


PATIENT

Mickey Quirk

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Wendy Turner

INVOICE

14639

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: Hx intermittent hind limb ataxia/weakness. No CSVD. Pet is persistently hypercalcemic. Abnormal PE/Chem/CBC/UA Results: Mild muscle atrophy (generalized). Intestines very slightly thickened. Neuro signs have improved. BW attached: persistent hypercalcemia. Increased i-Ca⁺⁺, decreased PTH. Labs: T4 2.2, BUN 38, creatinine 2.0, calcium 12.7, sodium to potassium ratio 32, unremarkable liver parameters, WBC 9.3 with normal differential, hematocrit 43.9, urine spec grav 1.014, neg protein and glucose.

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 calculi 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 without evidence of medial iliac, sublumbar lymphadenopathy or overt saddle thrombus.

Both kidneys were normal in size and margination. Primarily maintained 1:3 cortex to medulla ratio was noted. Both kidneys exhibited mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.92 cm in width.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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. The gastric body wall measured 0.25 cm.



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The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio without overt evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.22-0.25 cm. The duodenum wall measured 0.24 cm.

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

Pancreas

The left pancreas was normal in size with subtle areas of capsule asymmetry and minor hypoechoic to nonhomogeneous parenchyma compared to adjacent peripancreatic omentum.

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DSH

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- Nonspecific, mild chronic renal changes
- Mild hepatosplenic parenchymal remodeling- subjectively benign
- Overtly normal gastrointestinal tract
- Mild hypoechoic to nonhomogeneous left pancreas- age-related pancreatic changes suspected, potential for low-grade to chronic active inflammation

WEIGHT

11.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. Potential for low-grade pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Although not overtly suggestive of neoplastic criteria, screening hepatosplenic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered given the hypercalcemia. Three-view chest radiographs suggested to rule out or assess for thoracic pathology, if not done. Given the muscle atrophy in this patient or if clinical concern for gastrointestinal disease, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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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/>.

