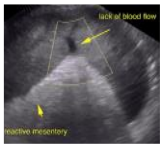
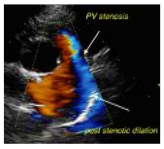
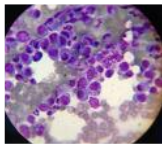
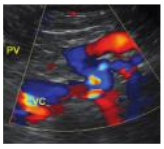
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Gilliam

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

14593

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Mildly lethargic, anorexic for over a week. UUTI found 4 days ago; no improvement in CS to convenia inj TXR and AXR today- DJD of lumbar spine otherwise no significant abnormalities.
Abnormal PE/Chem/CBC/UA Results: Ca+ immeasurably high. Phopshorous within normal range. BUN/Creat/ USG normal. Mild hyperglobulinemia. Slightly low RBC Neoplasia?

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. Primarily anechoic urine was present in the lumen. Minor nondependent 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. Focal hyperechoic cortical foci were present in both kidneys, which may indicate cortical microinfarction, fibrosis, or pinpoint cortical mineralization. No evidence of pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

The probable left adrenal gland exhibited subjective prominent size with homogeneous parenchyma and potential minor asymmetrical capsule contour, measuring 0.54 cm In diameter. No overt pathology was noted in the area of the right adrenal gland.

Spleen

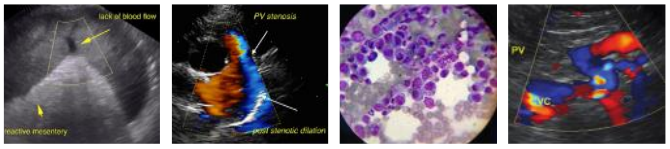
The spleen exhibited normal to potential mild subnormal size, possibly owing to volume contraction. No evidence of neoplastic criteria was noted. The spleen measured 0.54 cm width at the level of the hilus.

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 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 width measured 0.23 cm.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Gilliam

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

14593

DATE

8/12/22

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 duodenum wall measured 0.20 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.28 cm width.

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 were evident.

Free Abdomen

No omental masses, overt lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral mild chronic renal changes
- Minor urinary bladder sediment - minor cellular debris/ protein, crystalline debris, lipid, or mucus
- Subjective mildly prominent left adrenal gland - nonspecific
- Overtly normal gastrointestinal tract / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective mildly prominent left adrenal gland is nonspecific and may be a patient or age-related variant. Potential for emerging neoplastic left adrenal criteria is considered a less likely differential diagnosis, yet cannot be excluded. Sonographic monitoring of the left adrenal gland, as well as potassium levels, may be considered. Serum aldosterone level would be indicated if evidence of hypokalemia.

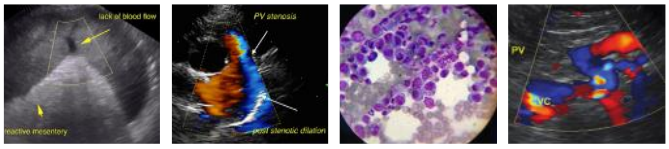
Overall, an obvious cause of the patient's hypercalcemia was not definitively evident. Further assessment may include ionized calcium, PTH and PTHrP levels.

A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult disease as a contributing factor to the anorexia and if evidence of weight loss.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Gilliam

