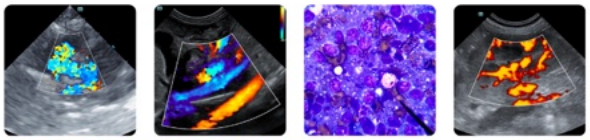


PATIENT

Sherri Fuller

SPECIES

Feline

BREED

Norwegian Forest

SEX

Spayed female

AGE

12 years

WEIGHT

6.28 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

69465

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Patient has been maintained on Bexacat for diabetes mellitus. Has lost weight in last few months. BG and blood ketones normal. Baseline BW with TT4 was run and only abnormality noted was elevated TCa at 11.8. Repeat TCa and Ionized Ca revealed high normal Ca++ and elevated TCa. AUS to search for etiology of this.
Abnormal PE/Chem/CBC/UA Results: Ca++ (1.33) range 1.16-1.34 TCa (11.3) range 8.2-10.8)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 4.09×2.91 cm, with a cortical thickness of 0.47 cm in the sagittal plane. Mild pyelectasia is noted. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal; however, corticomedullary definition is mildly decreased. No nephrolithiasis or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 4.07×2.33 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma, with mildly decreased corticomedullary definition. No pyelectasia or hydronephrosis is observed. Multiple small echogenic foci consistent with renal pelvic mineral sediment or early nephrolith formation are identified.

Adrenal Glands

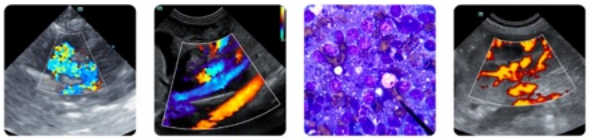
The left adrenal gland is not visualized. The right adrenal gland measures approximately 0.38 cm at the cranial pole and 0.44 cm at the caudal pole and appears within normal limits.

Spleen

Splenic thickness measures approximately 0.87 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture.
A multicystic lesion measuring approximately 1.77 × 1.69 cm is identified at the caudal margin of the left lateral hepatic lobe. An additional small cystic lesion measuring approximately 4.67 × 5.23 mm is also present. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The gallbladder wall is thin. The lumen contains a large amount of mineralized sediment generating distal acoustic shadowing. Small amounts of similar mineralized material are also identified within some intrahepatic bile ducts. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of approximately 1.91 mm. The pylorus measures approximately 4.02 mm, with a muscularis thickness of approximately 2.09 mm.

The duodenum measures approximately 1.91 mm. The jejunum measures approximately 2.25 mm, with preserved wall layering (mucosa ~1.09 mm, submucosa ~0.52 mm, muscularis propria ~0.49 mm). The ileum measures approximately 2.09 mm, with preserved wall layering (mucosa ~0.51 mm, submucosa ~0.97 mm, muscularis propria ~0.56 mm). The ileocecal junction measures approximately 2.76 mm, with a muscularis thickness of approximately 1.09 mm. No evidence of gastrointestinal obstruction, ileus, or intraluminal foreign material is identified.

The colon measures approximately 0.75 mm and contains formed fecal material within the descending segment.

Pancreas

The portions of the pancreas visualized do not demonstrate ultrasonographic evidence of active inflammation.

Peritoneal Cavity

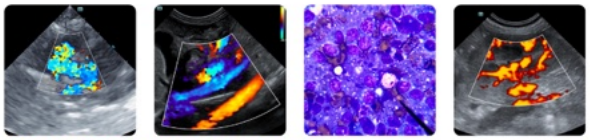
No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes measure approximately 6.03–6.95 mm and maintain normal shape and echogenicity, consistent with reactive lymph nodes. Ileocecal lymph nodes are not visualized. The iliac trifurcation is unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Kidneys: Mild bilateral reduction in corticomedullary definition. Mild left renal pyelectasia.
- Multicystic hepatic lesion within the left lateral lobe and an additional small hepatic cyst.
- Marked mineralized biliary sediment with mild intrahepatic biliary mineralization.
- Mild enlargement of cranial mesenteric lymph nodes with preserved morphology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal findings are most consistent with early or subclinical chronic nephropathy with active mineral precipitation, a pattern that may precede overt azotemia in cats. In the context of persistent elevation



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of total calcium, the renal changes are considered clinically significant rather than incidental, suggesting early renal involvement in altered calcium handling.

A multicystic lesion is identified within the left lateral hepatic lobe, along with an additional small hepatic cyst. These lesions are most consistent with a benign cystic hepatic process, such as a biliary cyst or cystadenoma. Based on ultrasonographic appearance, aggressive hepatic disease is considered unlikely.

The gallbladder and intrahepatic bile ducts contain mineralized biliary material consistent with cholelithiasis and intrahepatic biliary lithiasis, without evidence of biliary obstruction. These findings are most compatible with chronic biliary stasis and altered bile composition and may be associated with underlying metabolic or endocrine influences.

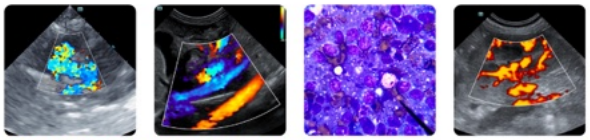
The gastrointestinal tract demonstrates preserved wall thickness and layering throughout, including the pylorus and the ileocecal junction, which shows mild muscular prominence but no mass effect or architectural distortion. This appearance is most consistent with functional or low-grade inflammatory change (early IBD). Cranial mesenteric lymph nodes are mildly enlarged but maintain normal shape and echogenicity, consistent with reactive lymphadenopathy. There is no ultrasonographic evidence of intestinal lymphoma or other gastrointestinal neoplasia.