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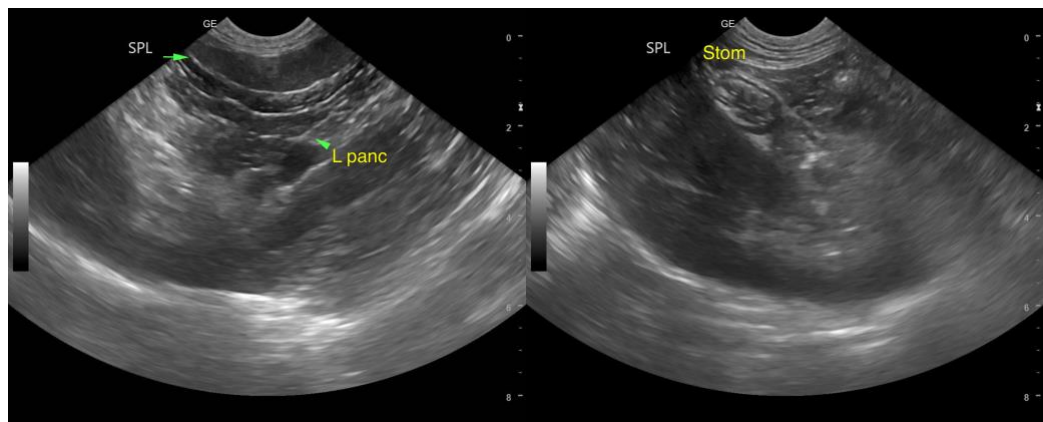
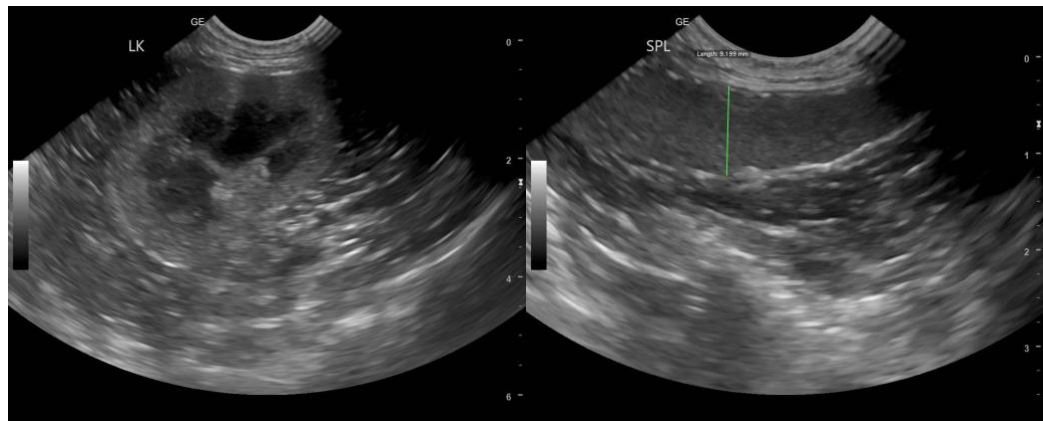
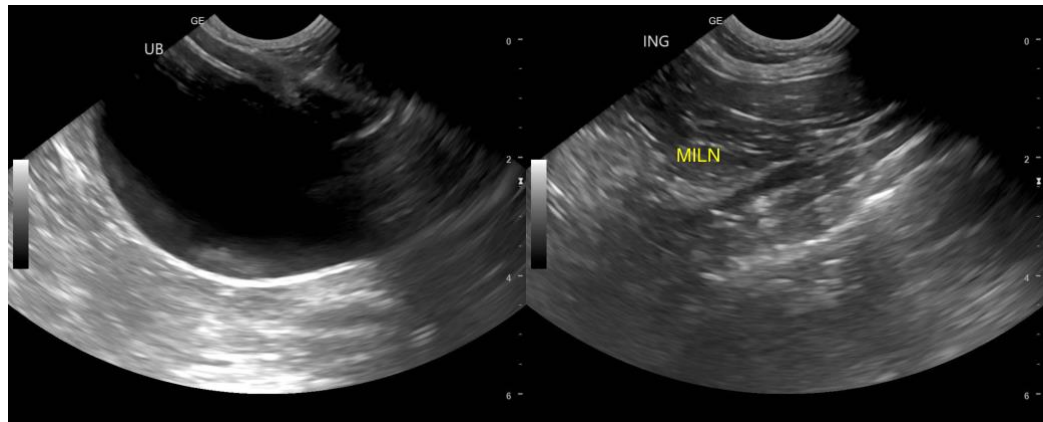
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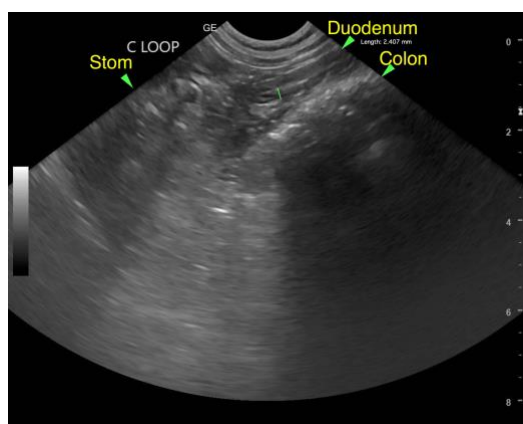
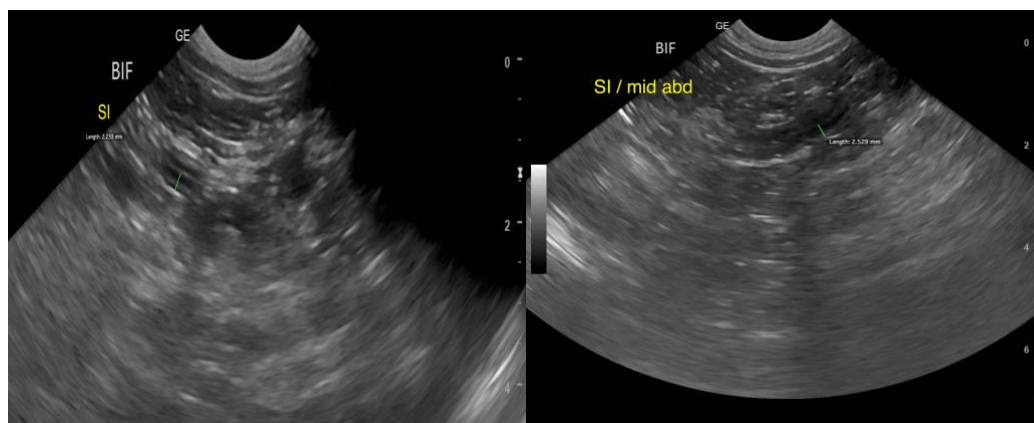
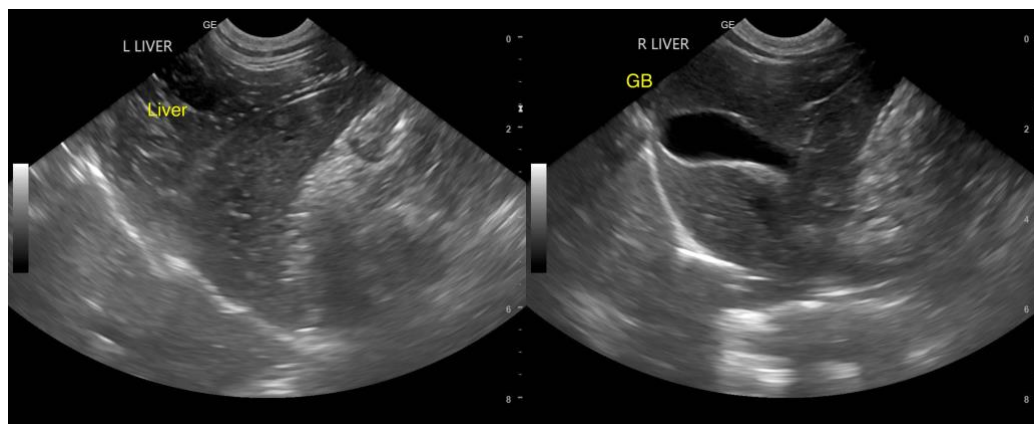
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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