



PATIENT

Bouy Scheffter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

8.4

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cory Bassett

HOSPITAL NAME

All Creatures Small
Animal Hospital

REFERRING VET

Dr. Cory Bassett

INVOICE

16824

DATE

06/19/26

PRESENTING CLINICAL SIGNS

Pet presented for grooming with sign weight loss with owner not actively working on weight management. Geriatric panel showed hypercalcemia and mixed results from ionized Ca/PTH testing. Persuing ultrasound to rule out malignancy.

Abnormal PE/Chem/CBC/UA Results: Ionized Ca: 1.65 (1.0-1.4), PTH <0.5 (0.7-3.4), chem 17: Ca 12.4 (7.8-11.3), TP 9.0 (5.7-8.9), ALB 4.4 (2.2-4.0). cbc and lytes wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the trigone and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.21X2.26 cm, and the thickness of the cortex is 0.39 cm, in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 3.75X2.44cm, and the thickness of the cortex is 0.41 cm, in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

Adrenal Glands

Not visualized.

Spleen

Splenic thickness is 0.93 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 smooth, and the contents are anechoic. The common bile duct measures 1.64 mm in diameter, which is within normal limits for a cat. No sonographic evidence of biliary obstruction is identified.

Gastrointestinal tract

The stomach is moderately distended and contains a small amount of residual ingesta. Gastric wall thickness measures 1.37-1.46 mm, with normal wall layering preserved.

The pyloric wall measures 2.93 mm. The duodenal wall measures 2.03 mm. The jejunal wall measures 1.71 mm. The ileal wall measures 1.54 mm. Intestinal wall layering appears preserved throughout the



PATIENT

Bouy Scheffter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

8.4

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cory Bassett

HOSPITAL NAME

All Creatures Small
Animal Hospital

REFERRING VET

Dr. Cory Bassett

INVOICE

16824

DATE

06/19/26

visualized segments; however, image quality is insufficient for detailed assessment and accurate measurement of the individual wall layers. The ileocecal junction is not visualized.

No evidence of gastrointestinal obstruction, inflammatory change, or foreign material is identified. The visualized portions of the colon appear unremarkable.

Pancreas

The pancreatic parenchyma is not definitively visualized. However, no evidence of pancreatic mass formation, regional distortion, or peripancreatic inflammatory change is identified within the visualized pancreatic regions.

Free Abdomen

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

PRIMARY FINDINGS

- No significant abdominal abnormalities are identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of abdominal neoplasia, abdominal lymphadenopathy, hepatobiliary disease, urinary tract disease, or other significant structural abnormality is identified on the current examination.

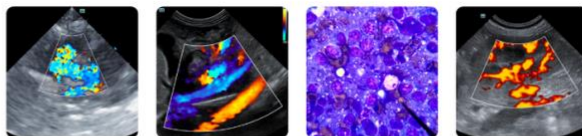
The gastrointestinal tract appears grossly unremarkable; however, evaluation is somewhat limited by suboptimal visualization of portions of the intestines, including non-visualization of the ileocecal junction. Likewise, the pancreatic parenchyma is not clearly identified. Consequently, subtle infiltrative intestinal disease or small focal lesions cannot be completely excluded.

Given the documented ionized hypercalcemia with appropriately suppressed PTH concentration, the findings support a non-parathyroid cause of hypercalcemia. In the absence of an identifiable abdominal neoplasm on the current examination, idiopathic hypercalcemia remains a differential consideration, although occult neoplasia cannot be completely excluded.

Recommendations

- Thoracic imaging.
- Repeat ionized calcium measurement is recommended to confirm persistence and monitor progression of hypercalcemia.
- Repeat abdominal ultrasonography using a high-frequency linear transducer, or abdominal CT, may be considered if occult neoplasia remains a clinical concern.

