



PATIENT PRESENTING CLINICAL SIGNS

Natsu Ngo History: Intermittent vomiting. PU/PD. Weight loss

SPECIES ABNORMAL Lab work Values: Ionized Calcium: 1.57, Calcium: 13.0, Intact PTH: <0.50

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DMH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, primary dependent lumen particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

Male Neutered

AGE

6y

The area of the aortic trifurcation was free of pathology.

WEIGHT

9.1 lbs

Normal size and margination was 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. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

IMAGING PERFORMED BY

Sara Hansen

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 0.76 cm width level of the mid spleen.

HOSPITAL NAME

West Salem AC

Liver

REFERRING VET

Dr. Bruton

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.

INVOICE

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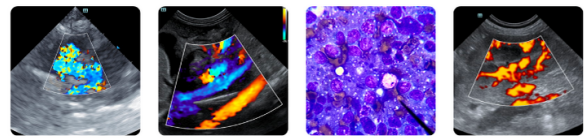
Gastrointestinal

DATE

4/23/26

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach mild retained gastric fluid without obstruction to pyloric outflow. Pyloric wall measured 0.28 cm,

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. Duodenum wall measured 0.23 cm and jejunum wall measured 0.23 cm.



PATIENT

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

Natsu Ngo

Pancreas

SPECIES

The left pancreas was normal in size and contour with homogeneous, mildly hyperechoic parenchyma compared to adjacent omentum.

Feline

Free Abdomen

BREED

No significant or swollen mesenteric lymphadenopathy, no omental masses or peritoneal effusion was present.

DMH

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ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Mild hyperechoic left pancreas
- Normal gastrointestinal tract with mild, non-obstructive hypomotile stomach
- Normal bilateral kidneys/adrenal glands
- Normal spleen/liver

AGE

6y

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

9.1 lbs

No evidence of significant visceral pathology, specifically neoplastic criteria as an obvious cause of the hypercalcemia or clinicals. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Mild pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Given weight loss, gastrointestinal signs and hypercalcemia, a GI panel to include PLI/TLI/Cobalamin/Folate and if not done 3-view chest radiographs are recommended. Gastrointestinal support which may include gastro protectants given potential for mild hypomotile gastritis and vomiting may prove beneficial.

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(Canine and Feline)

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at,

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Sara Hansen

<https://sonopath.com/services/sonopath-ct-services>

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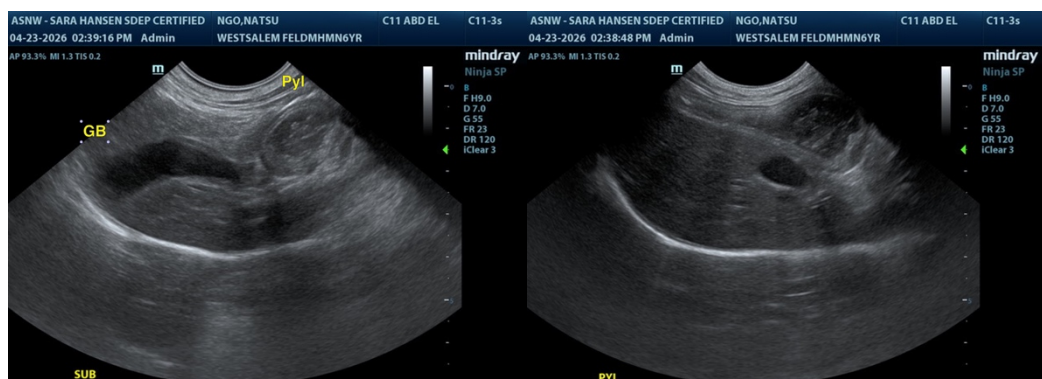
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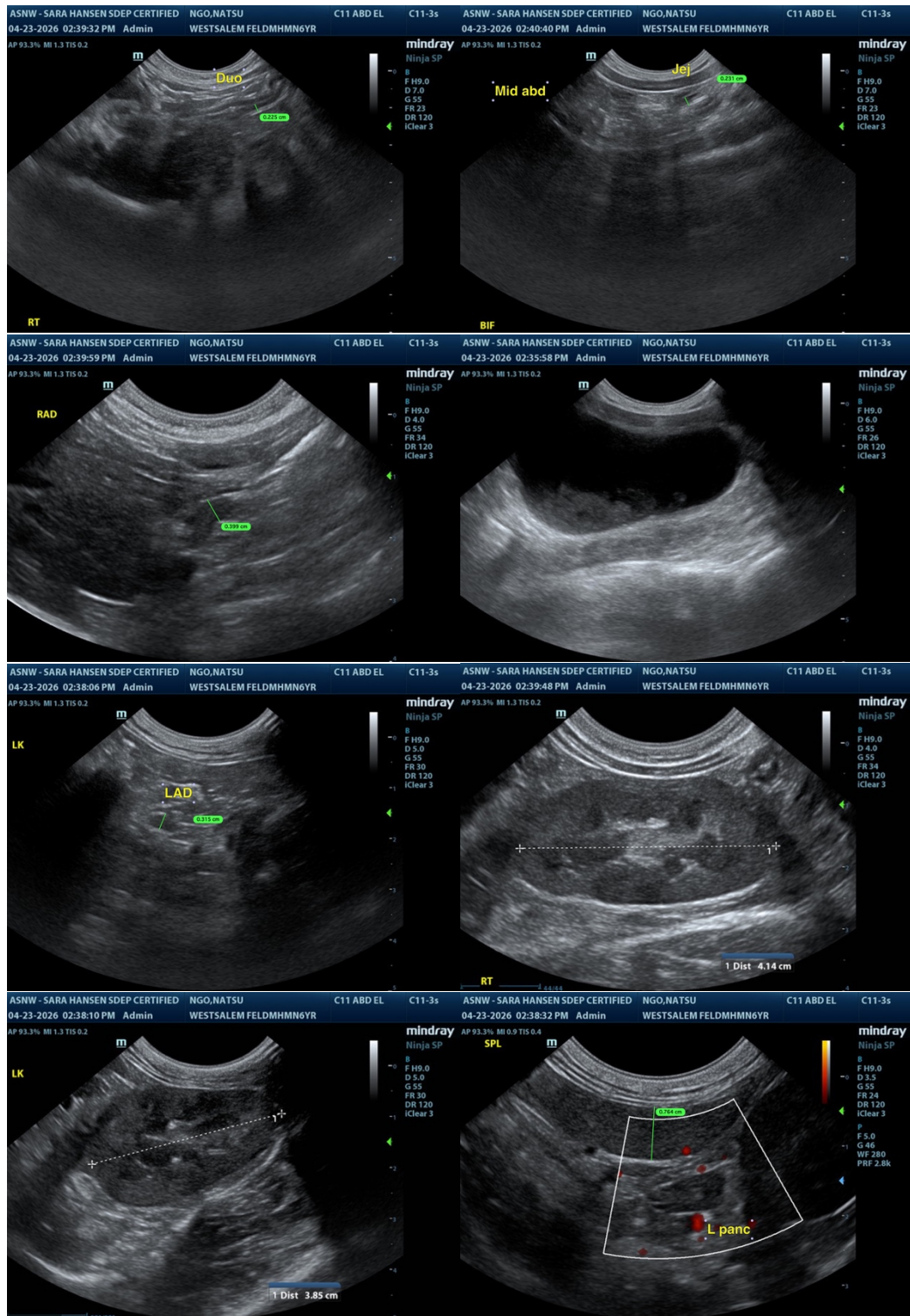
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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