



## PATIENT

Coco Jung

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

9.68 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mavis McCormick-  
Rantze, DVM

## HOSPITAL NAME

Lanier Animal Hospital

## REFERRING VET

Mavis McCormick-  
Rantze, DVM

## INVOICE

74595

## DATE

4/18/26

## PRESENTING CLINICAL SIGNS

Coco came in for annuals in Feb 2026 and recommended a dental. Pre-anesthetic bloodwork showed significant hypercalcemia and mild azotemia. Decided to work up hypercalcemia w/ ionized Ca which was also high. Followed up with a hypercalcemia malignancy panel which indicated best recommendation to do radiographs (chest/abd, report included) and do abdominal u/s especially since patient has mild azotemia. Coco also does have a history of vomiting and a very sensitive stomach. Currently doing well at home now and is eating/drinking and no current issues with vomiting. I have recommended Royal Canin HP/Renal multifunction diet for the GI and renal issues and hopefully to lower the calcium levels but it has not been started by the owner yet.

Abnormal PE/Chem/CBC/UA Results: 2/4/26: Comprehensive Blodowork cbc: wnl/nsf chem: Creat 2.7 BUN 37 Ca 13.8 T4 2.3 UA: USG 1.033 UPC 0.1; 1+ protein 3/2/26: Renal Panel creatinine 2.2 (2.7) BUN 38 (38) Ca 13.0 (13.8) 3/2/26: Ionized Calcium 2.09 3/10/26: Hypercalcemia Malignancy Panel iCa 1.65 H PH 0.7 - low normal PTRP 0- normal

## 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.

The area of the aortic trifurcation was free of pathology.

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.

### Adrenal Glands

The right adrenal gland was subjectively normal in size, position and shape, measuring 0.33 cm.

No obvious visible pathology in the area of the left adrenal gland.

### Spleen

The spleen measures 0.64 cm in width at the level of the mid spleen. It 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

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 was empty with no signs of ileus, 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. Small intestinal wall measured 0.22 cm in width.

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 was evident.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

