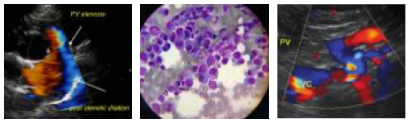
IMAGING PERFORMED BY

IntraPet.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**

4.17.2023

**PATIENT**

Mimi Pan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

3/20/2008

**WEIGHT**

3.26 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**HOSPITAL NAME**

Banfield Columbia

**REFERRING VET**

Dr. Wendell

**INVOICE**

12772

## PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting, weight loss; mild stable persistent hypercalcemia.

Current Medications: None listed.
Lab Results: 3/27- Total Ca 12. BP 113/92/97; 138/107/115; 147/127/132. Total Y4 2.2 (7.8-11.3). 10/6/22 tCa 11.5. 6/3/22 tCa 11.2. iCa pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (2.76 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (2.84 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### *Spleen*

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *Liver*

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### *Gastrointestinal*

The visible stomach wall is normal in thickness (canine < 0.5 cm) (feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverbation artifact from intraluminal gas. There is no

evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

***Free Abdomen***

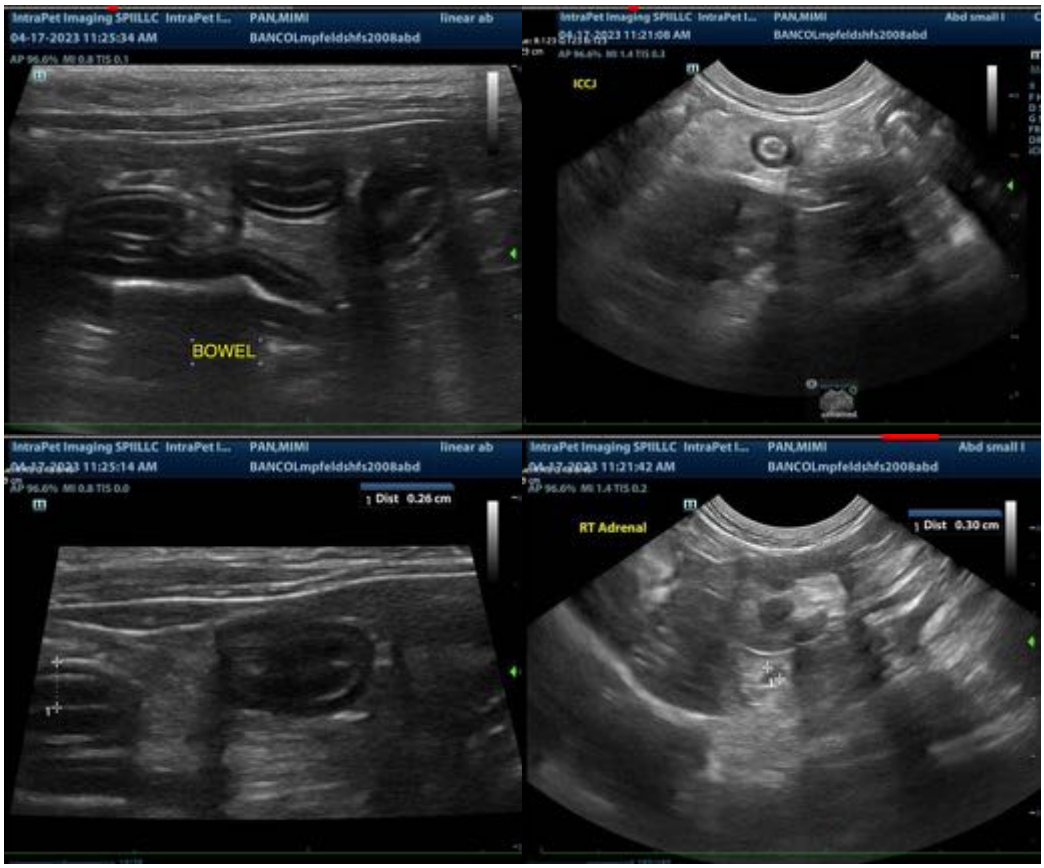
There is no evidence of free peritoneal effusion noted in these images. Note mildly enhanced hyperechoic mesenteric fat and mild mesenteric lymphadenopathy around the ileocecocolic junction.

