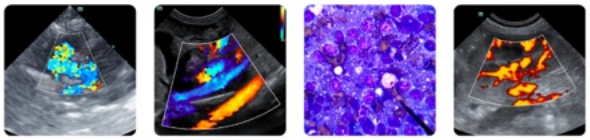


PATIENT

Nash Follett

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered male

AGE

8 years

WEIGHT

59 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Gilchrist

INVOICE

77996

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Nash presented for evaluation of hyporexia and lethargy. The owner reports that for the last 2-3 weeks, Nash has been reluctant to eat his food unless it is soaked. He is also described as being slower than his normal self. The owner has not observed any specific issues with his teeth but notes that he plays fetch with high intensity. The owner has not observed any vomiting or diarrhea. There have been no recent changes to his diet or routine.
Abnormal PE/Chem/CBC/UA Results: Chemistry revealed severe hypercalcemia Total calcium: 18.3mg/dL iSTAT iCa level : 2.29mmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.4 cm, right measured 6.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.0 cm in width.

Adrenal Glands

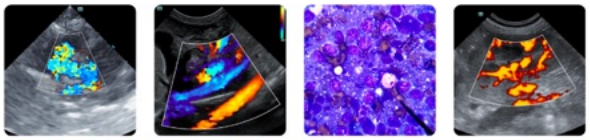
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.44 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.6 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The small intestine measured up to 0.42 cm.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the severe hypercalcemia.

Etiologies to consider for the hypercalcemia would be ingestion of cholecalciferol rodenticides, hyper parathyroidism and hypercalcemia of malignancy (anal sac carcinoma and lymphoma.

Further assessment would be history of possible exposure to cholecalciferol rodenticides, palpation of the anal gland, three view thoracic radiographs and PTH/PTHRP assay.

Specific therapy would be dependent on an etiological diagnosis.

Initial management of the hypercalcemia would be fluid therapy, Furosemide and possibly Prednisolone.

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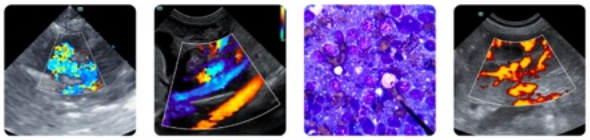

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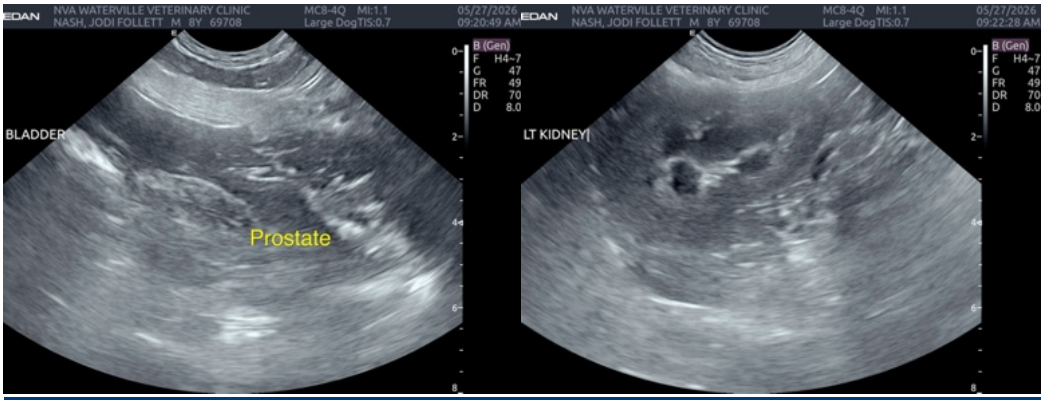

