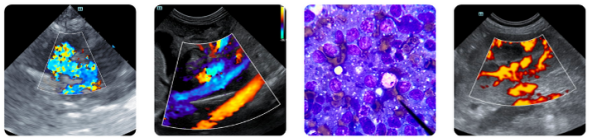


PATIENT

Juney Scheid

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Turner

INVOICE

71132

DATE

2/2/26

History

Weight loss over a year period with normal activity, behavior, and appetite.

Physical Examination

Normal.

CBC

Within reference range.

Serum biochemistry (9/17)

Hypercalcemia (13 mg/dl, ionized calcium 1.55 mmol/l), rest within reference range.

Abdominal Ultrasound

Bilateral subtle corticomedullary rim sign.

Interpretation

- Hypercalcemia.
- Weight loss.
- Corticomedullary rim sign.

Etiologies for the hypercalcemia would be idiopathic hypercalcemia, hypercalcemia of malignancy, and primary hyperparathyroidism.

Although the GI tract appears ultrasonographically normal with the weight loss an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease should still be considered.

The corticomedullary rim sign can be ascribed as secondary to the hypercalcemia.

FURTHER RECOMMENDATIONS

Further Assessment of the hypercalcemia

PTH and PTH-rp assay:

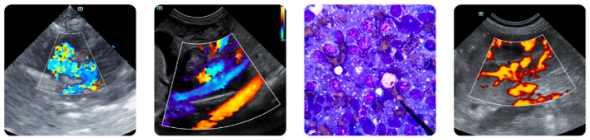
Elevated PTH with low PTH-rp – primary hyperparathyroidism.

Elevated PTH-rp – hypercalcemia of malignancy.

Low/low-normal PTH – idiopathic hypercalcemia.

Further assessment of primary hyperparathyroidism would be ultrasound of the thyroid glands.

Further assessment of hypercalcemia of malignancy would be 3-view thoracic radiographs and FNA cytology of the peripheral lymph nodes and spleen.



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Further Assessment of the possible enteropathy

Fecal analysis, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies.

Management

Specific management would be dependent on an etiological diagnosis.

Symptomatic management of the enteropathy would be feeding a novel protein/hypoallergenic diet, course of fenbendazole, and cobalamin supplementation; and if there is not a satisfactory improvement, then a course of prednisolone would then be indicated.

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