



## PATIENT

Juliet Al Abdulghani

## SPECIES

Feline

## BREED

Sphynx

## SEX

Female

## AGE

8 years

## WEIGHT

4 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Khan

## HOSPITAL NAME

The Veterinary Surgery  
Street 805

## REFERRING VET

Dr. Khan

## INVOICE

75050

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

History: Juliet- double cavity- abdomen and thorax - having difficulty breathing, keeps swallowing, some gingivitis,

## 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 right kidney measured 4.4 cm. The left kidney measured 4.2 cm.

### *Adrenal Glands*

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### *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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

The **stomach** revealed shadowing luminal material. However, some of this was obscured by shadow artifacts owing to probe crystal breakage. Gastric luminal material would be suggestive for possible hairball accumulation or other foreign matter. If the patient was n.p.o. at the time of the sonogram then gastric fundic material is suspected. Medical management for hairballs could be considered as well as supportive care. The small intestine and colon were unremarkable.

**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.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The cardiac presentation in this patient presented a prominent right heart. The left atrium was normal in size. Normal septal and free wall thicknesses were noted with adequate contractility. The left sided volume was normal. Right-sided cardiac enlargement was noted and is unclear. The pulmonary artery and right ventricle were prominent. There was no evidence of heartworm or obstruction, yet I cannot completely evaluate the deep pulmonary outflow without complete Doppler assessment. There was a large amount of thoracic fat noted in this patient.

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	4 kg	220	0.44	1.4	0.46	50	90
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.3	1.4	1.2		NM	NM	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							



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## ULTRASONOGRAPHIC FINDINGS

Right heart prominent pulmonary artery.

Excessive thoracic fat.

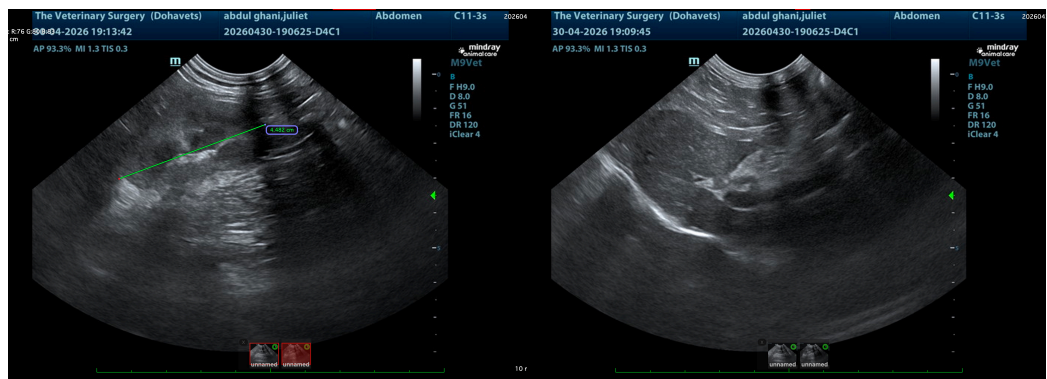
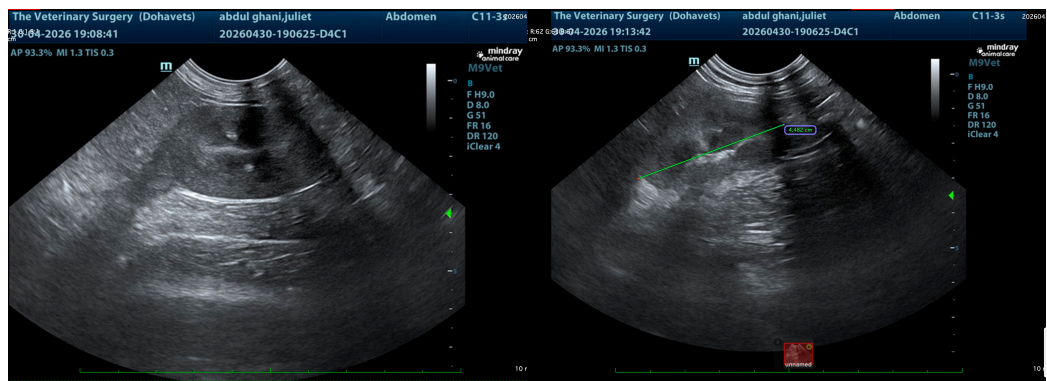
No evidence of primary clinical cardiac disease.

Shadowing gastric material, may be hairball

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck sonogram of the stomach is recommended. Endoscopy is warranted. Endoscopy is indicated given the clinical signs. Medical management of the GI protectants and hairball therapy is warranted in the meantime with reassessment of the clinical status.

The exact cause of the right sided cardiac enlargement is unclear, yet may be completely independent. Further imaging would be necessary of the pulmonic outflow in the deep pulmonary artery. There is no evidence of heart failure in this patient even though the right heart is enlarged. Primary respiratory disease is suspected.