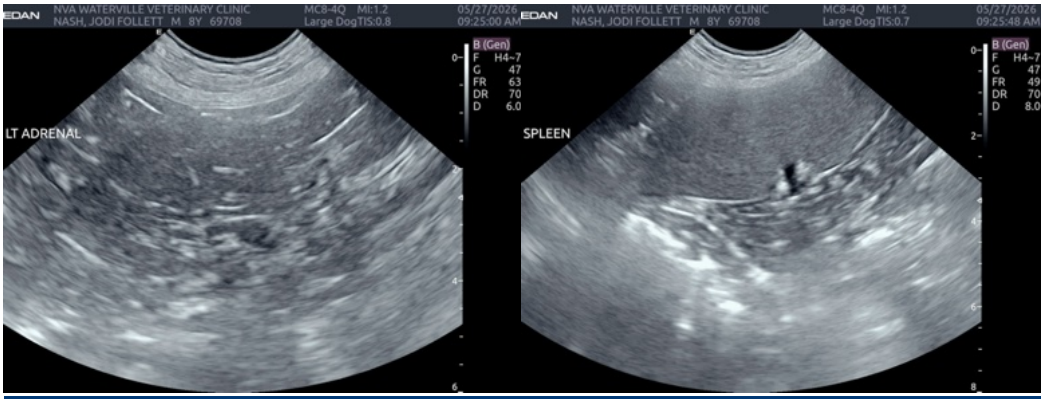

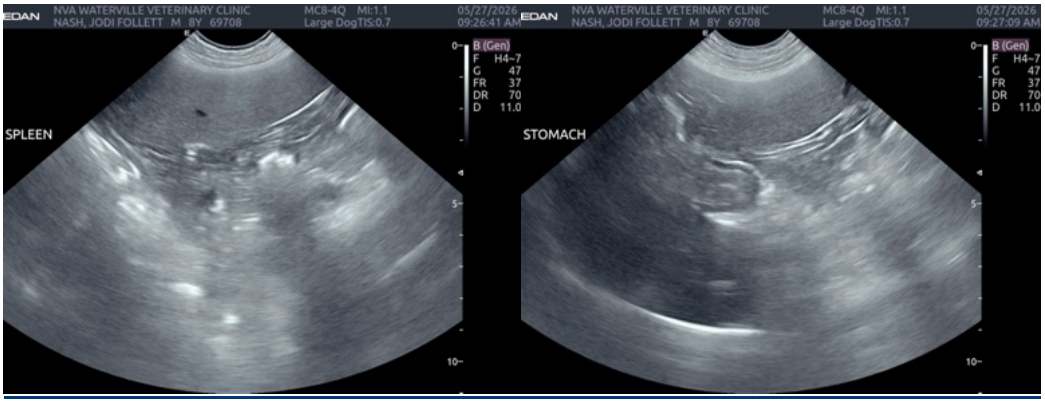

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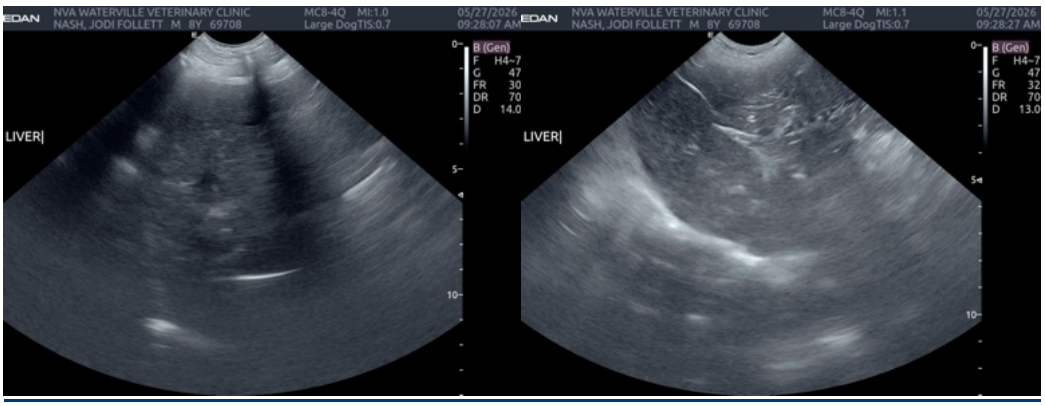

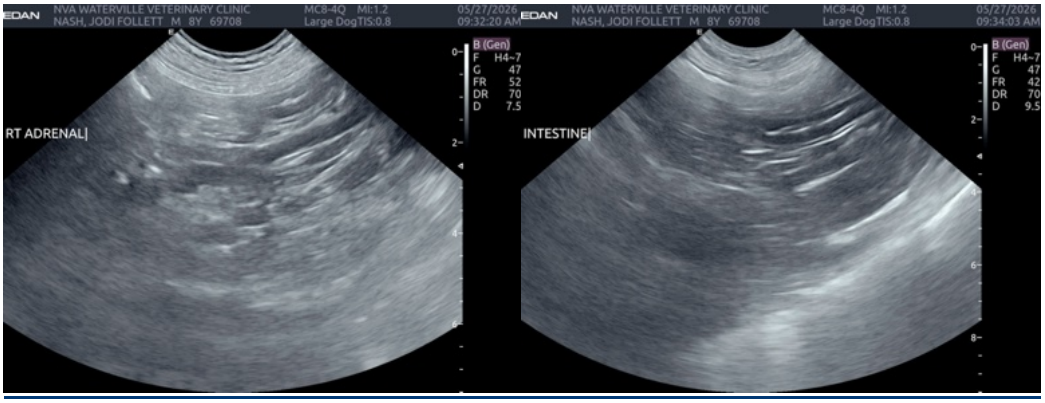

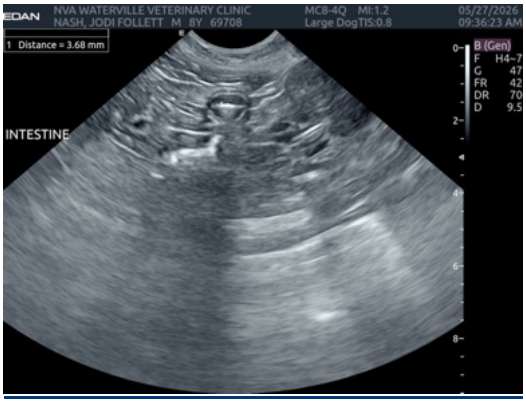

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com