



## PATIENT

Hange Jarrell

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Spayed female

## AGE

5 years

## WEIGHT

7.8 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Tiffany Brady DVM

## HOSPITAL NAME

Shiloh VH

## REFERRING VET

Stephanie Herr VMD

## INVOICE

72141

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

- P experiencing weight loss and vomiting
- Elevated Ca with normal PTH
- Concern for neoplasia despite normal malignancy panel
- CBC/Chem/UA/T4 and FeLV/FIV performed 2/17
- MSU Malignancy panel 2/19
- FeLV/FIV negative T4 low end of borderline at 2.6 Calcium 12.3 Ion Cal 1.63 PTH <0.5 PTrP 0.0

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 3.77 cm and the right kidney was 3.8 cm in length.

### Adrenal Glands

The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 0.6 cm by 0.26 cm. The region of the right adrenal gland was evaluated but the right adrenal gland was not specifically identified in the images provided.

### Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

### Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. There was a thin, hypoechoic rim noted around the gallbladder. This may represent a small volume of effusion or edema within the gallbladder wall.



## PATIENT

Hange Jarrell

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Spayed female

## AGE

5 years

## WEIGHT

7.8 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Tiffany Brady DVM

## HOSPITAL NAME

Shiloh VH

## REFERRING VET

Stephanie Herr VMD

## INVOICE

72141

## DATE

3/3/26

## *Gastrointestinal*

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. Evaluation of the intestinal tract revealed normal wall layering with no evidence of discrete masses. There was a prominent, muscularis layer although it did not measure dramatically thickened. There was discrete, hyperechoic, distal shadowing contents noted within the bowel which likely represents solid stool within the colon. However, based on the images provided foreign body material cannot be completely excluded. There were no enlarged lymph nodes and no free abdominal effusion noted within these images.

## *Pancreas*

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

## ULTRASONOGRAPHIC FINDINGS

Hyperechoic, distal shadowing contents within bowel lumen.  
Prominent muscularis layer.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have discrete masses or enlarged lymph nodes present within the images. There was a prominent muscularis layer, but the width did not measure dramatically enlarged. There was no abdominal effusion noted. There was hyperechoic distal shadowing contents within a region of the bowel that likely represent solid stool within the colon. However, foreign body material cannot be completely excluded based on the images provided. The primary differentials for the hypercalcemia noted on blood work would include idiopathic hypercalcemia and less likely underlying neoplasia. FNA of the liver and spleen can be considered as a screening tool since there were no discrete masses or enlarged lymph nodes for sampling. If this further rules out the possibility of underlying lymphoma then treatment for idiopathic hypercalcemia by feeding a high fiber diet and increasing the water intake by this patient would be recommended. If there continues to be hypercalcemia then a trial treatment with Prednisolone should be considered in this patient unless biopsy sampling is elected for further diagnostics. It should be noted that this patient should be carefully monitored for the continuation of vomiting in which case careful evaluation and rechecks for the presence of any constipated stool or foreign material within the bowel should be evaluated.



