



**PATIENT**

Totoro Kam

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neuter

**AGE**

6

**WEIGHT**

5.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Beddington Trail AH

**REFERRING VET**

Dr. Bahadur

**INVOICE**

14575

**DATE**

8/11/22

**PRESENTING CLINICAL SIGNS**

Non clinical possible cystoliths

Abnormal PE/Chem/CBC/UA Results: High ionized calcium on wellness panel

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with no evidence of inflammatory or neoplastic mural changes. Anechoic urine was primarily present with mild dependent mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

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. Pinpoint areas of medullary mineral were noted. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

**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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**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 0.77 cm width at the level of the hilus.

**Liver/ Gallbladder**

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 containing primarily anechoic content with mild, luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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 width measured 0.24 cm.



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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. The small intestinal wall width measured 0.21 cm. The ileocolic wall width measured 0.33 cm.

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

***Pancreas***

**BREED**

DSH

The left pancreas exhibited normal size. Ill-defined hypoechoic nodules to possible cysts were present in the left pancreatic limb. An example measured 0.63 cm in diameter. Potential for focal areas of left pancreatic inflammation is possible. No evidence of pancreatic neoplastic criteria was noted.

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***Free Abdomen***

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Intermittent mildly prominent to hypoechoic mesenteric lymph nodes exhibiting normal width: length ratio (<0.5) were present with an example measuring 0.32 cm diameter. The lymph nodes were not consistent with neoplastic criteria. No omental masses or evidence of peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

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- Mild urinary bladder dependent mineral
- Pinpoint renal medullary mineralization

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- Indistinct left pancreatic nodules to possible cysts - potential focal areas of inflammation possible
- Minor gallbladder debris - likely incidental
- Intermittent mildly prominent subjectively benign mesenteric lymph nodes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, no overt evidence of significant visceral pathology, specifically neoplastic criteria, as an obvious cause of the elevated ionized calcium. Potential for focal pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL could be considered.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three-view chest radiographs are suggested to rule out occult thoracic pathology.

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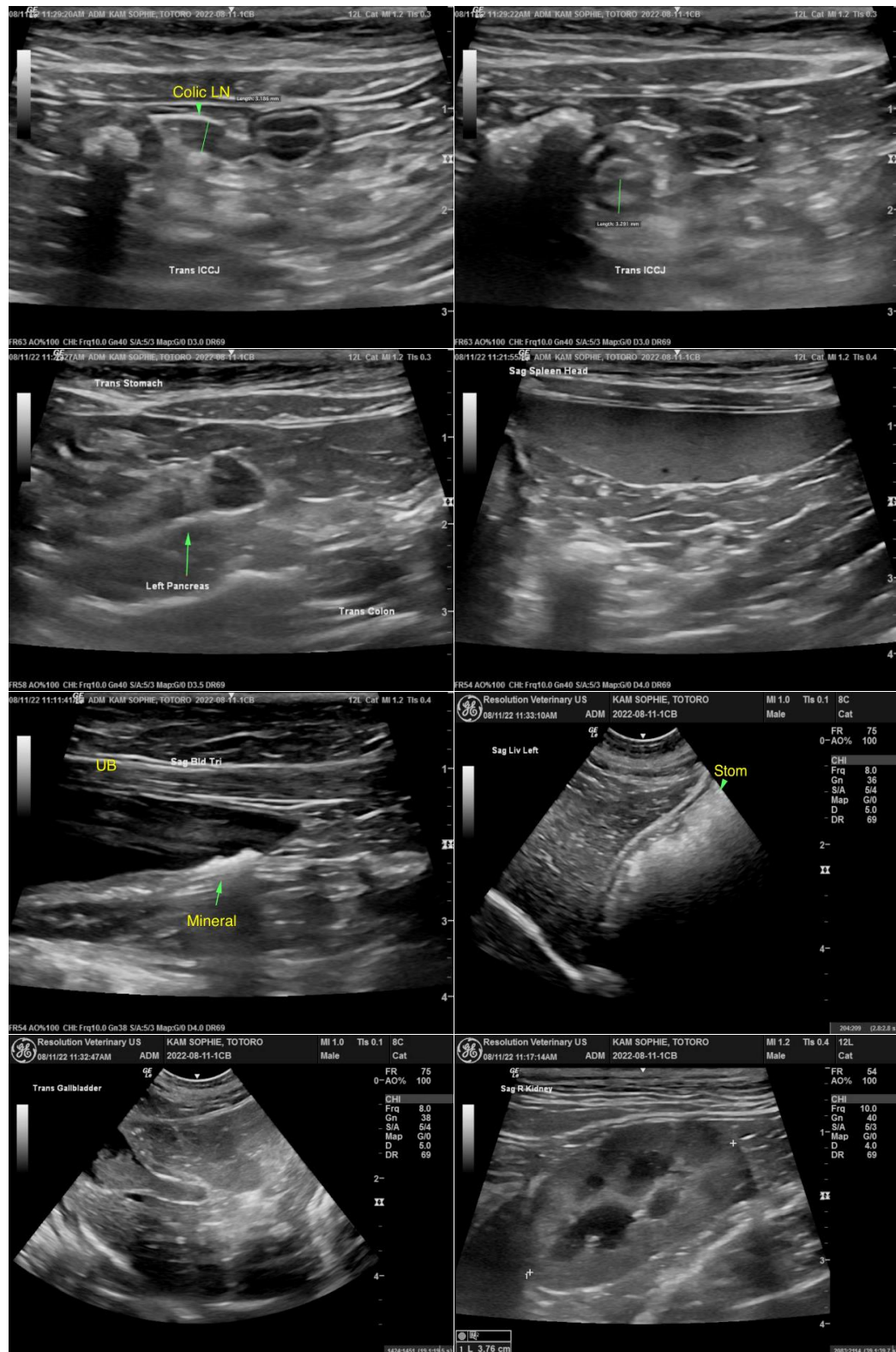
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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