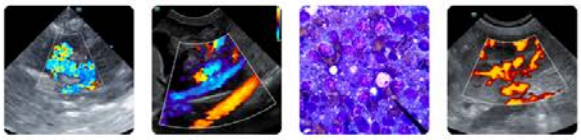




**DATE**

5/12/26

**PATIENT**

Kiko Lewis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8/23/18

**WEIGHT**

13.8 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**HOSPITAL NAME**

Northwind Animal Hospital

**REFERRING VET**

Dr. Pommett

**INVOICE**

75093

## PRESENTING CLINICAL SIGNS

**Patient History:** Presented for weight loss, polydypsia, and vocalizing more. Bloodwork showed increased monocytes (773/ul), hypercalcemia (11.8mg/dl), hyperglobulinemia (9.1g/dl), TT4 WNL (2.0 ug/dl).

**Current Medications:** Fluoxetine 5 mg once daily.
**Labwork Results:** Labwork not attached, reported as: CBC: increased monocytes (773/ul). Chem: hypercalcemia (11.8mg/dl), hyperglobulinemia (9.1g/dl), chloride 113, tco2 23.
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:dex dom Torb** required to complete full diagnostic ultrasound.
**Stat Report:** Not requested.
**Imaging Performed by:** Andi Parkinson RDMS

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses are observed. There appears to be at least one slightly larger cystolith measuring 0.26 cm in size amongst the mineral/sand debris. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.7 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 is size (4.2 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 (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.25 cm), shape and overall architecture, echogenicity and echotexture. 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. There is a very pinpoint incidental mineral density noted in the right liver. 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 and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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*

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

### *Free Abdomen*

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

## PRIMARY FINDINGS

- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

## SECONDARY FINDINGS

- Moderate amount of echogenic urinary bladder mineral/sand debris and at least one suspect cystolith.
- A pinpoint incidental mineral density within the intrahepatic biliary tract.

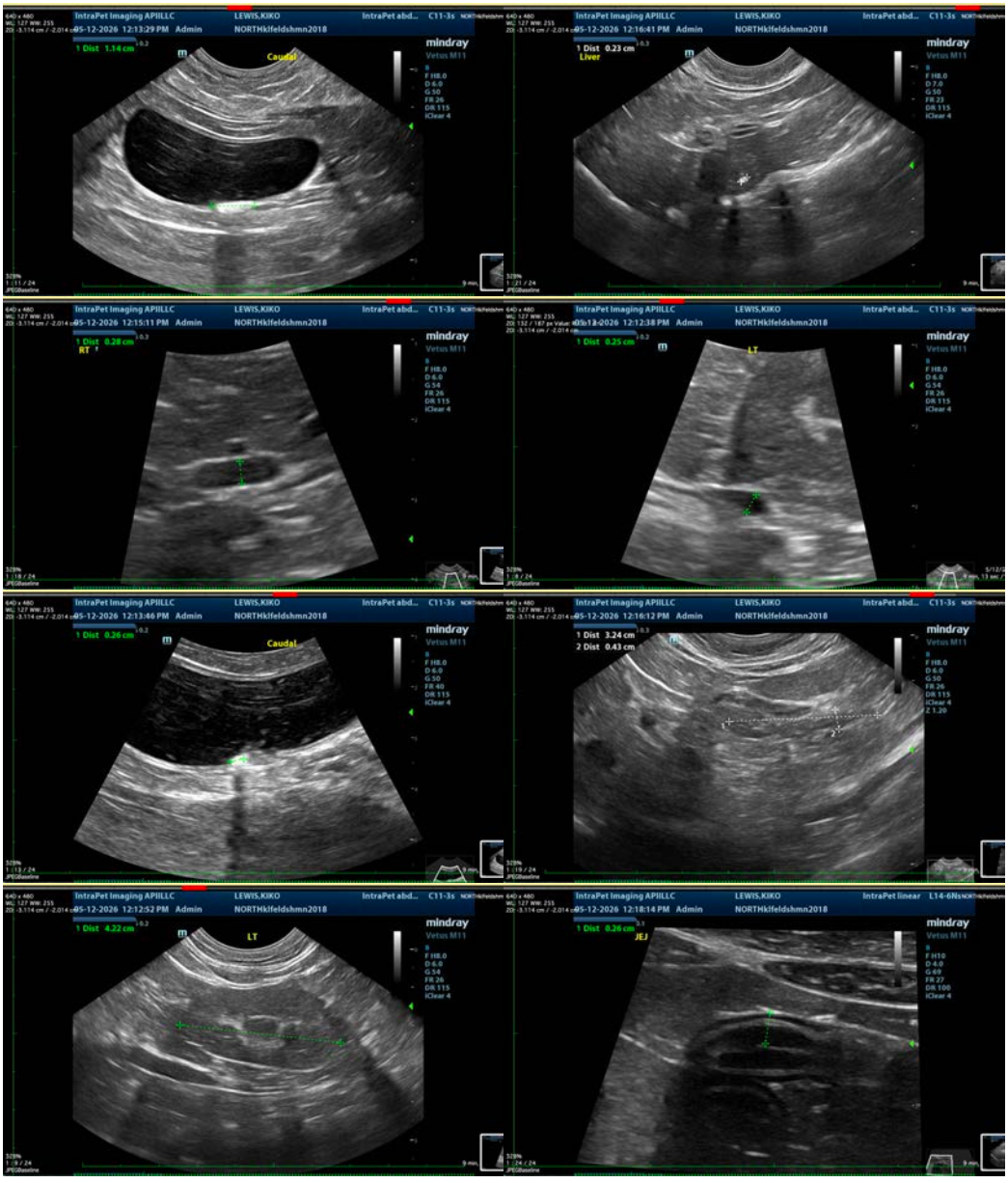
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

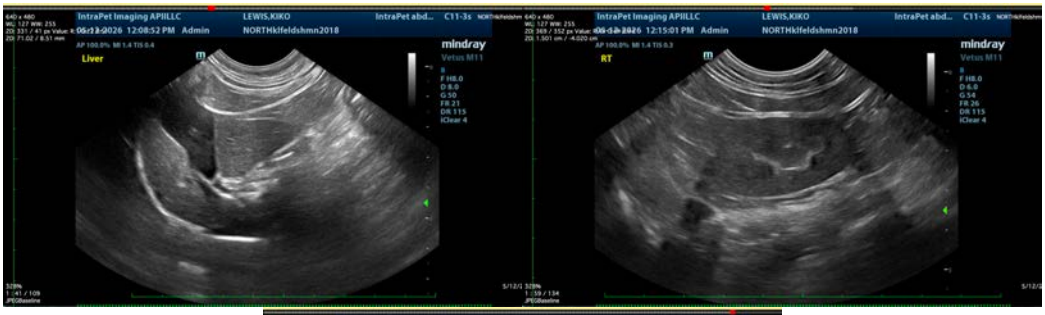
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A malignancy panel (PTH, PTHrP, iCa) to Michigan State College of Veterinary Medicine is recommended for further investigation of the reported hypercalcemia.

Pending results of above, further evaluation of the hyperglobulinemia could also be considered, beginning with electrophoresis.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.







**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
info@sonopath.com