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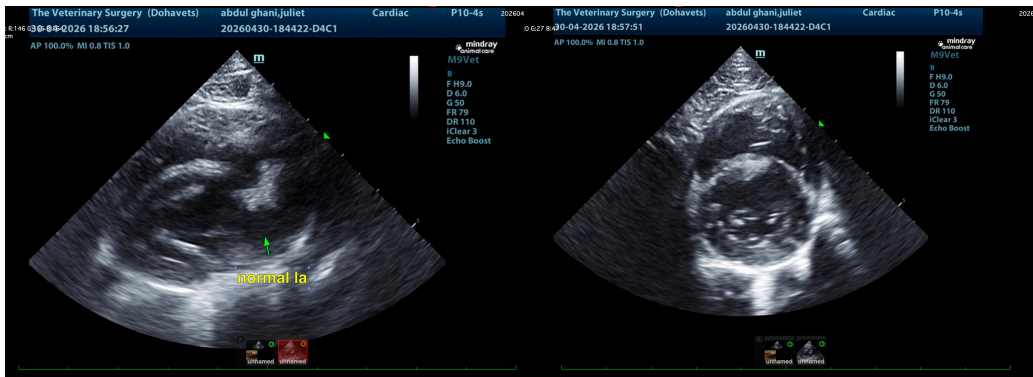
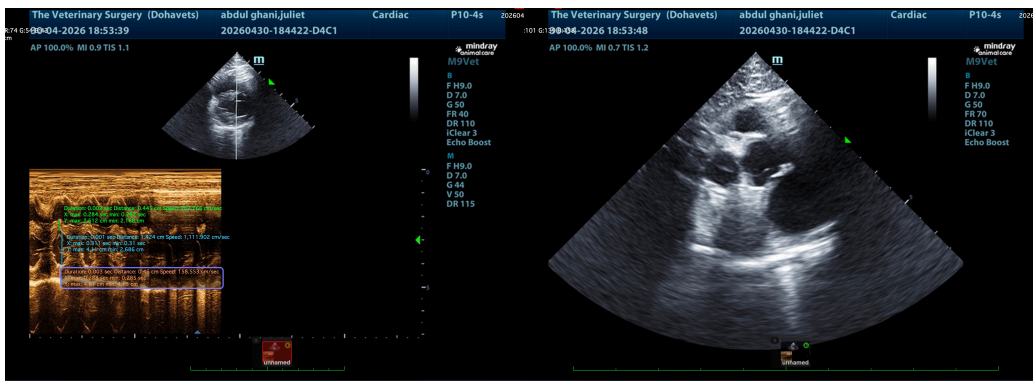
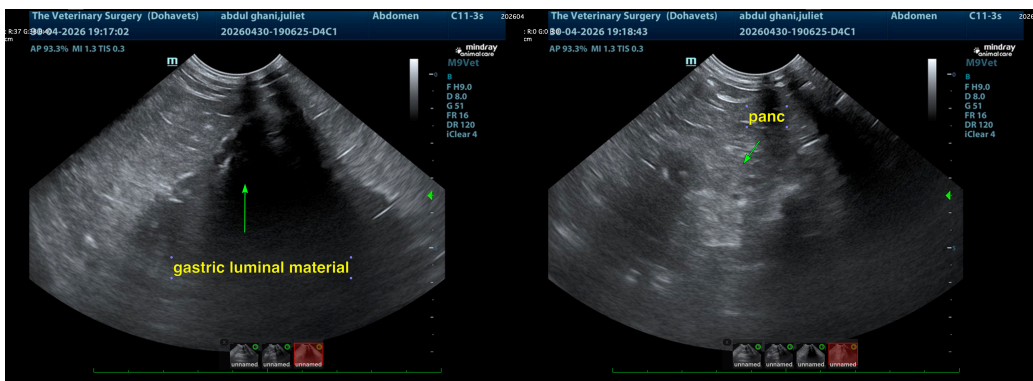
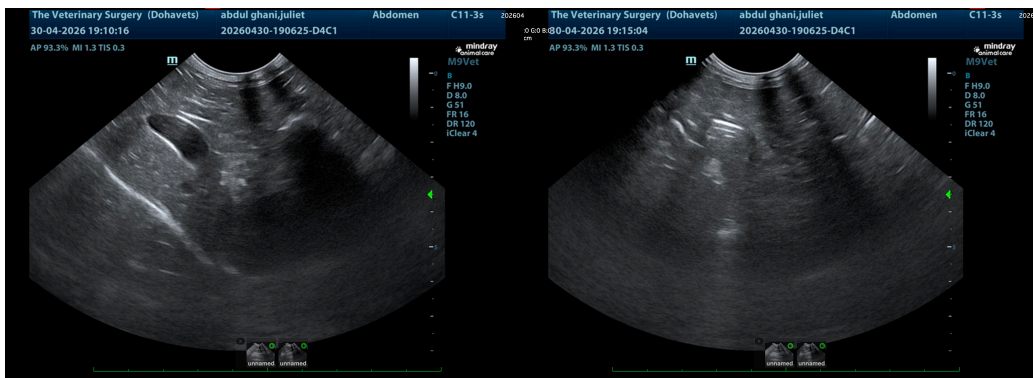
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)