## ULTRASONOGRAPHIC FINDINGS

- This is a relatively unremarkable/normal abdomen, except for a mild focal inflammatory response and reactive lymphadenopathy around the ileocecocolic junction which could be an indication of early or emerging inflammatory bowel disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's vomiting and weight loss, further evaluation of digestion and absorption is recommended beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function. Beyond that, as is reportedly being obtained, further work-up of the hypercalcemia is recommended in the form of a malignancy panel to include ionized calcium, PTH and PTHrP. While awaiting results empirical deworming with a 5-day course of Panacur is recommended, as is, if tolerated, a diet transition based on trial-and-error response, potentially beginning with a hydrolyzed protein diet. Some patients respond better to one brand or version of diet versus another, so sometimes several trials of different hydrolyzed protein diets are necessary.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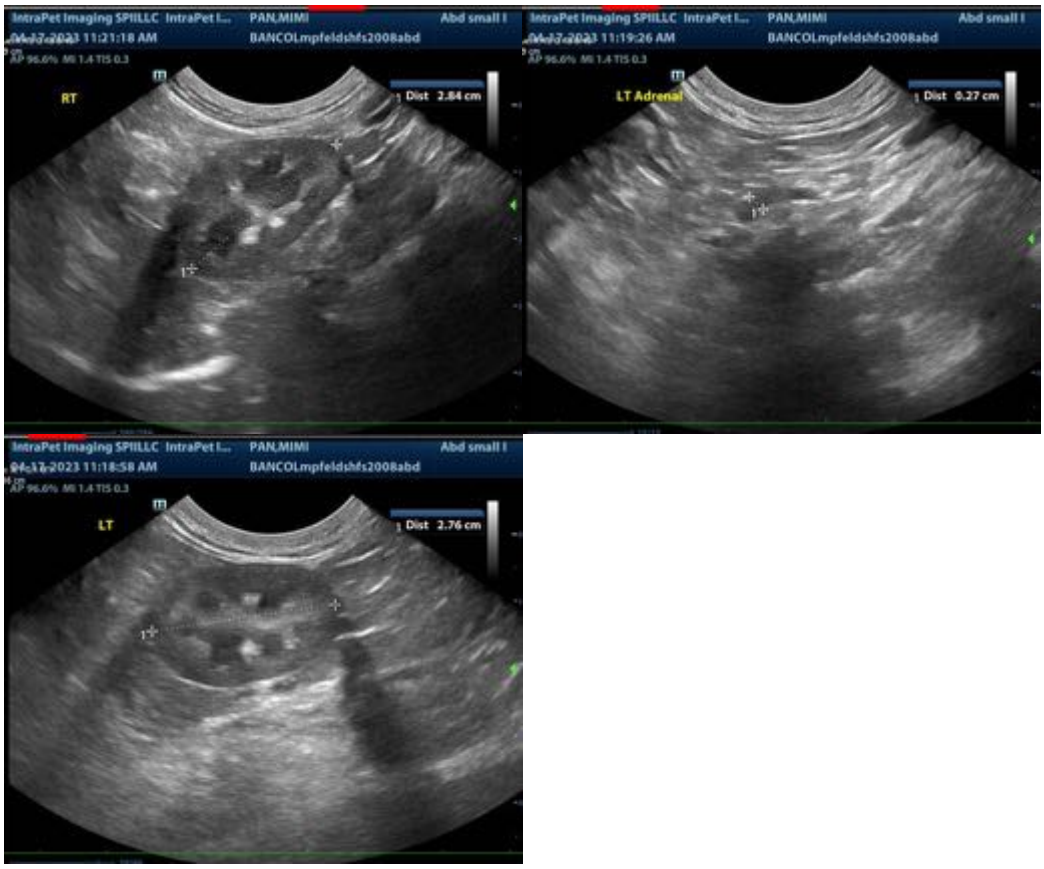


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Beth Johnson**, DVM, DACVIM
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