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



PATIENT

Bouy Scheffter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

8.4

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cory Bassett

HOSPITAL NAME

All Creatures Small
Animal Hospital

REFERRING VET

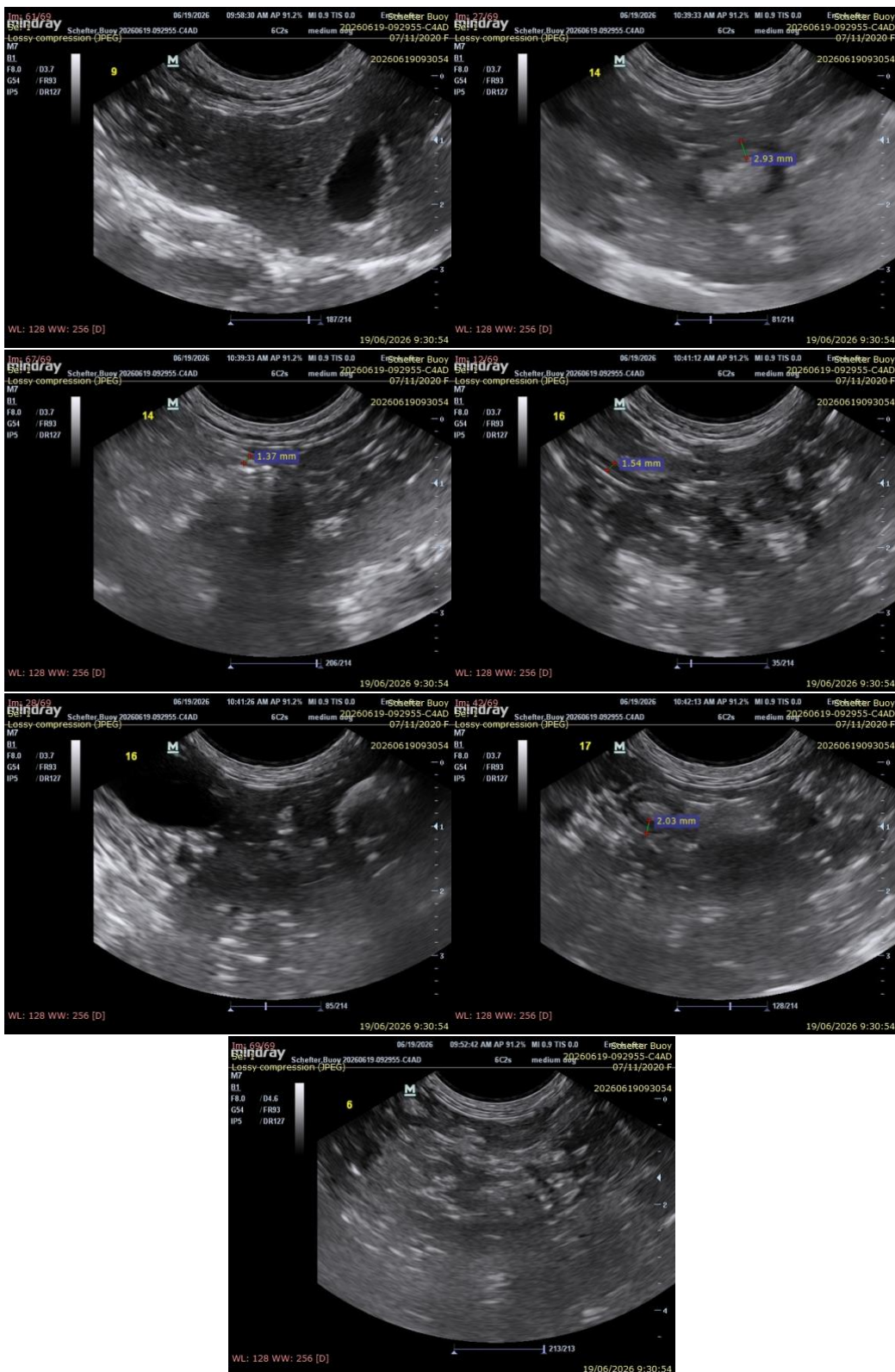
Dr. Cory Bassett

INVOICE

16824

DATE

06/19/26





PATIENT

Bouy Scheffter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

8.4

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cory Bassett

HOSPITAL NAME

All Creatures Small
Animal Hospital

REFERRING VET

Dr. Cory Bassett

INVOICE

16824

DATE

06/19/26

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