The pancreas does not demonstrate ultrasonographic changes consistent with pancreatitis or neoplasia. In cats with diabetes mellitus, the absence of pancreatic abnormalities on ultrasound does not exclude pancreatic dysfunction and is considered a common finding.

Taken together, the findings most strongly support a diagnosis of idiopathic or metabolic hypercalcemia with secondary renal and biliary manifestations. Although an early, low-grade alimentary lymphoma cannot be completely excluded based on ultrasonography alone, this diagnosis would not be expected to account for the observed hypercalcemia or mineral deposition, and is therefore considered unlikely to represent the primary underlying process.

Recommendations

- Confirm and monitor calcium status, including repeat measurement of ionized calcium and total calcium, ideally with simultaneous albumin, to determine persistence and trend of hypercalcemia.
- Evaluate parathyroid axis, including serum PTH and PTHrP, if hypercalcemia persists, to help differentiate idiopathic hypercalcemia from less common endocrine or paraneoplastic causes.
- Monitor renal function closely.
- Consider dietary modification aimed at reducing urinary calcium precipitation and supporting renal health, with attention to adequate hydration.
- Ultrasonographic monitoring of the kidneys, hepatic cystic lesions, biliary sediment, regional lymph nodes, and gastrointestinal tract is recommended, with follow-up tailored to clinical progression.



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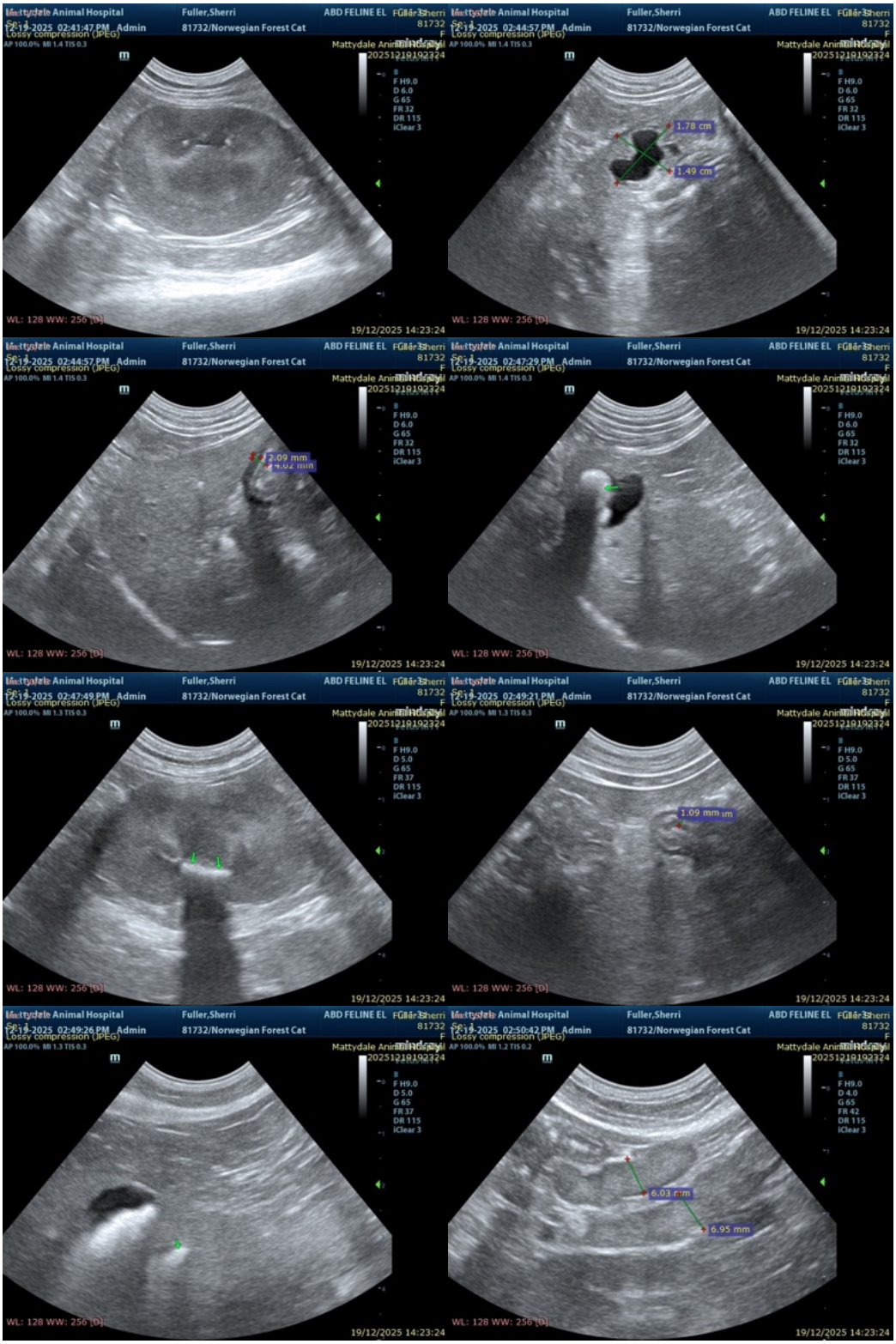
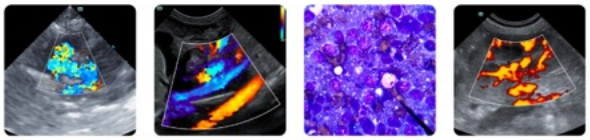


The information and recommendations provided are based on the images presented by the



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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com