



PATIENT	PRESENTING CLINICAL SIGNS
Squeekers Hahn-Rhinesmith	Elevated Calcium. No current meds. Abnormal PE/Chem/CBC/UA Results: iCa + 1.42, Calcium 11.1. U/A-pending
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
DSH	The right kidney is normal in size (3.33 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
SEX	The left kidney is normal in size (3.28 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Spayed Female	Adrenal Glands
AGE	The right adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
13 Years	The left adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	Spleen
10.5 Pounds	Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.
INTERPRETED BY	Liver
Beth Johnson, DVM DACVIM	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. A small anechoic cyst is noted. Visible vasculature and biliary tree appear normal without distension or congestion.
IMAGING PERFORMED BY	Gastrointestinal
Shari Reffi, CVT	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.
HOSPITAL NAME	INVOICE
Mount Olive VH	39153
REFERRING VET	DATE
Dr. Jones	6/30/22
	The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.



PATIENT

Squeekers Hahn-Rhinesmith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

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There is a round, hypoechoic structure that appears to be associated with the bowel at the ileocecolic junction. A lymph node is also possible and can't be differentiated fully. 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 peritoneal effusion.

Medial iliac lymph nodes as well as lymph nodes around the ileocecolic junction are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- Aggressive medial iliac lymph nodes as well as lymph nodes around the ileocecolic junction – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Suspect bowel mass at the ileocecolic junction – concerning for neoplasia such as adenocarcinoma or lymphoma. However, enlarged lymph nodes closely associated in the bowel in this area versus a primary bowel mass cannot be definitively ruled out.
- Inflammatory bowel disease (IBD) pattern - This finding has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

SECONDARY FINDINGS

- Age related kidneys changes
- Incidental hepatic cyst
- Coarse splenomegaly – 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. This patient was sedated with Dexdomitor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary differential for this patient's hypercalcemia, given the ultrasound findings, is hypercalcemia of malignancy. Recommendations include:

- PTH/PTHrP



PATIENT

Squeekers Hahn-Rhinesmith

- 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.

SPECIES

Feline

- Fine needle aspirate of the enlarged nodes as well as the bowel mass/node at the area of the ileocecolic junction, if possible, and if patient's coagulation status is appropriate.

BREED

DSH

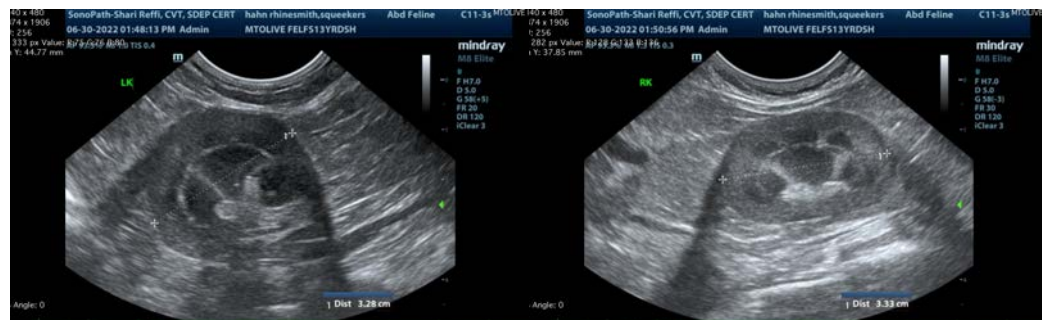
SEX

Spayed Female



AGE

13 Years

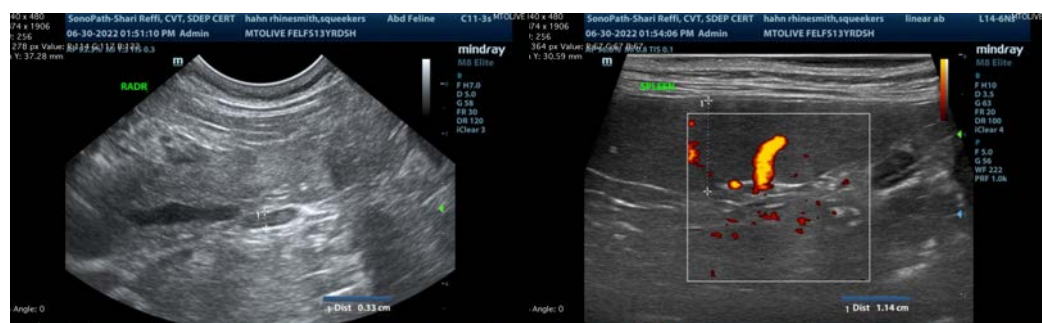


WEIGHT

10.5 Pounds

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SPECIES

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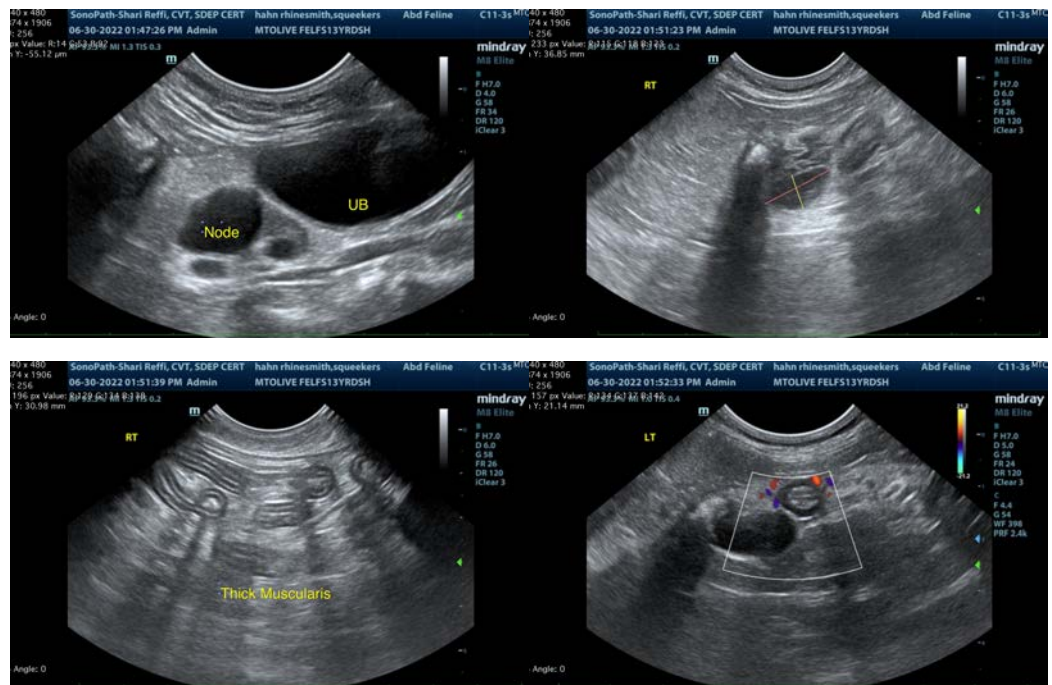
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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