



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Callie Vigeland
SPECIES Feline
BREED DSH
SEX Spayed Female
AGE 11 Years
WEIGHT 9.47 Pounds

Patient presented polyuria and inappetence Urinating every 3-4 hours. No d/c/s; Chronic intermittent vomiting. rDVM diagnosed with CKD. Recent bloodwork showed hypercalcemia. Owner adopted in March 2020 so age is unknown. Had almost full mouth extraction in September 2020. Indoor only. Current diet: Purina Advanced Renal Care. No current medications.
Abnormal PE/Chem/CBC/UA Results: hypercalcemia. WBC 5.4 w/normal differential, Hct 28%, Alb 4.1, BUN 23, Crea 1.7, Phos 4.7, Calcium 14.1, iCA 1.6, Glucose 101, Sodium/Potassium ratio 24.

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 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small cortical cyst was present in the left kidney. The right kidney measured 3.7 cm. The left kidney measured 3.9 cm.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm. The left adrenal gland measured 0.49 cm.

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 0.96 cm in width.

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

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. Gastric body wall measured 0.25 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Giambuzzi

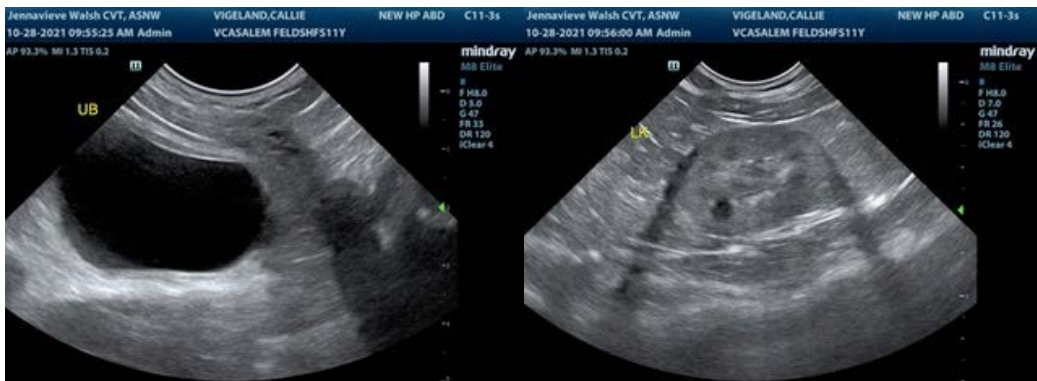
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DATE

10/28/21



PATIENT	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. Jejunum wall measured 0.21 cm.
Callie Vigeland	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	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 was evident.
DSH	
SEX	Free Abdomen
Spayed Female	No intraabdominal masses, lymphadenopathy or peritoneal effusion. The omentum was of uniform echogenicity.
AGE	ULTRASONOGRAPHIC FINDINGS
11 Years	<ul style="list-style-type: none"> Bilateral mild chronic renal changes with small left kidney cyst Otherwise sonographically unremarkable abdomen
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
9.47 Pounds	Overall, largely mild geriatric abdomen without evidence of significant visceral pathology as an obvious cause of the hypercalcemia. The kidneys did not appear to be end stage. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. 3-view chest radiographs recommended to rule out occult thoracic pathology if not done. Further assessment may include hypercalcemia panel to include PTH/PTHrP.
INTERPRETED BY	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/ .
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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