

**DATE PRESENTING CLINICAL SIGNS**

12/31/21 History: Weight loss, elevated calcium level; h/o suspected IBD/LSA on previous US.

**PATIENT** Current Medications: Adequan.

Griffin Dessel Lab Results: CBC: normal, Chem: SDMA: 9, Crea: 1.2, Alb: 3.6, Calcium: 11.9 (elevated) R/O idiopathic vs. neoplasia vs. open, T4: 3.2, fT4: normal, BNP: 899 previously 550, FeLV/FIV/ HW -> ALL NEGATIVE, Urine SG: 1.018, pH 7, Sediment: RBC: 0-2/hpf, no bacteria. Attached separately.

**SPECIES** Date of Previous IntraPet Ultrasound: 3-15-2021.

Feline Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

3/4/07

The left kidney is normal in size (4.13 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis.

**WEIGHT**

17.75 Pounds

The right kidney is normal in size (4.82 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**Adrenal Glands**

The left adrenal gland was normal in size, measuring 0.38 cm in width. Normal shape and glandular echogenicity.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

The right adrenal gland was normal in size, measuring 0.44 cm in width. Normal shape and glandular echogenicity.

**HOSPITAL NAME**

Timonium AH

**Spleen**

The spleen is subjectively normal in size (1.0 cm in width at the level of the hilus) with an undulating medial contour. Numerous varying sized hyperechoic nodules were observed throughout the organ. The parenchyma is otherwise of appropriate echogenicity and echotexture. Splenic vasculature is normal with no evidence of thrombosis.

**REFERRING VET**

Dr. McMichael

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**INVOICE**

33887

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric

outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal to mildly thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in (some/most) segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### **Pancreas**

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

### **Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

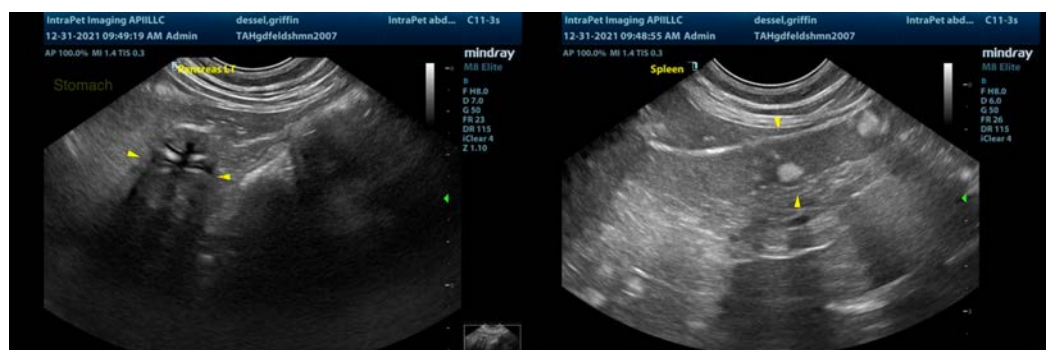
## **ULTRASONOGRAPHIC FINDINGS**

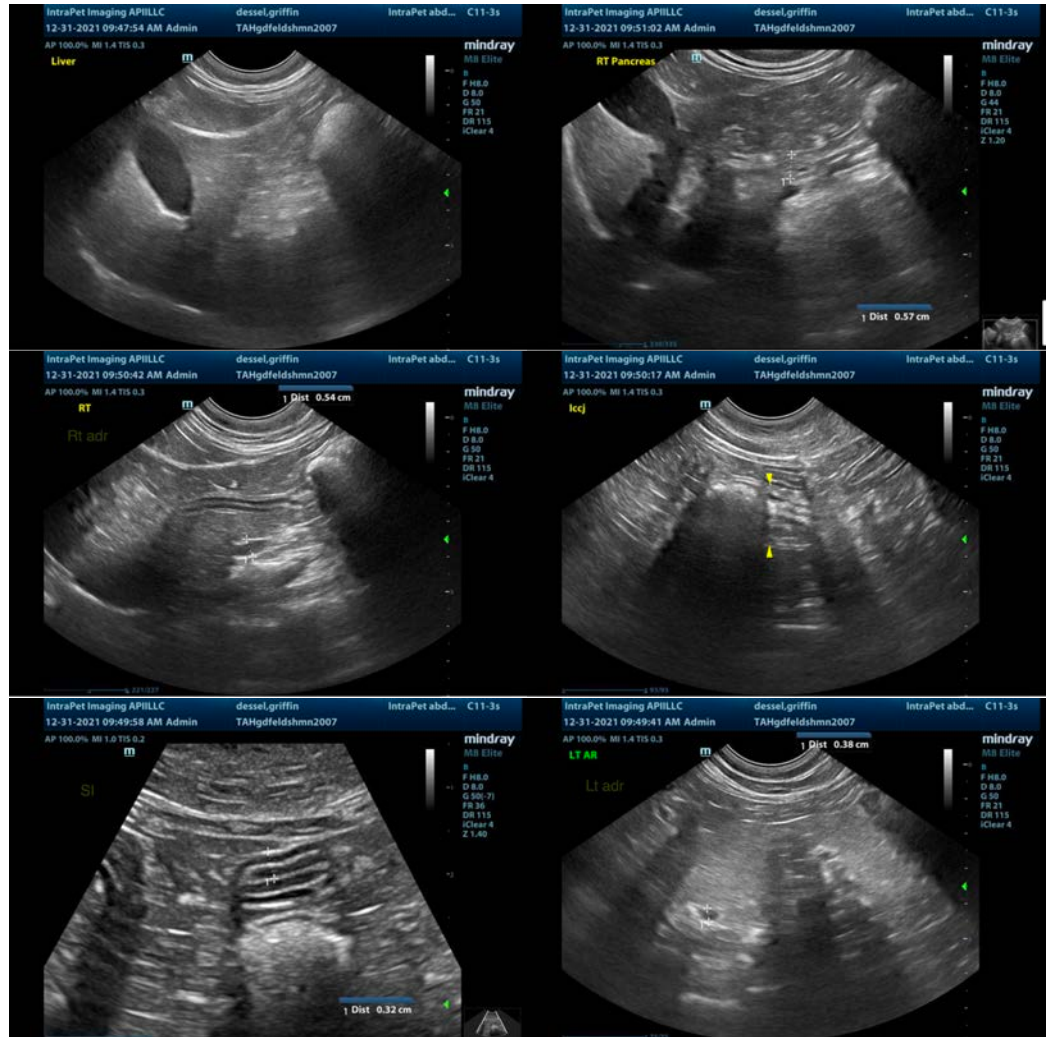
- Small intestinal wall pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. Changes are similar to the previous sonogram.
- Bilateral age-related renal changes with dystrophic mineralization.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas, foci of lymphoid hyperplasia) with a lower possibility of emerging neoplasia.

\*Overall, today's sonographic findings are similar to the previous scan (3/15/21). An obvious cause for the patient's hypercalcemia is not identified in this study. Considerations include idiopathic hypercalcemia, hypercalcemia of malignancy, primary hyperparathyroidism, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI) if not already performed. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Regarding the hypercalcemia, a PTH/PTHrP/ionized calcium is recommended as well as 3-view thoracic radiographs to assess for occult neoplasia in the chest.





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

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)