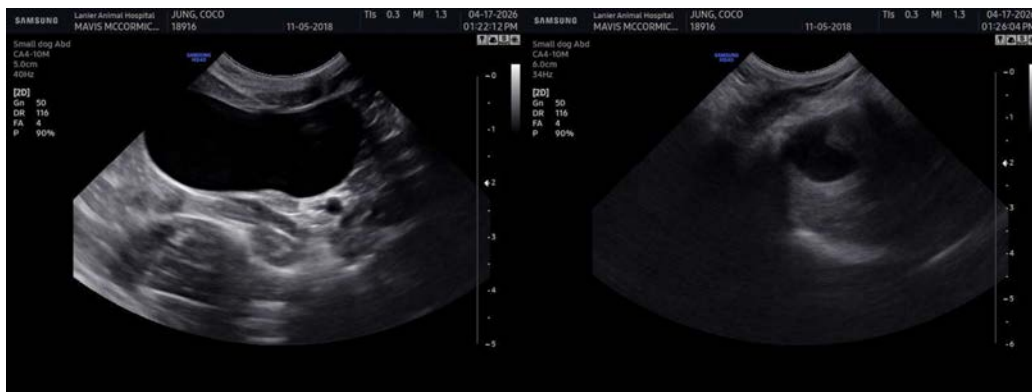
- Overall sonographically unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology, specifically neoplastic criteria, as an obvious cause of the hypercalcemia. Microscopic renal disease may present sonographically normal. Monitoring of renal parameters and urinalysis +/- renal staging to include culture and sensitivity and monitoring of UPC level, if persistent proteinuria, is suggested. Continued as needed gastrointestinal support including dietary therapy and as-needed gastroprotectants is recommended.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://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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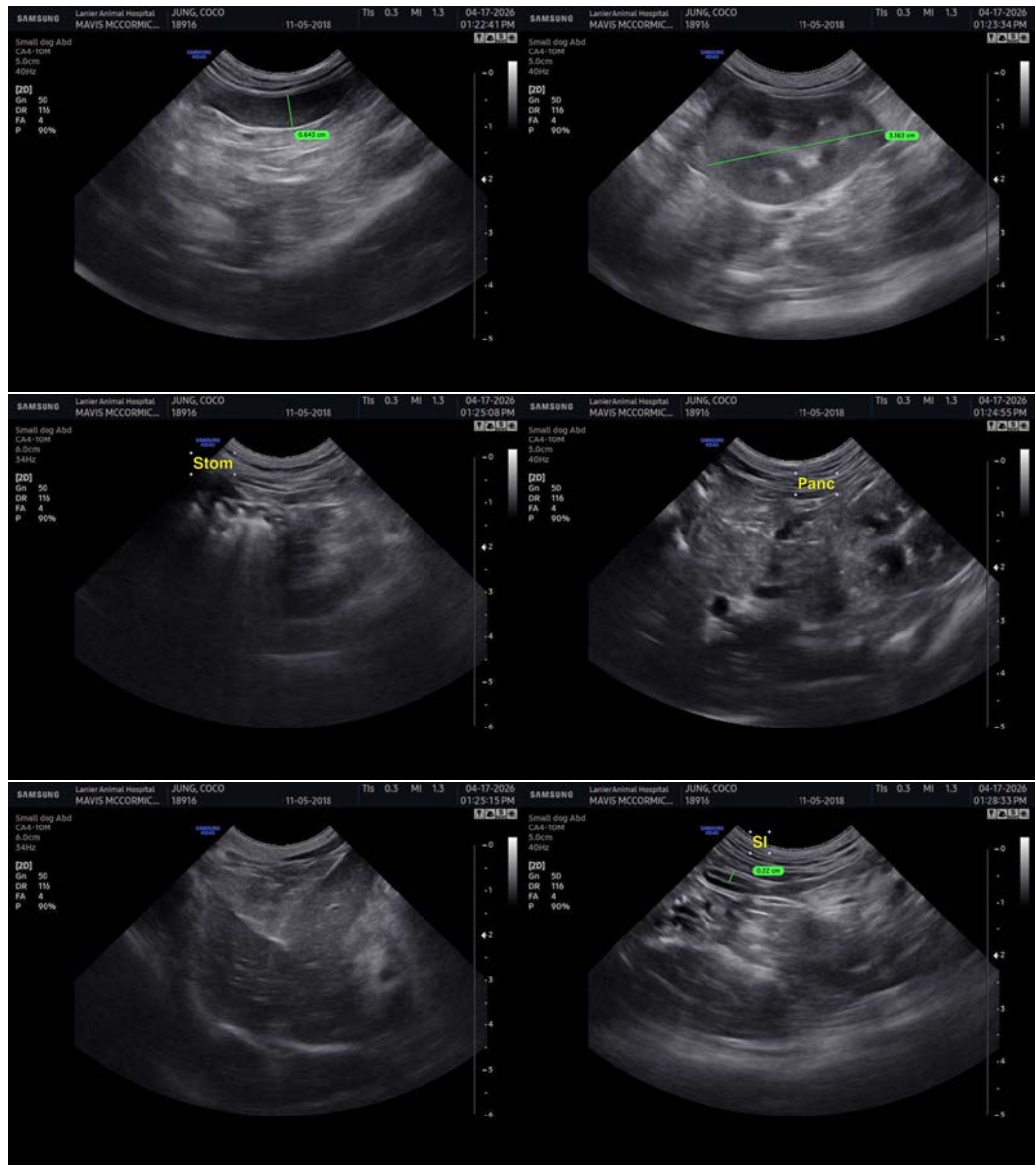
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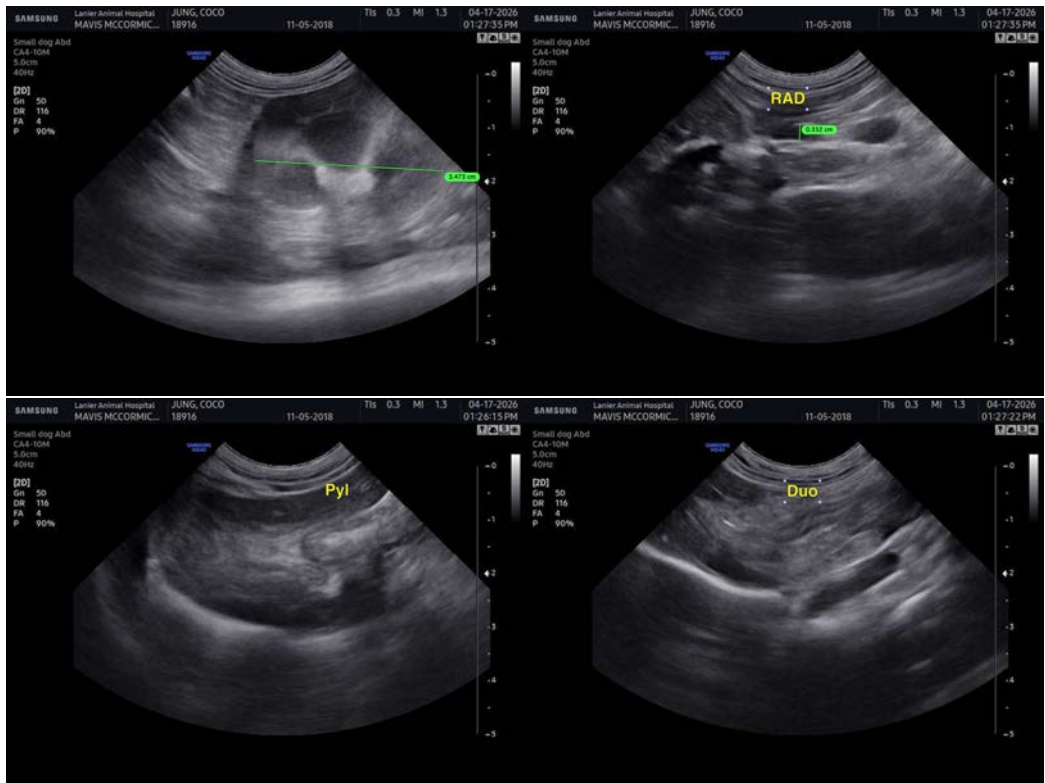
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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