

**PATIENT**

Juney Scheid

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Male (neutered)

**AGE**

1 year

**WEIGHT**

8.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Kingston AH

**REFERRING VET**

Dr. Turner

**INVOICE**

10591

**DATE**

1/28/26

**PRESENTING CLINICAL SIGNS**

History:

- Hypercalcemia, weight loss but healthy

Abnormal PE/Chem/CBC/UA Results: ca+ 12, ionized ca 1.55

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle to intermittent hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

*Adrenal Glands*

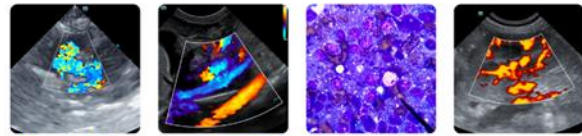
The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.33 cm width and the right adrenal gland measured 0.39 cm width.

*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.

*Liver/ Gallbladder*

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta, consistent with food echogenicity without signs of obstruction or foreign material.

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 small Intestinal wall width measured 0.20 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

### *Free Abdomen*

No omental masses, significant to swollen lymphadenopathy, or evidence of peritoneal effusion were noted.

## ULTRASONOGRAPHIC FINDINGS

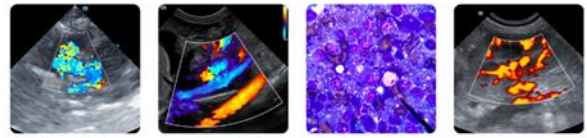
- Overall sonographically unremarkable abdomen
- Bilateral subtle nonspecific renal medullary rim sign
- Mild gastric ingesta - consistent with food echogenicity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral pathology as a definitive cause of the hypercalcemia and weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination, and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss. Assessment of parathyroid hormone and parathyroid hormone-related protein level may be considered.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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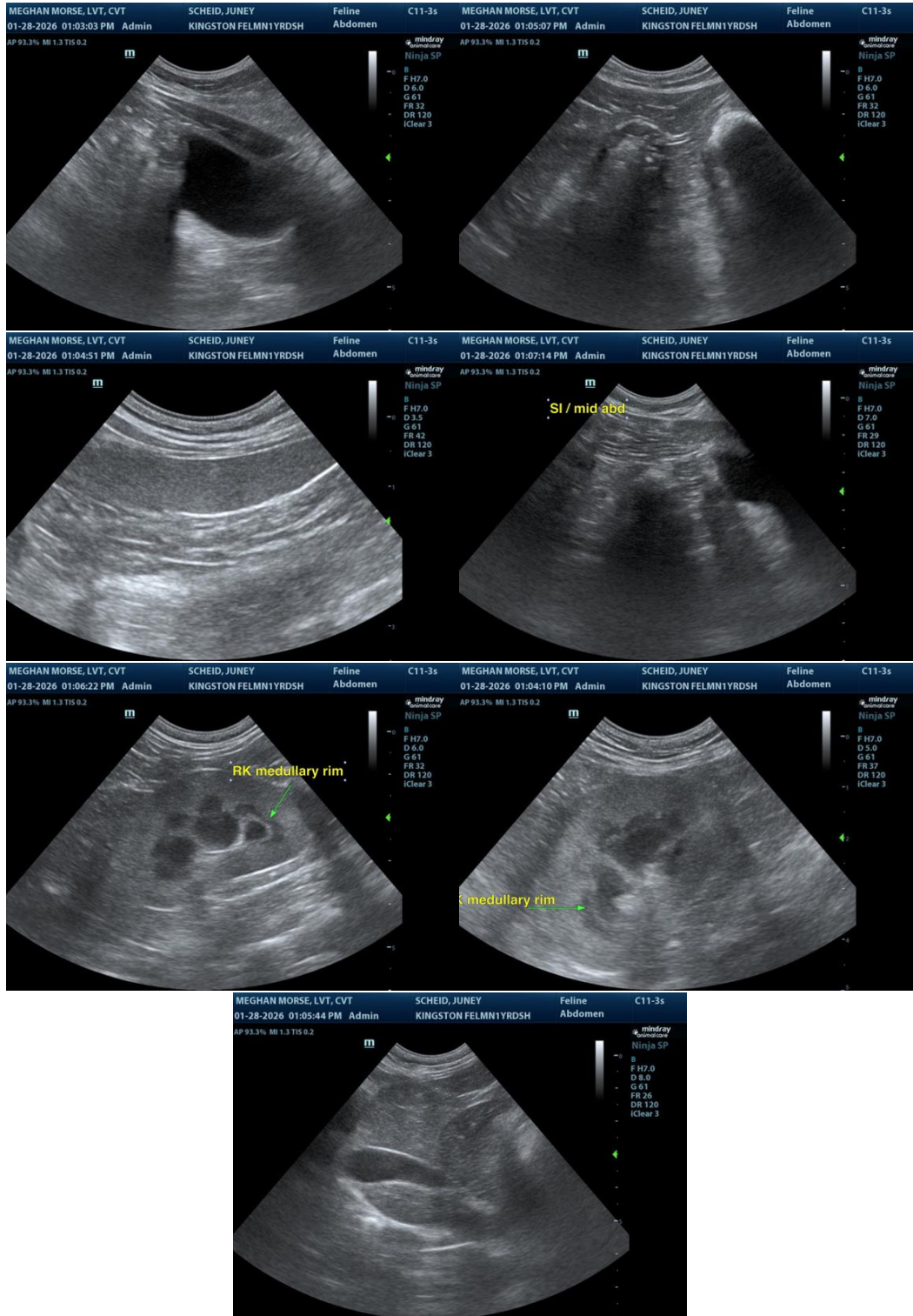
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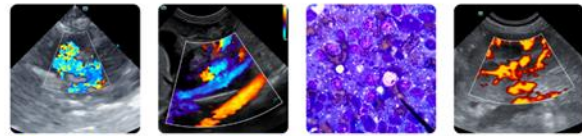
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)