



PATIENT PRESENTING CLINICAL SIGNS

Leon Lawson History: Vomiting several times a week for 6 months

Labs: Calcium 12.1, T4 2.0, Otherwise unremarkable

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED Domestic Shorthair
 The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

SEX Neutered Male
 Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 3.8 cm in length.

AGE 11 years
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

WEIGHT 10 Pounds
 The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
Spleen
 The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.91 cm in width.

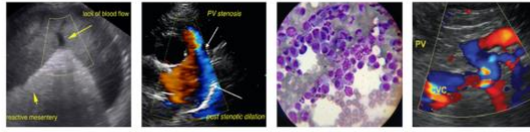
IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT
Liver
 The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME Littlestown VH
 The gallbladder was non distended in size with mild nonorganized nonmineralized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET Dr. Holland
Gastrointestinal
 The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.27 cm.

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 The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.20 cm. The duodenum wall measured 0.22 cm.

DATE 1.17.2022



PATIENT

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.29 cm.

Leon Lawson

Pancreas

SPECIES

The pancreas exhibited normal size with mild subjective asymmetrical contour with uniform subtly hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

Feline

Free Abdomen

BREED

Focal, mildly prominent to enlarged colic node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.36 cm width. No effusion present.

Domestic Shorthair

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Mild age-related renal changes
- Mild gallbladder debris- likely incidental, potentially owing to fasting or nonclinical cholestasis given the lack of hepatic enzyme elevations
- Overtly normal gastrointestinal tract
- Potential low-grade pancreatitis
- Focal, subjectively benign/reactive colic lymph node- not consistent with inflammatory or neoplastic criteria, mild focal colic lymphatic hyperplasia or minor reactive lymphadenitis likely

AGE

11 years

WEIGHT

10 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Overall, not overt evidence of significant visceral pathology as an obvious cause of the patient's clinical signs and weight loss. Dietary intolerance/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor), structurally insignificant gastrointestinal disease or potential low-grade pancreatitis possible. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Likewise, no overt evidence of abdominal neoplastic disease as a potential cause of hypercalcemia. Three-view chest radiographs (if not done) suggested to rule out occult thoracic pathology. Assessment for evidence cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas recommended, if present, potential for low-grade pancreatitis would be suspected.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Holland



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DATE

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PATIENT

Leon Lawson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 years

WEIGHT

10 Pounds

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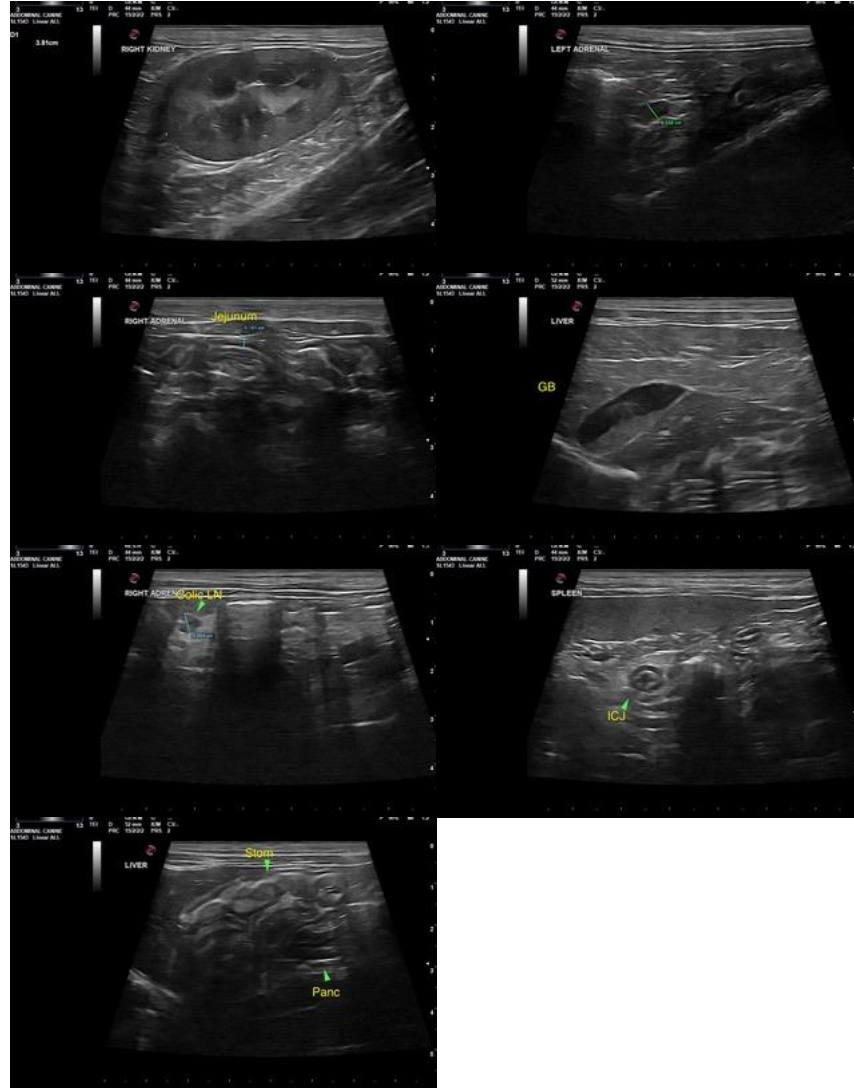
Dr. Holland

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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