



PATIENT

Sasha Cull

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

Not Provided

WEIGHT

2.77 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

37038

DATE

5/10/26

PRESENTING CLINICAL SIGNS

History: muscle wasting, daily vomiting

Abnormal PE/Chem/CBC/UA Results: severe non-regenerative anemia, with no azotemia, Usg 1.009, Hct 19.9%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a dorsal polyp with mineralization, measuring 1.3 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight mineralizations were noted in the kidneys. The left kidney measured 3.1 cm. The right kidney measured 3.4 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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.4 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** 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.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a mild change.

Pancreas



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The **pancreas** was hypoechoic and irregular in the right base, measuring up to 1.0 cm. Regional lymph nodes were enlarged, measuring up to 8.0 mm. Mild enhanced surrounding mesentery was noted.

Free Abdomen

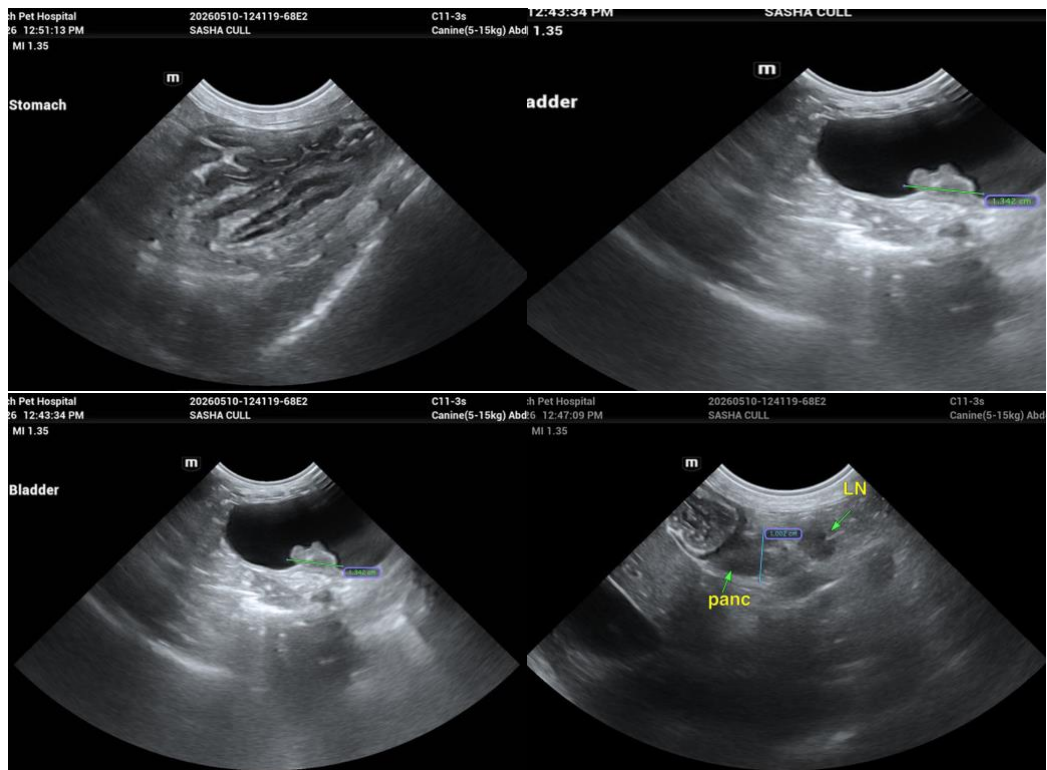
An epigastric **lymph node** was mildly enlarged (0.5 cm) and rounded. Slight mesenteric lymph node enlargement was noted.

ULTRASONOGRAPHIC FINDINGS

- Multifocal minor lymphadenopathy
- Prominent irregular pancreas with regional lymph node enlargement and mild enhanced surrounding mesentery- Differentials include hyperplasia versus pancreatitis. Carcinoma is also possible.
- Dorsal bladder polyp- hyperplasia versus carcinoma
- Moderate age-related renal changes, yet not likely the primary issue in this patient
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder polyp appears resectable. FNA or surgical biopsies of the pancreatic and lymph node enlargements are recommended. CBC path review and bone marrow aspirate are indicated.





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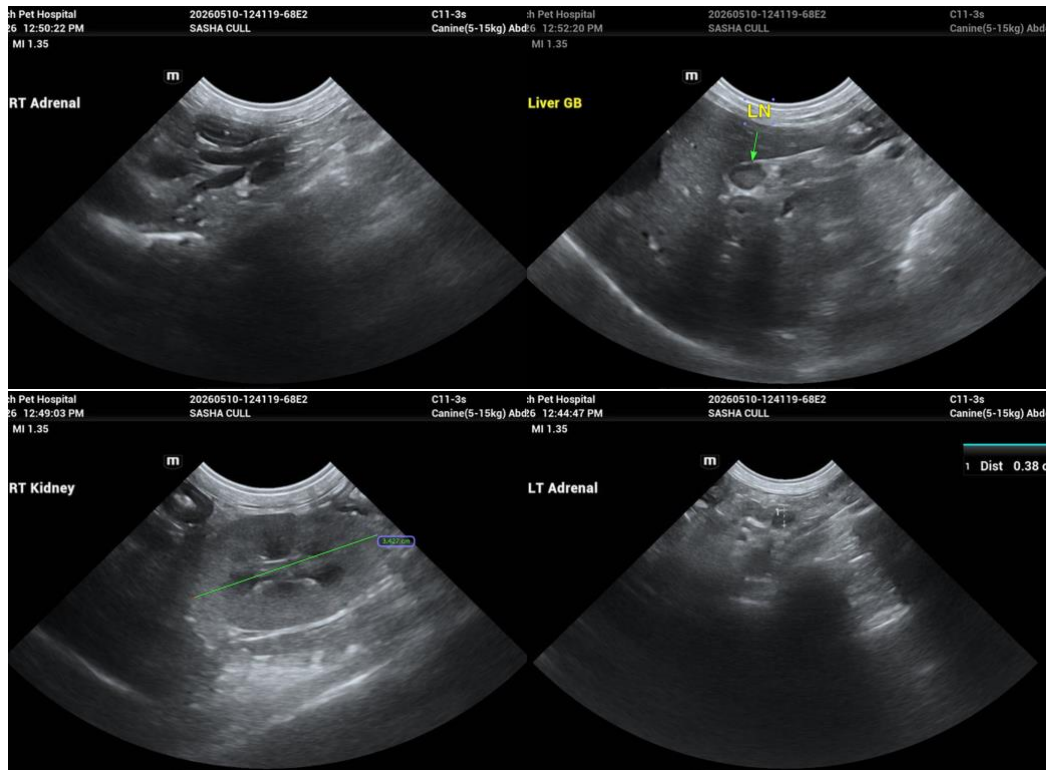
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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