



**PATIENT**

Shelby McNamara

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

14.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Midland Park VH

**REFERRING VET**

Dr. Shokokff

**INVOICE**

32736

**DATE**

9/6/22

**PRESENTING CLINICAL SIGNS**

History: Trouble defecating, history of hematuria, now resolved, history of decreased appetite.  
Abnormal PE/Chem/CBC/UA Results: Albumin 4.1, ALT 106, calcium 12.8, Precision PSL 31, HGB 16.2, HCT 52, platelet count 155. U/A (9/3/22): USG 1.065, red, turbid appearance, pH 7.0, protein 2+, blood 3+, RBC >50.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Sand accumulation measured up to 0.9 cm. . No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.02 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Hair type density was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 years

Full stomach. Post prandial presentation or possible hairball accumulation.

Age related renal changes.

Bladder sand and debris, likely medically manageable, only minor acoustic shadowing was noted.

**WEIGHT**

14.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of hypercalcemia is unclear and likely idiopathic. Other causes of anorexia, such as orthopedic, CNS, or thoracic disease should be considered. However, the patient may be passing calculi/sand periodically and this may be contributing to periodic anorexia.

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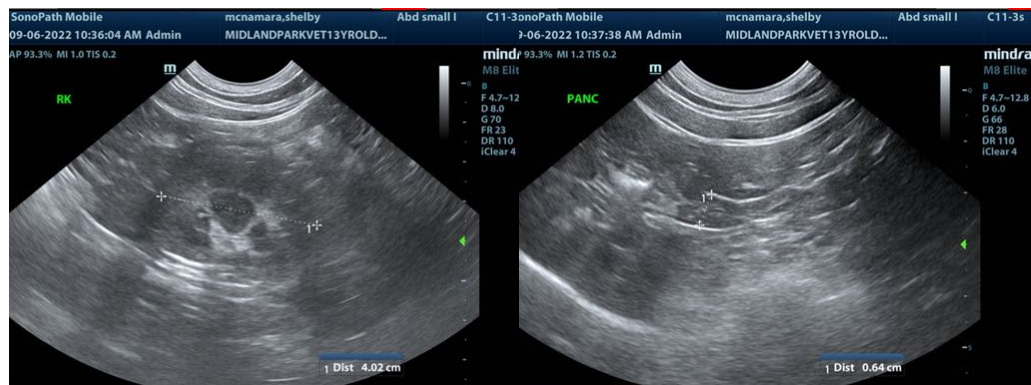
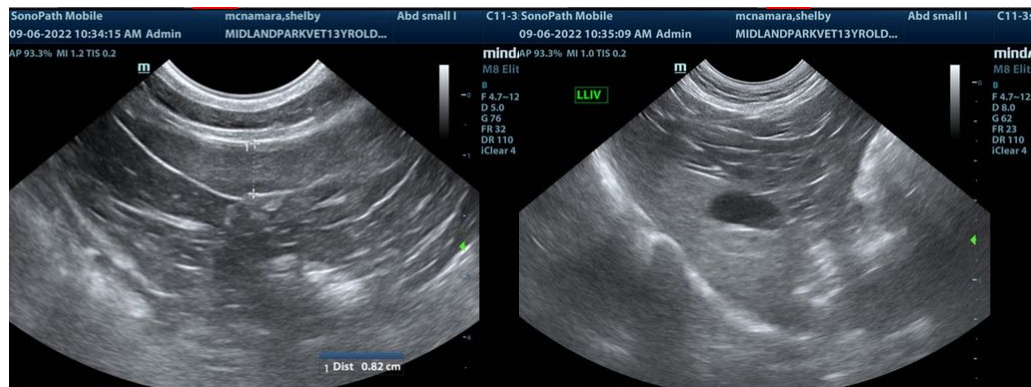
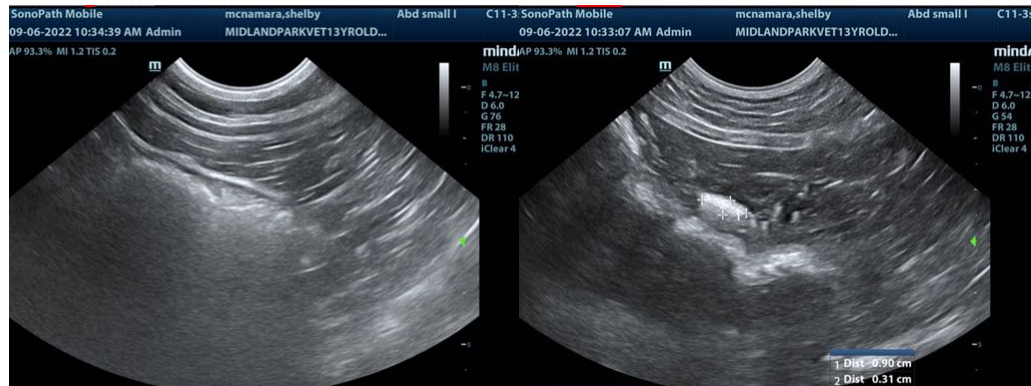
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com

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