



PATIENT	PRESENTING CLINICAL SIGNS
Lily Graham-Whitt	Presented 7/23/22 due to excessive panting and restlessness, noticed most frequently after eating. Trembling and watery diarrhea noted this past weekend.
SPECIES	Abnormal PE/Chem/CBC/UA Results: P.E. wide based PL stance, bilateral stifle OA, NSF otherwise
Canine	CBC, Chemistry, T4: Cr=1.5 (0.3-1.4) mg/dL, Ca=12.1 (8.6-11.8) mg/dL UA: usg=1.020, NSF otherwise
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Lab X	Urinary System
SEX	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.
Spayed Female	The right kidney is normal in size (6.0 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.
AGE	The left kidney is normal in size (6.0 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.
14 Years	Adrenal Glands
WEIGHT	The area of the right adrenal gland is examined without evident pathology.
65.1 Pounds	The left adrenal gland is normal in size (0.67 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	Liver
Dr. Sarah Green	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.
HOSPITAL NAME	REFERRING VET
Healing Spirit	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.
INVOICE	Gastrointestinal
40027	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation 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.
DATE	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
8/1/22	



PATIENT

Lily Graham-Whitt

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

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.

BREED

Lab X

Free Abdomen

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

SEX

Spayed Female

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable/normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's panting and trembling combined with the reported hypercalcemia, further workup of the hypercalcemia, beginning with a malignancy panel to include PTH, PTHrP, and ionized calcium is recommended.

In the meantime, supportive symptomatic care of the reported diarrhea with a bland, easy to digest diet and potentially a probiotic is recommended.

If not already evaluated, a thorough rectal exam with special attention paid to the anal glands as well as lymph node palpation, etc. to look for physical exam findings that may help explain the hypercalcemia, are recommended.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

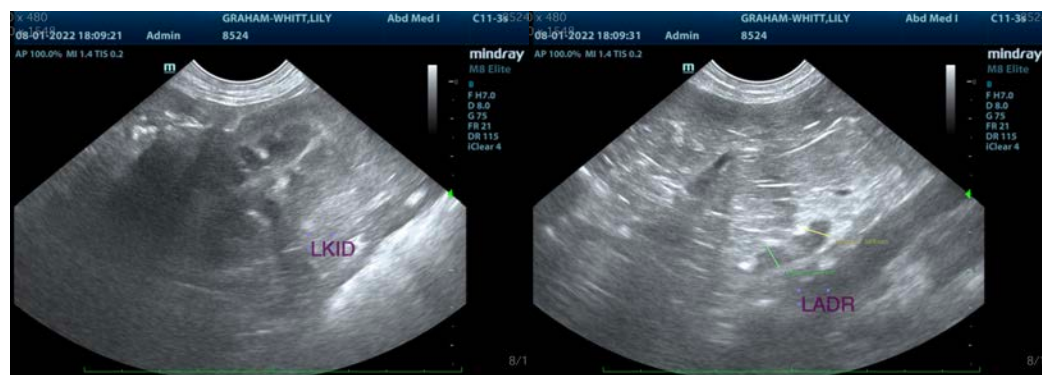
Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green



INVOICE

40027

DATE

8/1/22



PATIENT

Lily Graham-Whitt

SPECIES

Canine

BREED

Lab X



SEX

Spayed Female

AGE

14 Years

WEIGHT

65.1 Pounds

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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
Beth.Johnson@sonopath.com