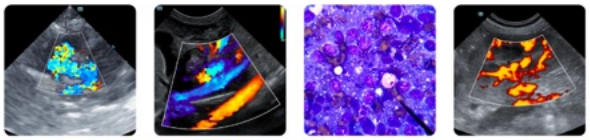


PATIENT

Charles Peppers Zhang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

14.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

75232

DATE

5/5/26

PRESENTING CLINICAL SIGNS

*Hypercalcemia discovered on labwork run to investigate cause of vomiting and behavioral changes
*Total calcium 12.5 *Ionized calcium 1.43 (1.16-1.34)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is mildly turbid with scant non-shadowing suspended sediment. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 3.66×2.69 cm. Cortical thickness measures 0.42 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.62×2.27 cm. Cortical thickness measures 0.40 cm in the sagittal plane. Both kidneys demonstrate mildly increased cortical echogenicity relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, nephrolithiasis, or sonographic evidence of nephrocalcinosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.37 cm. The right adrenal gland measures 0.39 cm

Spleen

Splenic thickness is 0.78 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

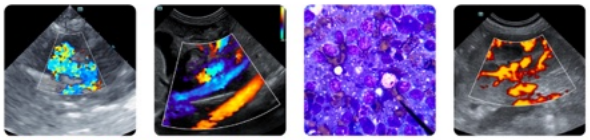
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal System

The stomach is empty and folded, with mural thickness measuring 1.41 mm and preserved wall layering. Duodenal wall thickness measures 1.98 mm. Jejunal wall thickness measures 1.85 mm, with mucosa measuring 0.99 mm, submucosa 0.34 mm, and muscularis propria 0.40 mm. Ileal wall thickness



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measures 2.71 mm, with mucosa measuring 1.06 mm, submucosa 0.68 mm, and muscularis propria 0.67 mm. Preserved wall layering is identified throughout the evaluated intestinal segments. The ileocecal junction measures 3.04 mm in thickness, with muscularis thickness measuring 0.81 mm. No focal gastrointestinal mass lesions, obstructive ileus, or regional inflammatory changes are identified. Colonic wall thickness measures 0.84 mm, with formed fecal material present within the descending colon.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild prominence of the ileal and ileocecal muscularis layer with preserved mural stratification.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild prominence of the ileal and ileocecal muscularis layer is identified with preservation of mural stratification and without associated intestinal mass effect or lymphadenopathy. The ileal muscularis-to-mucosa ratio is mildly increased at approximately 0.63. In cats, this appearance may be observed with mild chronic enteropathy, early low-grade infiltrative intestinal disease, or nonspecific chronic intestinal change, and there is recognized ultrasonographic overlap among these entities. However, the current examination does not demonstrate strong sonographic evidence of advanced or aggressive infiltrative gastrointestinal disease.

Mild bilateral renal cortical hyperechogenicity is present without nephrocalcinosis, nephrolithiasis, obstructive nephropathy, or marked chronic architectural renal change identified sonographically.

No ultrasonographic evidence of abdominal mass, clinically significant hepatobiliary disease, obstructive urinary tract disease, or other clear sonographic explanation for the documented ionized hypercalcemia is identified on the current examination.

Recommendations

- Further evaluation of the confirmed ionized hypercalcemia is recommended. Suggested considerations may include repeat ionized calcium measurement, parathyroid hormone (PTH) assessment, PTH-related peptide (PTHrP) testing, and thoracic imaging, recognizing that the current abdominal ultrasound examination does not identify a definitive underlying cause for the hypercalcemia.

