



PATIENT	PRESENTING CLINICAL SIGNS
Tater Miller	Weight loss noted at visit in November 2022 following move to new household. Further weight loss noted at vaccine booster appointment - bloodwork recommended which indicated hypercalcemia.
SPECIES	Bloodwork repeated this summer indicated continued elevation of calcium in addition to further weight loss. Abdominal U/S recommended as next step
Feline	
BREED	Abnormal PE/Chem/CBC/UA Results: Weight loss Calcium 13.0 (8.2 - 11.2 mg/dL) Phosphorus 6.5 (2.9 - 6.3 mg/dL)
DLH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	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.
3 Years	Kidneys are large in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 right kidney measures 5.1 cm. The left kidney measures 4.92 cm.
WEIGHT	Adrenal Glands
11.46 Pounds	The right adrenal gland is normal in size (0.44 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
Jack Reese	Liver
HOSPITAL NAME	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.
Willow Run VC	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.
REFERRING VET	Gastrointestinal
Dr. Molly Arnold	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
INVOICE	
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DATE	
6/14/23	



PATIENT

Tater Miller

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.

SPECIES

Feline

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

BREED

Pancreas

DLH

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.

SEX

Neutered Male

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

AGE

3 Years

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

WEIGHT

11.46 Pounds

ULTRASONOGRAPHIC FINDINGS

- **Feline renomegaly** – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney.
- **Hypersplenism** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jack Reese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Willow Run VC

Further investigation of this patient's reportedly progressive hypercalcemia is recommended as the next step in the form of a malignancy panel to include PTH, PTHrP, and ionized calcium.

REFERRING VET

Dr. Molly Arnold

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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Pending results, especially if the hypercalcemia comes back consistent with or suggestive of hypercalcemia of malignancy, fine needle aspirates of the spleen +/- kidneys +/- mesenteric lymph nodes could be considered if patient's coagulation status is appropriate.

DATE

6/14/23

Otherwise, further investigation of the weight loss is dependent on whether this patient's appetite is normal or reduced. If weight loss is present with a normal appetite and a diagnosis is not obtained, further evaluation of digestion and gastrointestinal absorption would be recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.



PATIENT

Tater Miller

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

11.46 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

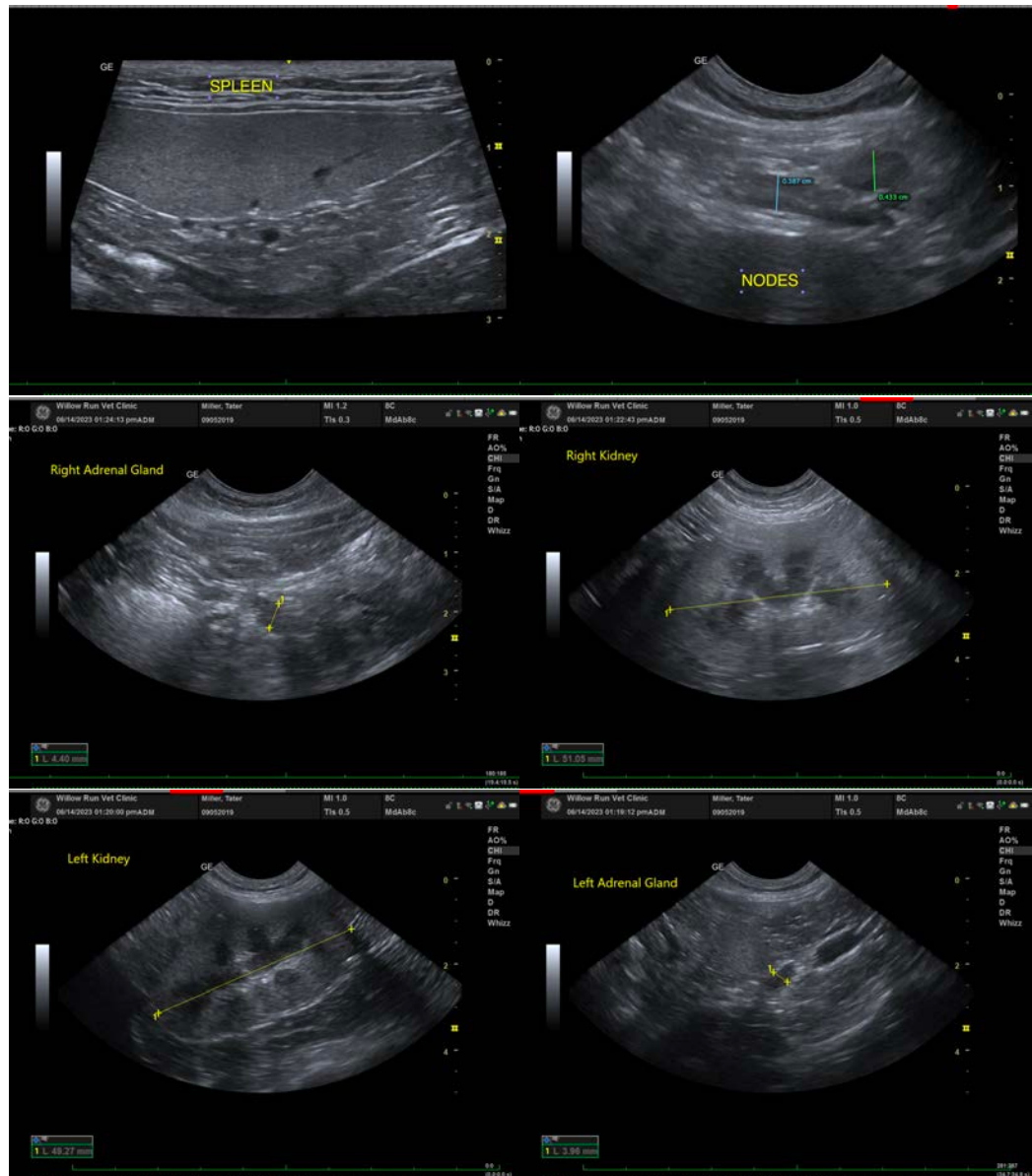
Dr. Molly Arnold

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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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