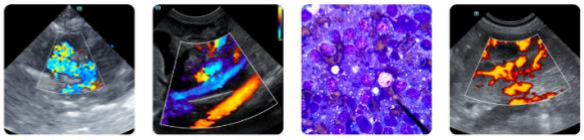



**PATIENT**

Nala Sanders

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

13 Years

**WEIGHT**

5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Daphne Flessas

**HOSPITAL NAME**

Millis Animal Hospital

**REFERRING VET**

Dr. Daphne Flessas

**INVOICE**

15840

**DATE**

05/06/26

## PRESENTING CLINICAL SIGNS

Approx 5 day duration anorexia, vomiting. No change to diet. Labs and fpl normal. Treatments of fluids, Cerenia, Mirataz. Vomited yesterday even with Cerenia. Approx 1/2 lb weight loss in past month. No current medical conditions, no daily medications.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **iliac trifurcation** was unremarkable.

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

The regions of the **adrenal glands** were imaged with no evident pathology.

### *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 **stomach** was over distended with chyme. The duodenum was mildly over distended. Minor distal small intestinal thickening was present in this patient. Transit if chyme appeared to be occurring throughout the small intestine. Some material within the GI tract may be related to hair accumulation in transit.

### *Pancreas*

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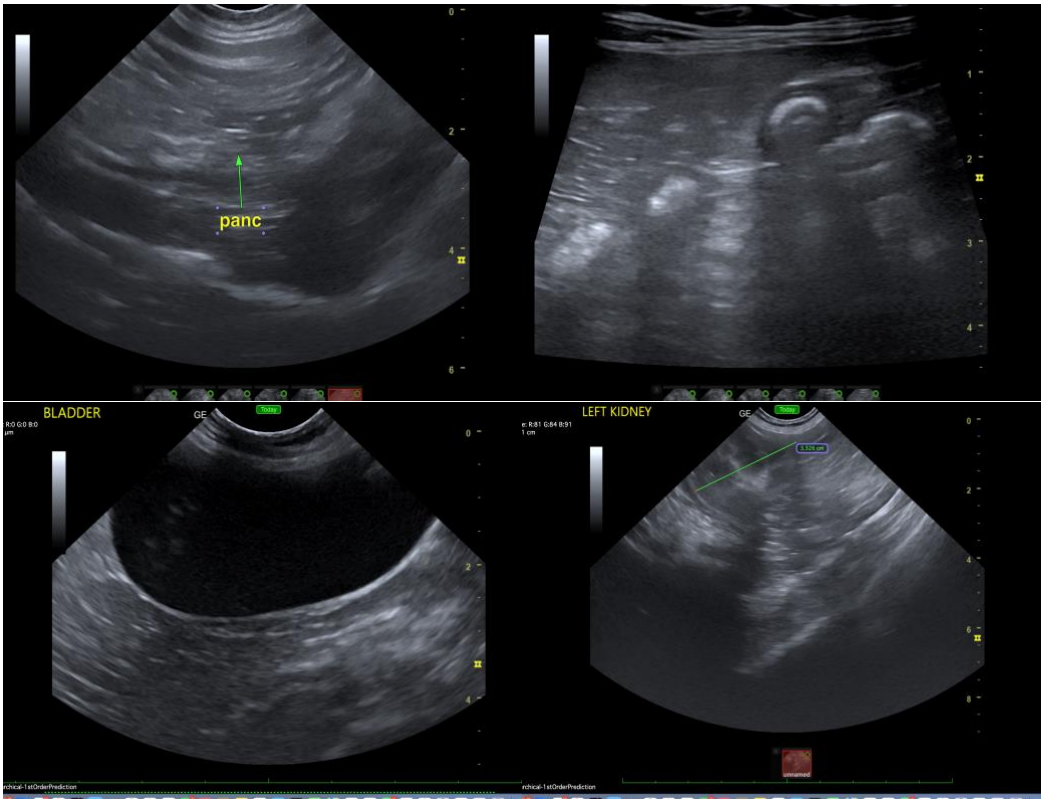
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Possible delayed outflow depending on when the patient was fed prior to the sonogram. Expected change for this age patient.
- Structurally unremarkable abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other causes of anorexia such as orthopedic pain, CNS or thoracic disease should be considered. Hair ball management is recommended as well. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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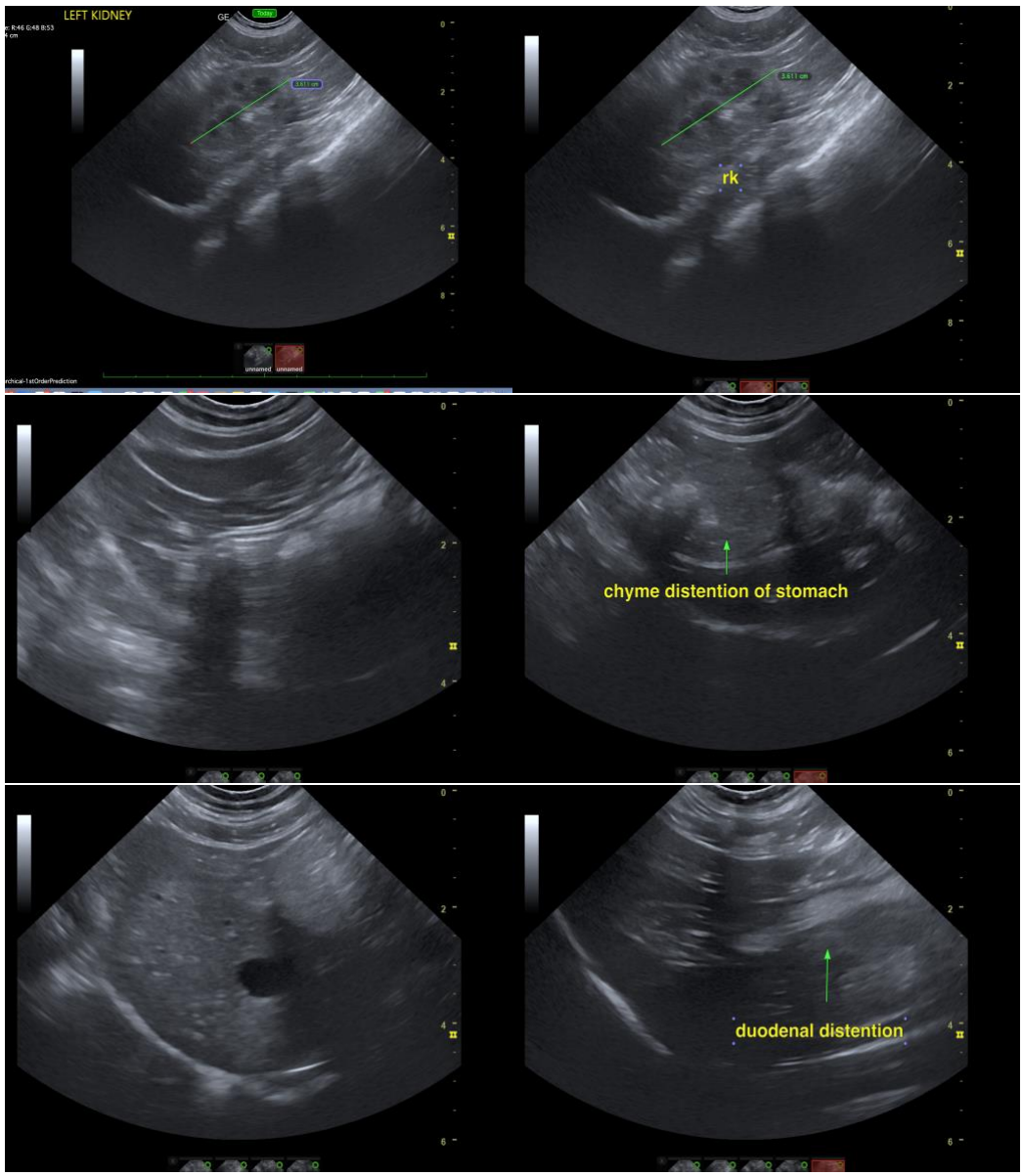


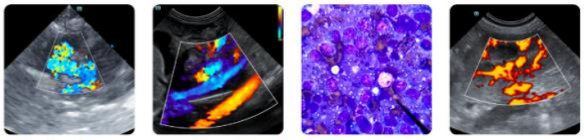

**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, Owner, Founder -- SonoPath.com

info@SonoPath.com





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