



PATIENT

Axel Jackson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Linda Grau

INVOICE

11033

DATE

6/17/26

PRESENTING CLINICAL SIGNS

routine exam and bloodwork

Abnormal PE/Chem/CBC/UA Results: Calcium 12.3, ionized calcium 1.58, PTH <0.50, chest rads unremarkable

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. No mineral or calculi noted. 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 residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

Borderline prominent size and symmetrical contour were present in the left kidney. A normal 1:3 cortex / medulla ratio was present with increased corticomedullary echogenicity and secondary decreased corticomedullary border demarcation. The left kidney measured 4.5 cm in length.

The right kidney was normal in size with symmetrical contour. A normal 1:3 cortex / medulla ratio was present with increased corticomedullary echogenicity and secondary decreased corticomedullary border demarcation. The right kidney measured 4.1 cm in length.

Adrenal Glands

No obvious pathology was noted in the area of the left or right adrenal glands.

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 0.69 cm width at the level of the mid-spleen with possible mild splenic folding, which is not indicative of underlying splenic pathology and likely a patient variant.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 without evidence of retained ingesta or foreign material. Minor retained pyloric fluid was noted.



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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.

Normal visible colon wall layers were present with 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

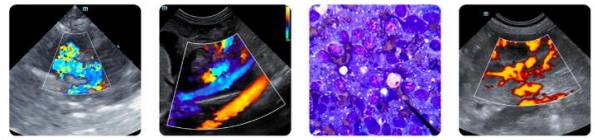
- Nonspecific bilateral hyperechoic renal corticomedullary echogenicity
- Otherwise sonographically normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of significant visceral pathology or neoplastic criteria as a cause of the hypercalcemia. The renal changes are nonspecific with maintained intact renal architecture and without overt renal neoplastic criteria. Correlation with full urinary workup, including urinalysis +/- C/S or UPC level if clinically indicated, is recommended. Monitoring of renal parameters and urinalysis going forward is recommended.

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/>.

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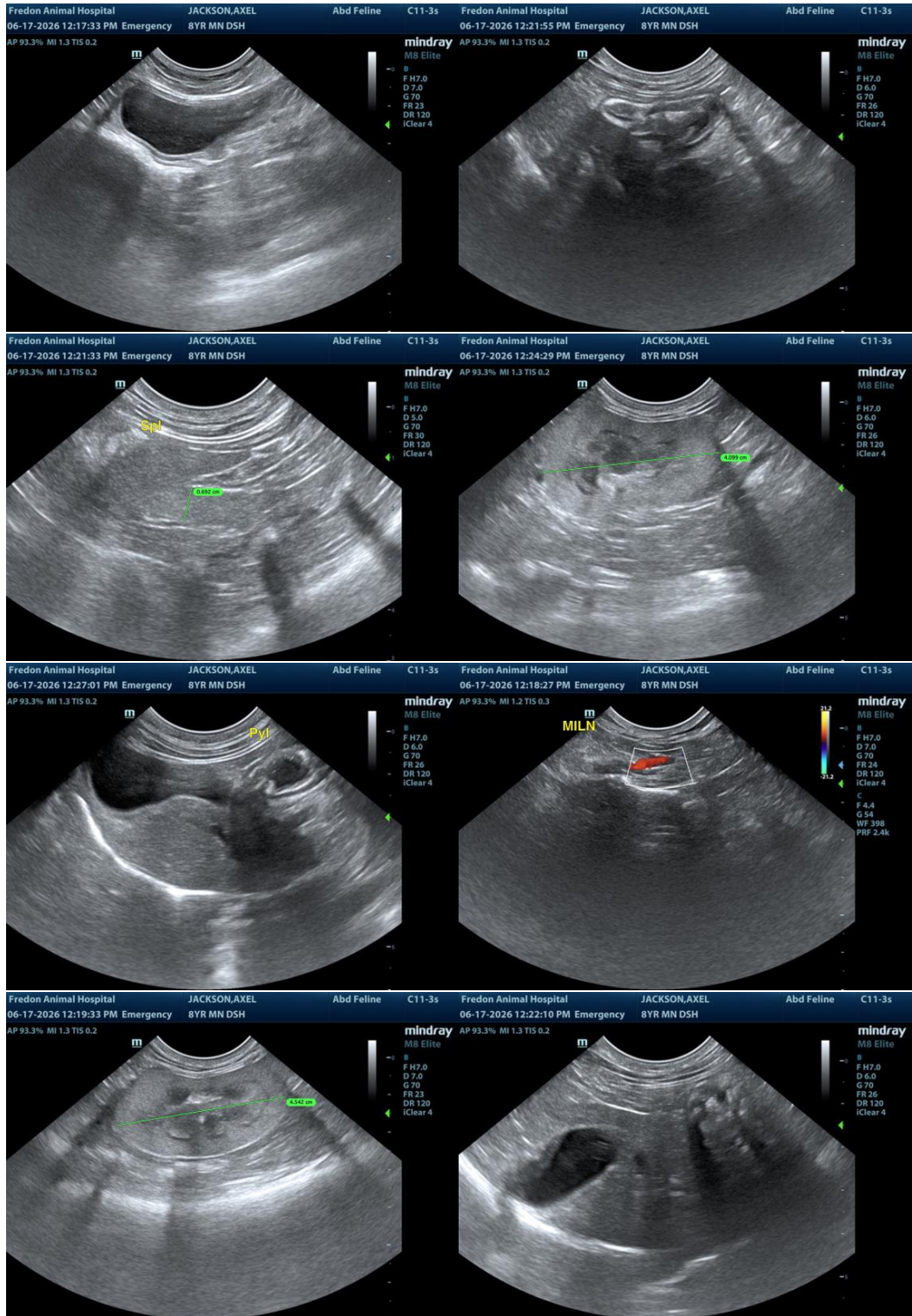
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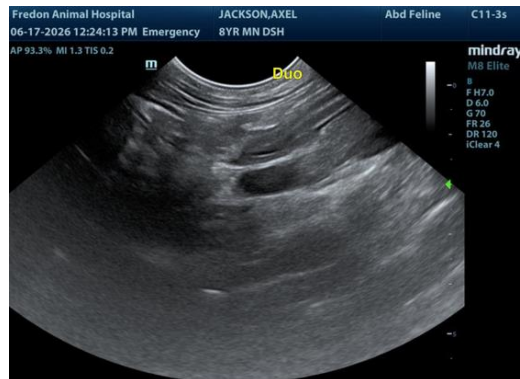
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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