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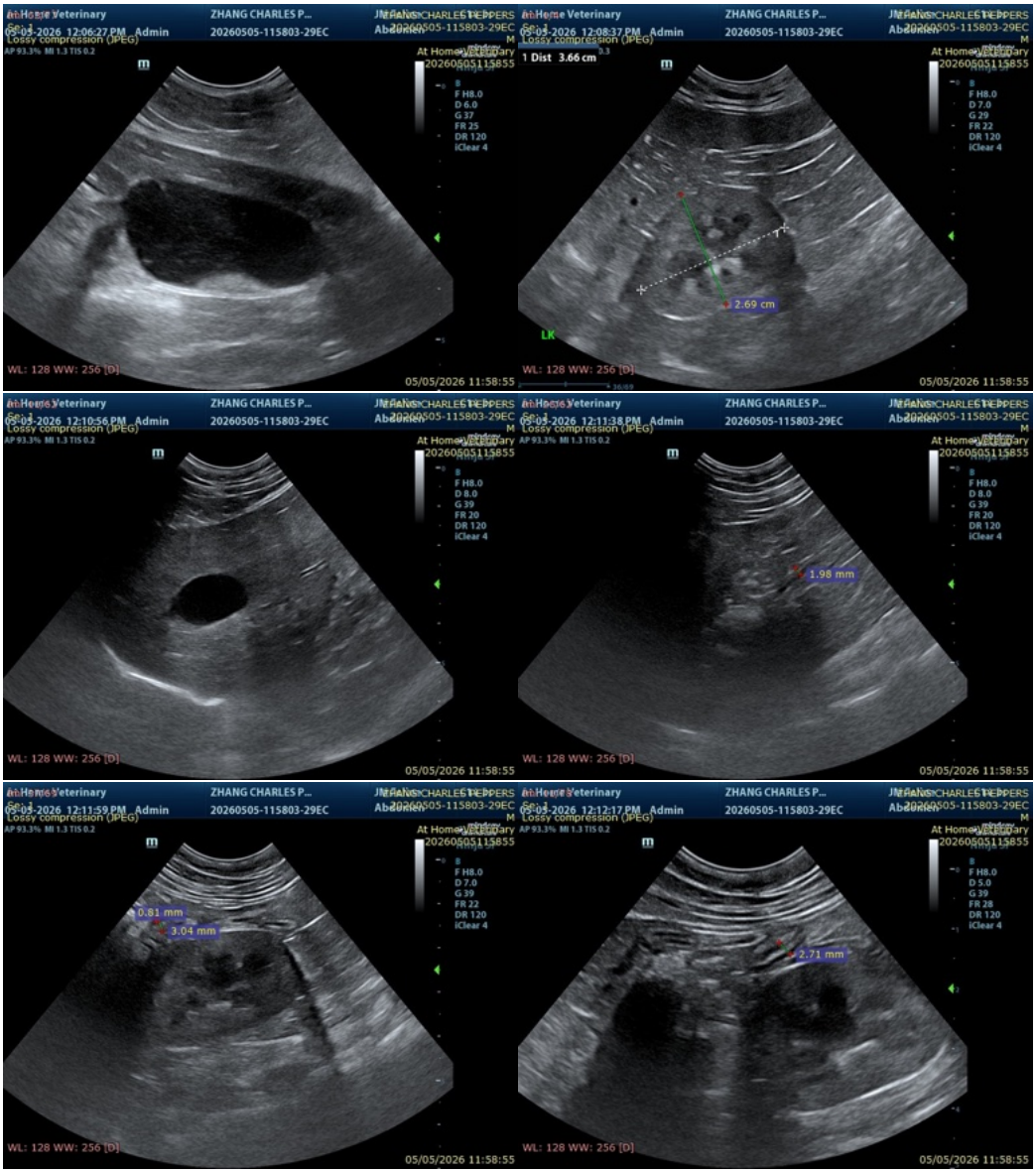
- Consider monitoring renal function over time given the mild renal cortical hyperechogenicity and confirmed hypercalcemia.
- If gastrointestinal signs persist or progress, further investigation of the mild ileal/ileocecal muscularis prominence could be considered, including serum cobalamin assessment and/or gastrointestinal sampling if clinically indicated.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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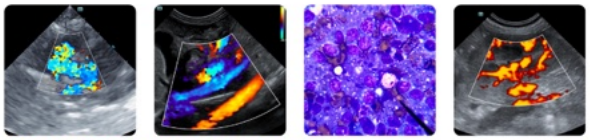

Clinical Sonography & Telecytology
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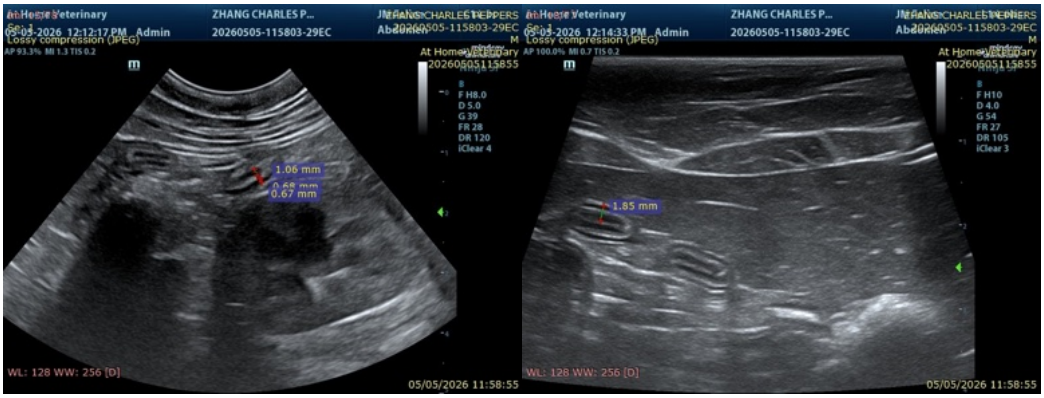

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com