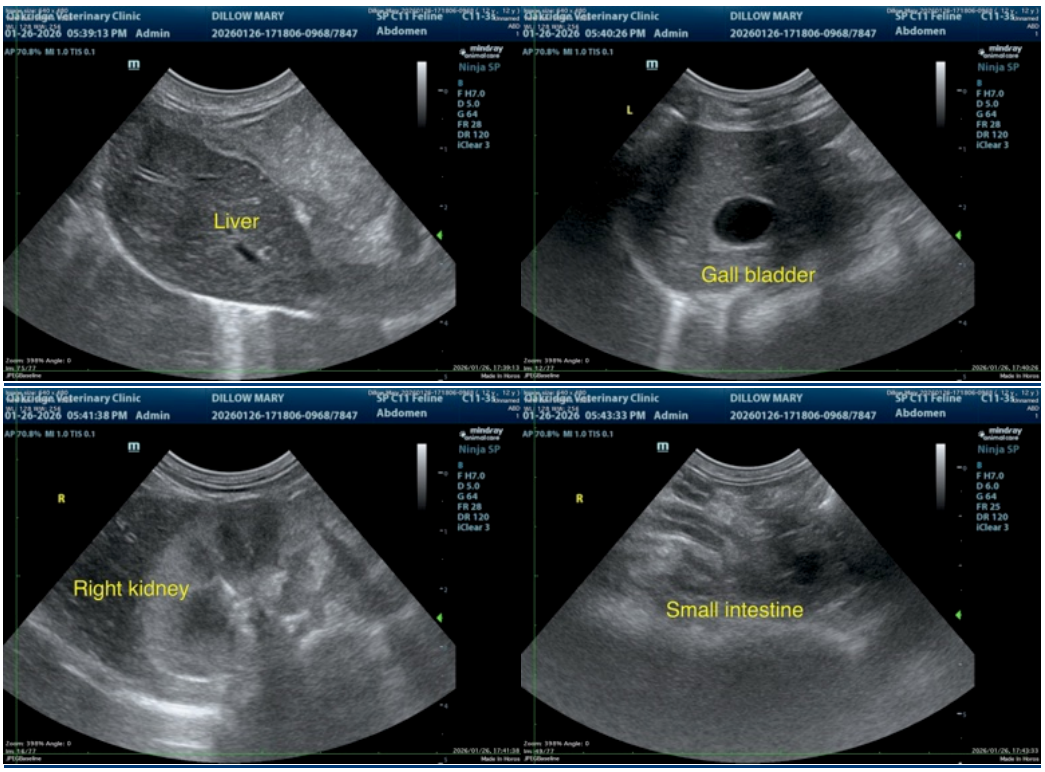

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com