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

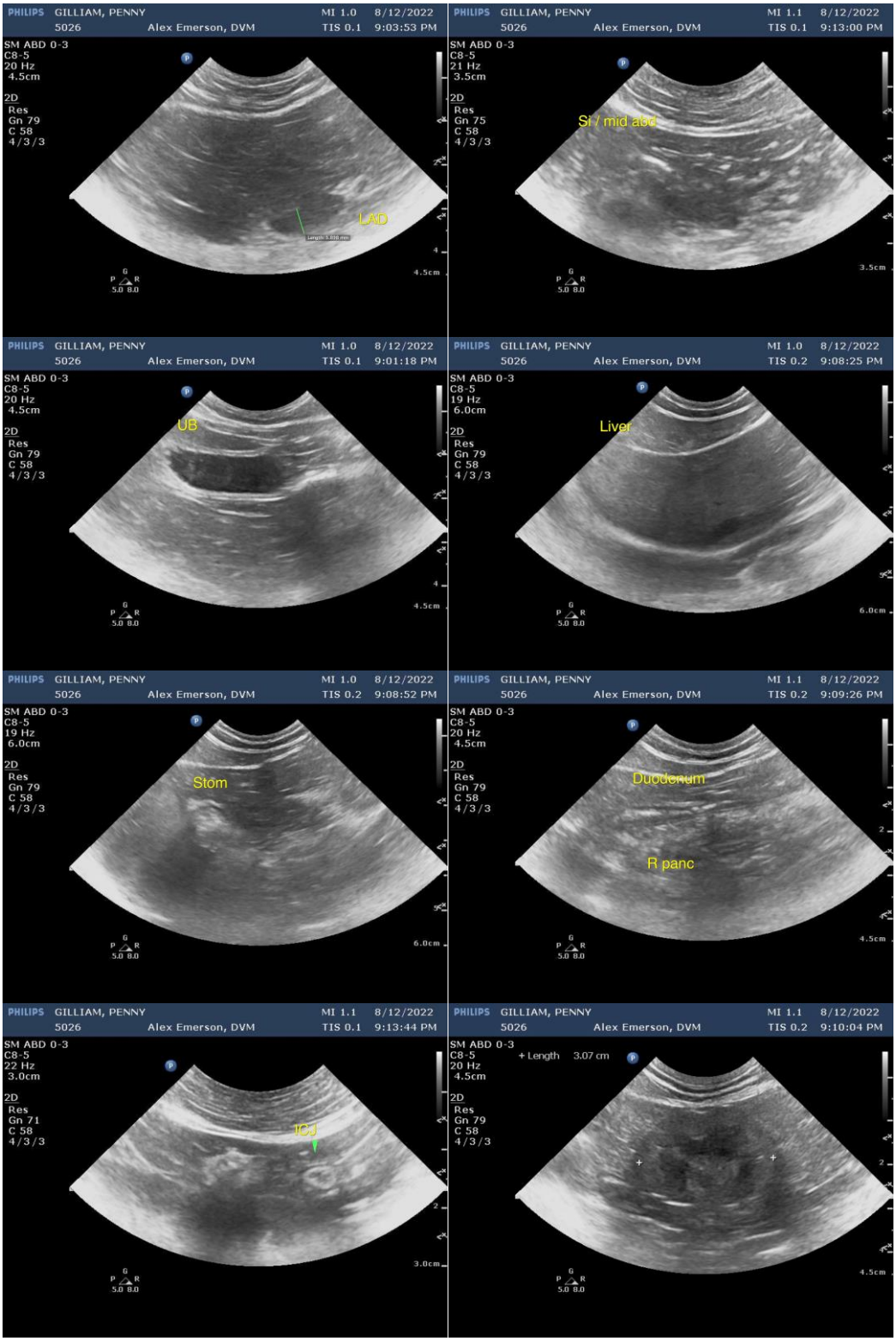
Alex Emerson DVM

INVOICE

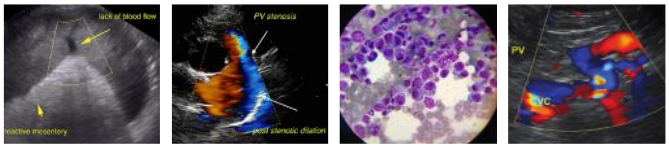
14593

DATE

8/12/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Gilliam

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

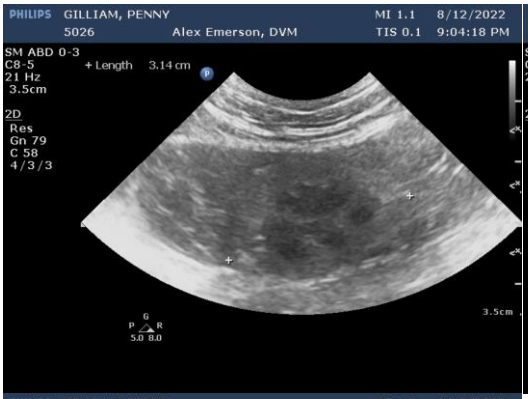
Alex Emerson DVM

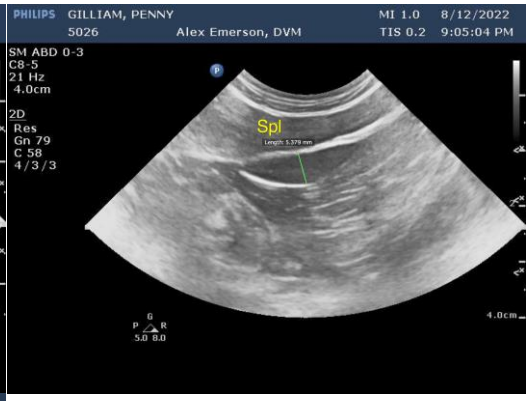
INVOICE

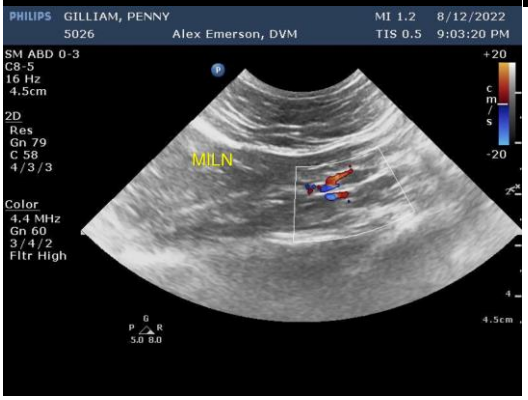
14593

DATE

8/12/22







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