



**PATIENT**

Eleanor Rigby Carrozza

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years 6 Months

**WEIGHT**

10.1 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Dr. Ellen Puthoff

**HOSPITAL NAME**

Kings Vet Hospital

**REFERRING VET**

Dr. Ellen Puthoff

**INVOICE**

42949

**DATE**

11/23/22

**PRESENTING CLINICAL SIGNS**

Eleanor presented for her yearly exam and bloodwork. May 2021, Eleanor was diagnosed with hypercalcemia on routine bloodwork. Calcium panel performed which revealed elevated ionized calcium but normal pt/pthrp. She was started on OM for suspect idiopathic hypercalcemia. SDMA/Creat/BUN normal at that time - urinalysis showed USG of 1.025 but remainder unremarkable. Recheck bloodwork in January 2022 showed stable creat (1.7), new elevation in BUN (41 mg/dL - previous was 31 mg/dL), SDMA high normal (13). Calcium and ionized calcium normal. Urinalysis showed USG 1.039, remainder unremarkable. Yearly exam November 2022 showed weight loss of approximately 0.4 lbs, remainder of physical exam unremarkable. Bloodwork showed creat stable (1.8 mg/dL), BUN normal (30 mg/dL), SDMA newly elevated (17 ug/dL). Calcium normal, mild low sodium and chloride. Urinalysis showed USG 1.017, remainder unremarkable. Ultrasound recommended d/t fluctuating USG/SDMA and to ensure no other obvious cause for initial hypercalcemia (although still suspect idiopathic d/t resolution on high fiber diet).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.7 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.81 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is normal/borderline large in size (0.94 cm). This is likely normal for this large cat. The echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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**Pancreas**

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**WEIGHT**

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

- No significant ultrasonographic lesions visualized

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively normal. No focal lesions were observed. Recommend 3-view thoracic radiographs and a good oral +/- digital rectal exam, looking for any mass lesions, but I agree that this is likely idiopathic hypercalcemia, given the history.

\*\*SDEP technique was not followed int his scan and no labels were provided, making organ identification (particularly side) difficult to absolutely confirm.

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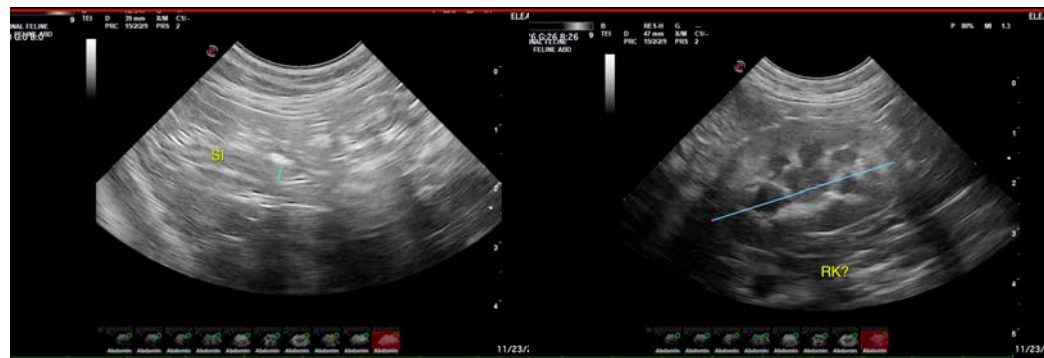
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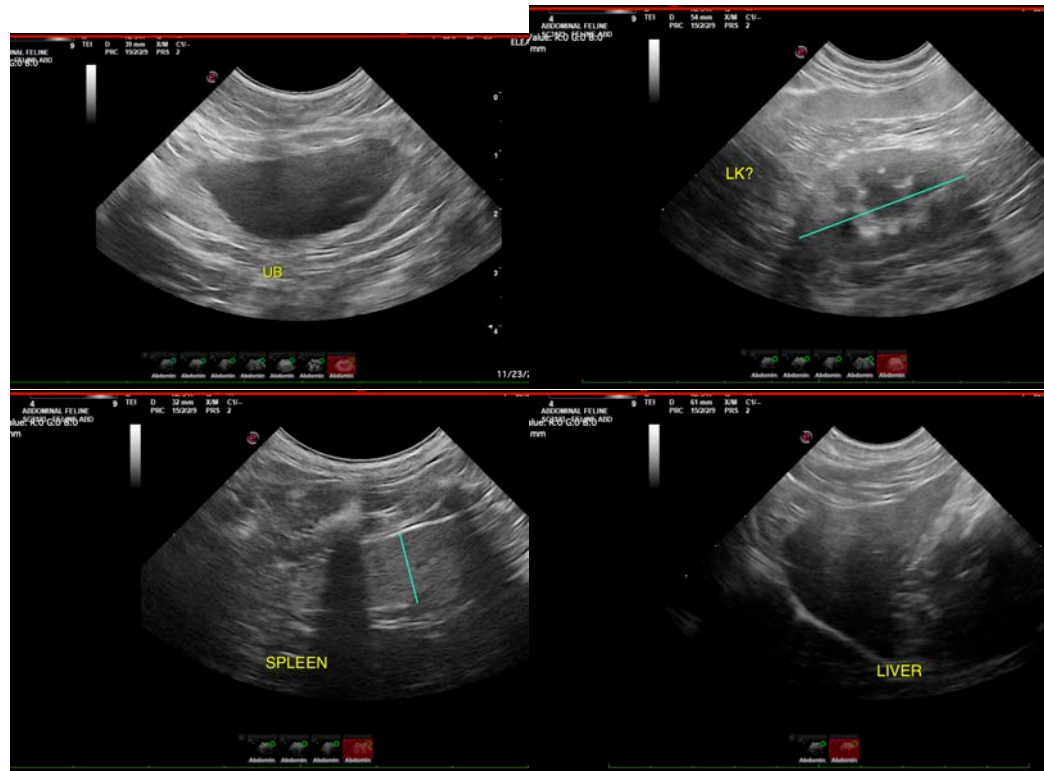
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com