



**PATIENT PRESENTING CLINICAL SIGNS**

Paige Fosty History: Hypercalcemia. Assess for abdominal pathology (lymphoma).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**

Feline

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**BREED**

DMH

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

**SEX**

FS

**AGE**

10 yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

**WEIGHT**

4.6 kg

**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.

**INTERPRETED BY**

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

**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.

**IMAGING**

**PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound

**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.

**REFERRING VET**

Dr. Asemadahun

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.

**INVOICE**

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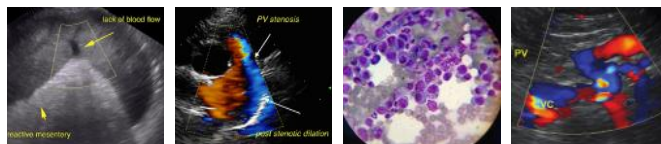
Normal visible colon wall layers were present with apparent formed feces in lumen.

**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.

**DATE**

05/13/2022



**PATIENT** *Free Abdomen*

Paige Fosty No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SPECIES** **ULTRASONOGRAPHIC FINDINGS**

- Feline
  - Sonographically unremarkable abdomen
  - Mild age related kidneys

**BREED**

**DMH** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX** No evidence of abdominal visceral pathology specifically no evidence of intra-abdominal neoplastic criteria as a cause of the patient's hypercalcemia. A hypercalcemia panel to include Ca++ +/- PTH/PTHrP could be considered for further assessment. Three view chest radiographs suggested if not already done.

**FS**

**AGE**

10 yr

**WEIGHT**

4.6 kg

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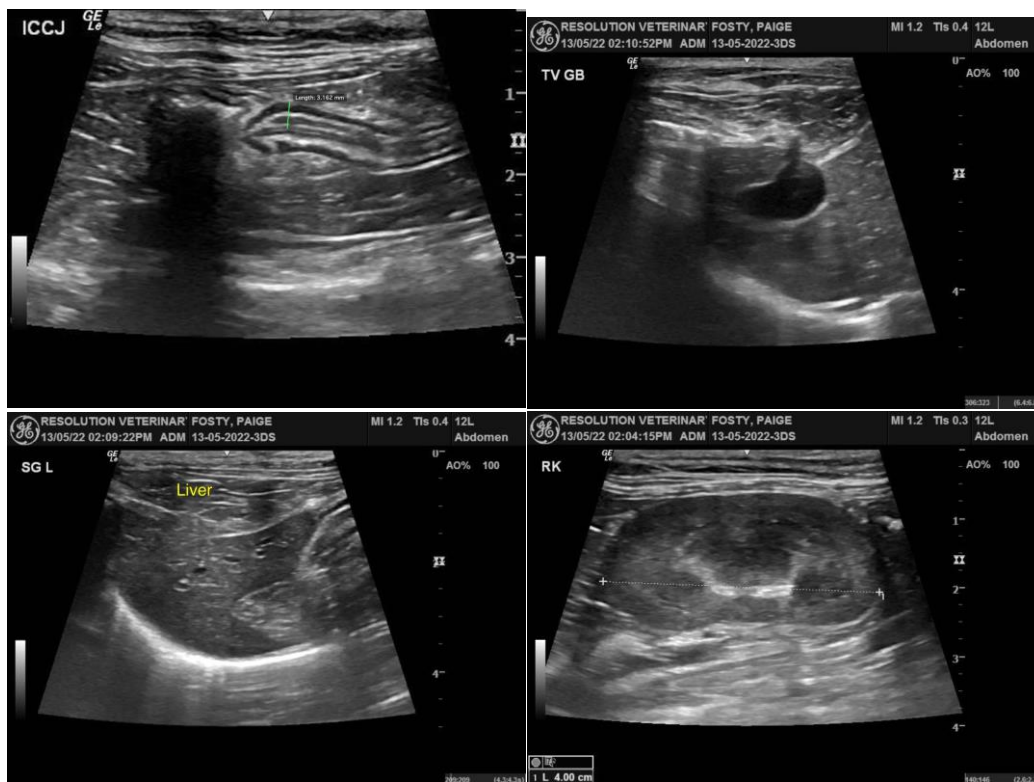
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## PATIENT

