



PATIENT

Abosh Ahmed Mashal

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

13 Months

WEIGHT

4

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Valenetina

INVOICE

46523

DATE

4/9/23

PRESENTING CLINICAL SIGNS

Presented for lethargy and not eating well, also she is coughing since two days. The cat is mainly indoors. At the Clinical presentation the patient is alert and responsive. HR 180 RR 35. MMC are pink. Heart and lung sound clear. The abdomen is tense and the palpation elicits discomfort on the right area closed to the kidney area. Body temp 39. The x-ray performed in LL projection reveals an increased bronchial pattern. Heart size and shape is normal

Abnormal PE/Chem/CBC/UA Results: CBC reveals normal parameters. Comprehensive slight increased TP.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 3.4 cm. The right kidney measured 3.3 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 left adrenal gland measured 0.60 cm x 0.30 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 were noted.

Liver

The **liver** presented slight coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable. History of cholangitis likely.

Gastrointestinal

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

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Structurally unremarkable abdomen
- Minor hepatic remodeling/history of cholangitis likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical signs is not overtly evident in the abdomen. Referred back pain should be considered as a possibility of the tense abdomen, as there is no evidence of visceral disease present. Assessment for orthopedic/spinal pain, CNS or thoracic disease all indicated, given the vague clinical signs.

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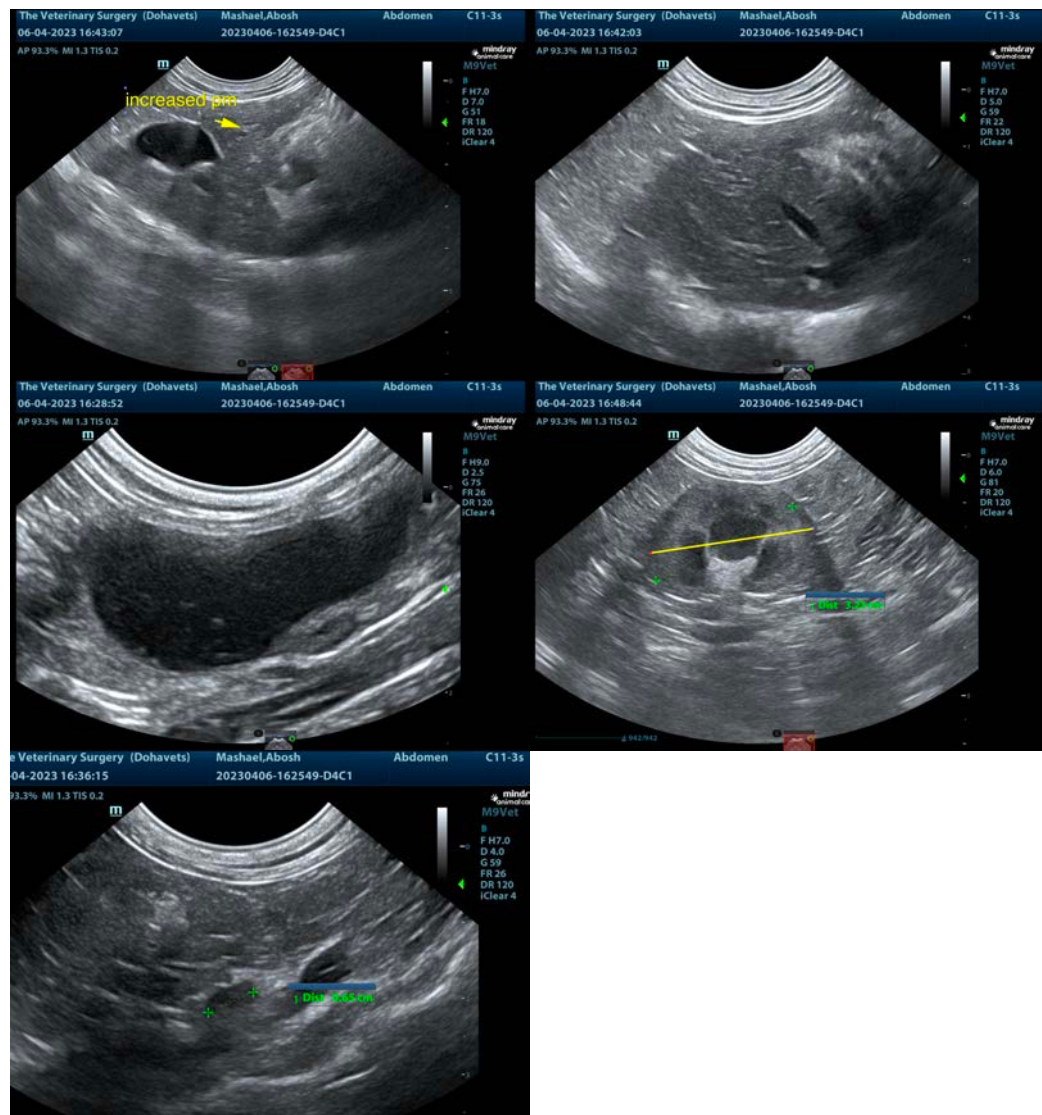
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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info@SonoPath.com

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