



**PATIENT**

Kali Madden

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

2 years

**WEIGHT**

7.48 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Moss

**HOSPITAL NAME**

Harvest Hills VH

**REFERRING VET**

Dr. Moss

**INVOICE**

42795

**DATE**

11/29/22

**PRESENTING CLINICAL SIGNS**

**History:** Pt has history of inappetence and elevated liver enzymes. Pt will do well for weeks to month at a time, then relapse. Pt did respond to SAM-E, Metronidazole and amoxicillin, as well as appetite stimulants. Pt was also seen on 12/27/21 for a "twitchy back" and another DVM began treating her for nerve pain with 100mg gabapentin TID, Pt has been on that dose since then. I recently decreased it at most recent visit before U/S

**Abnormal PE/Chem/CBC/UA Results:** 11/23 labs were normal except for 242 ALT. previous labs were done on 10/25 showed ALT-387 and ALP 158. T4 has been within expectations, CBCs were normal. FeLV and FIV both negative. Pt has lost significant amount weight since 12/27 of last year when pt was 12.25, then 8.5 on 10/25, 11/29-7.49

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The adrenal glands both measured 0.3 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** revealed slight coarse architecture with increased portal markings. The gallbladder and common bile duct were unremarkable. The common bile duct measured 0.2 cm.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Normal abdomen with slight hepatic remodeling.

**AGE**

2 years

No evidence of significant disease.

**WEIGHT**

7.48 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is warranted for further definition. Underlying low-grade infectious disease should be considered.

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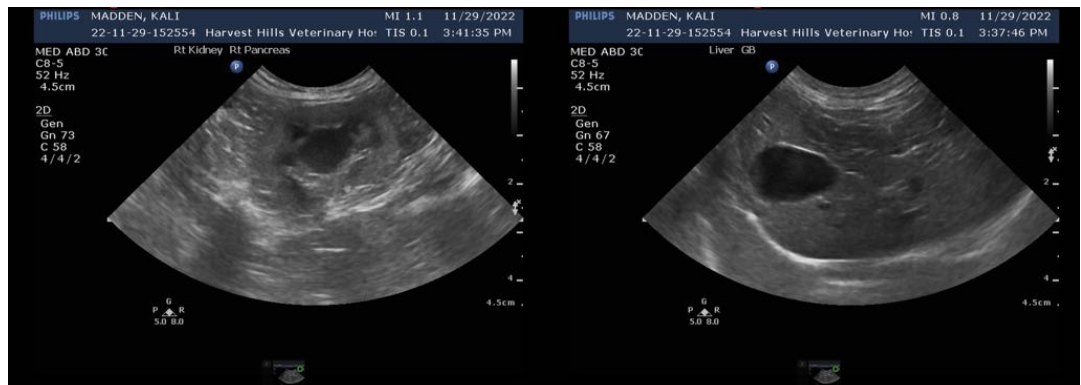
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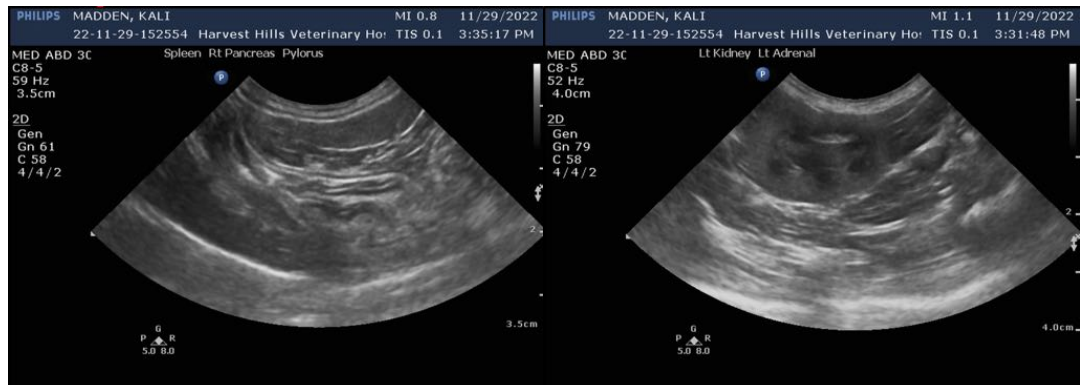
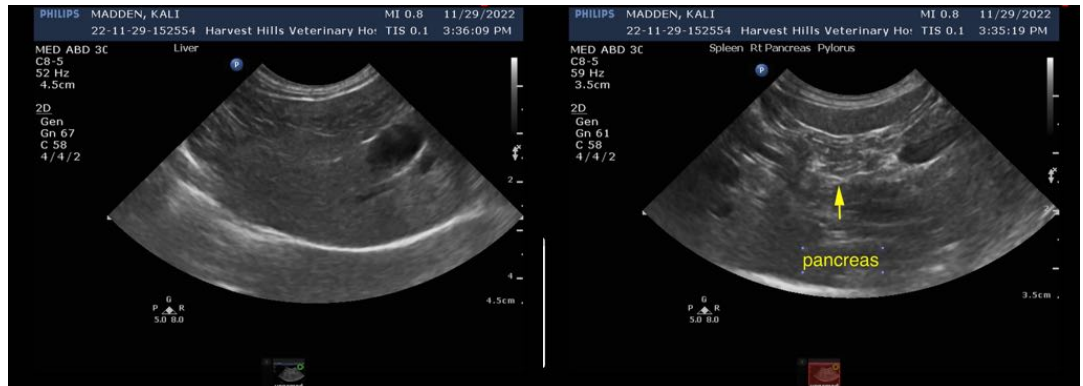
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com