Paige Fosty

## SPECIES

Feline

## BREED

DMH

## SEX

FS

## AGE

10 yr

## WEIGHT

4.6 kg

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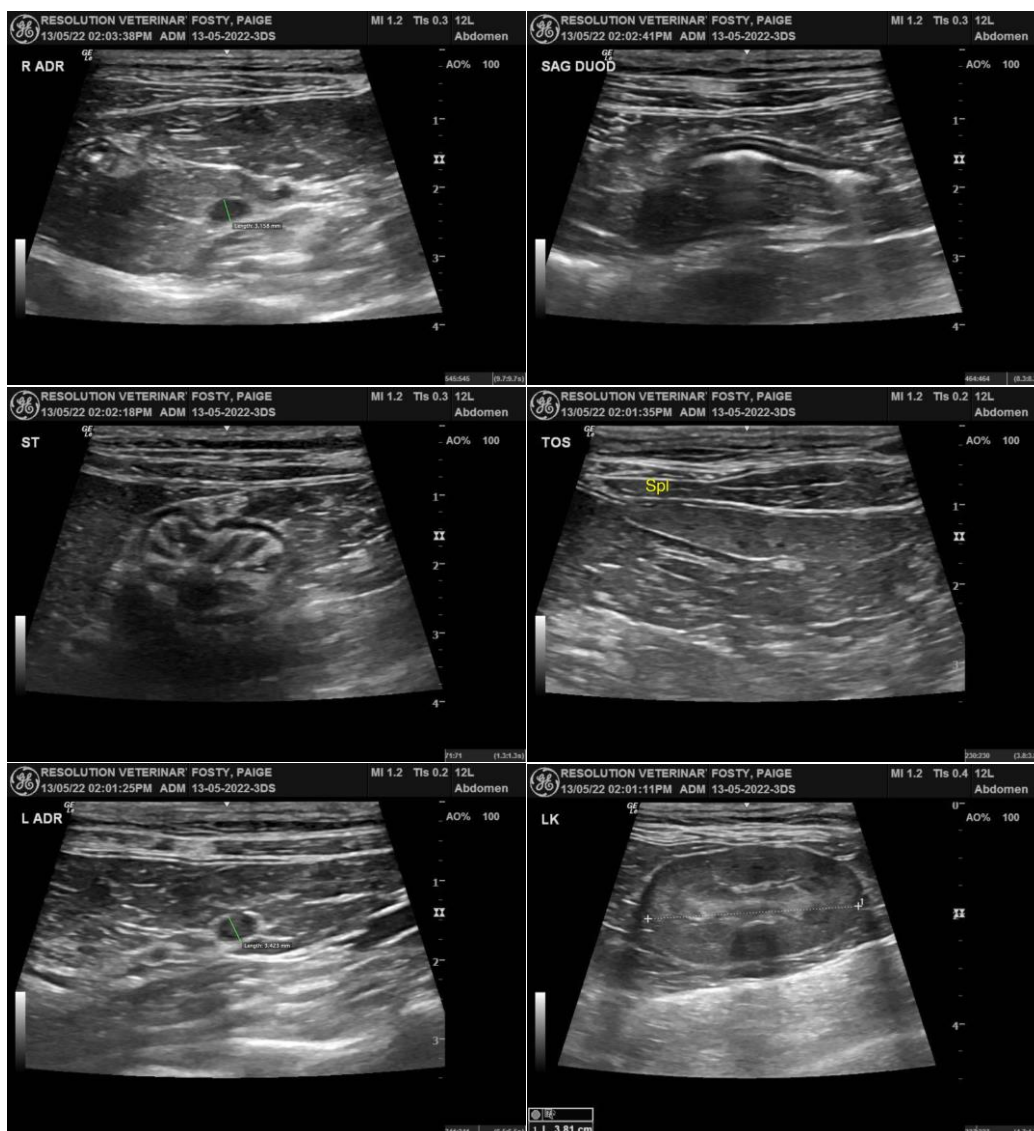
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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