**PATIENT**

Hange Jarrell

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

7.8 lbs

**INTERPRETED BY**

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

**IMAGING  
PERFORMED BY**

Tiffany Brady DVM

**HOSPITAL NAME**

Shiloh VH

**REFERRING VET**

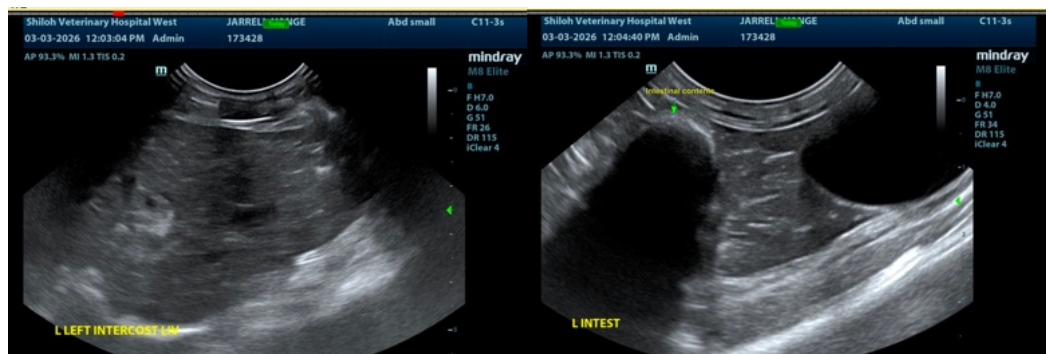
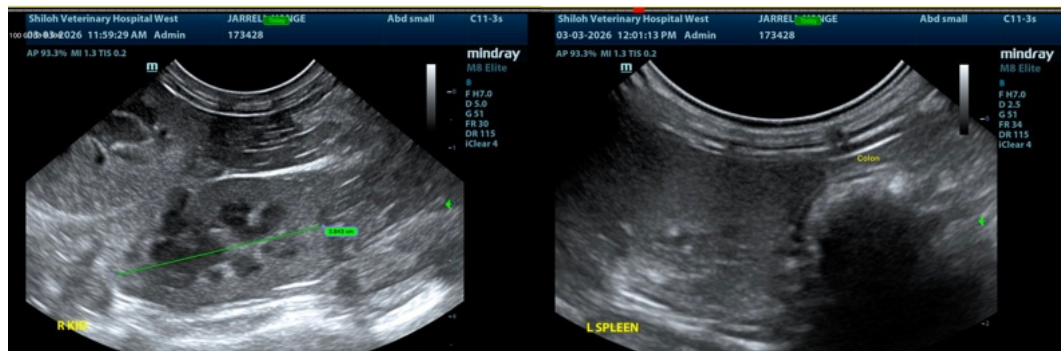
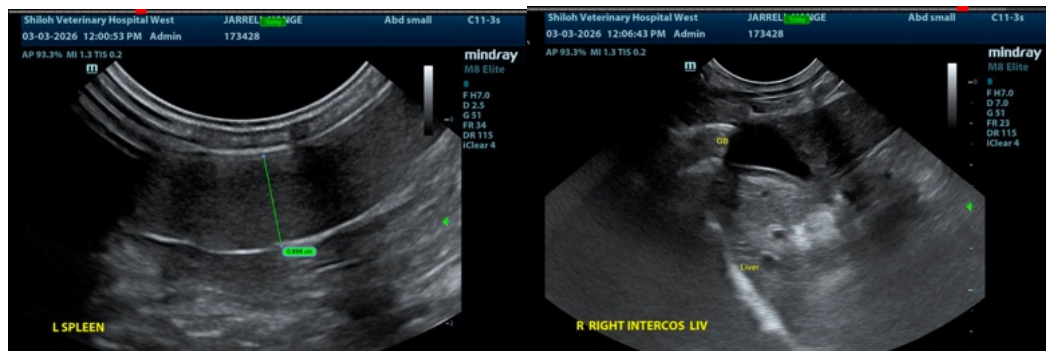
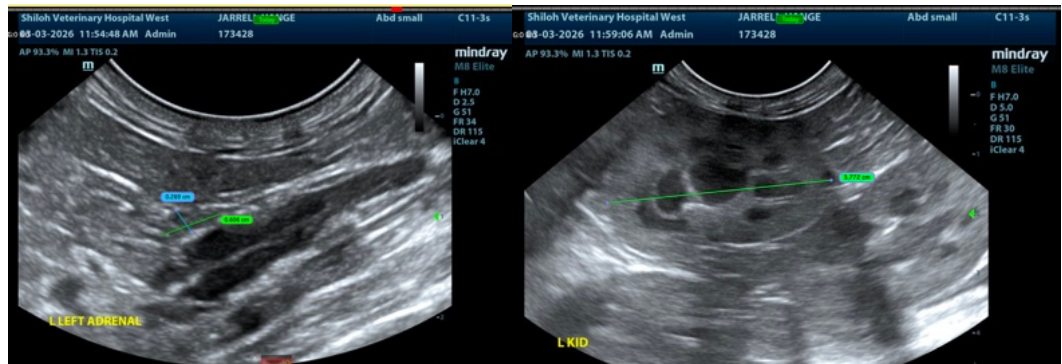
Stephanie Herr VMD

**INVOICE**

72141

**DATE**

3/3/26





## PATIENT

Hange Jarrell

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Spayed female

## AGE

5 years

## WEIGHT

7.8 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Tiffany Brady DVM

## HOSPITAL NAME

Shiloh VH

## REFERRING VET

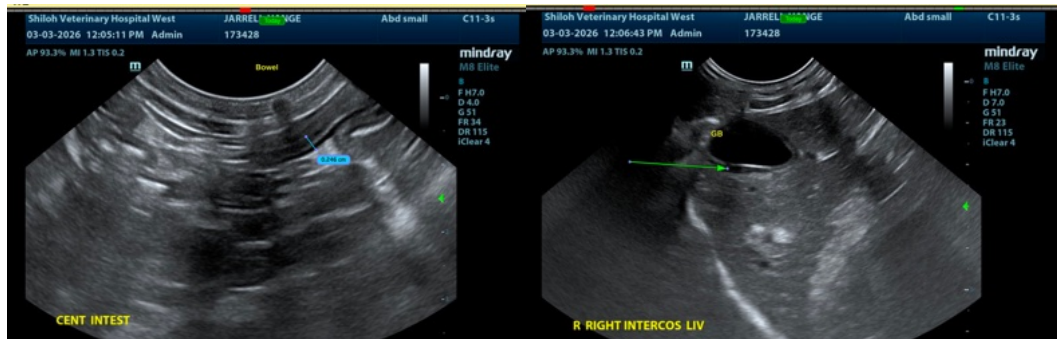
Stephanie Herr VMD

## INVOICE

72141

## DATE

3/3/26



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.

Kim Radway, DVM, DABVP (Canine/ Feline)

[info@SonoPath.com](mailto:info@SonoPath.com)