



**PATIENT PRESENTING CLINICAL SIGNS**

Belle Sadaka History: Weight loss, approx 3lbs, vomiting and inappetance and anorexia. Pale, arrhythmia with skipped beats over 1 minute. Cranial abdomen organomegaly. New to this clinic and waiting on previous records. Was on an antiemetic. No current meds.

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: Bloodwork NSF FELV/FIV neg

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

years

**WEIGHT**

4.55 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Chedoke AH

**REFERRING VET**

Dr.Humble

**INVOICE**

12812

**DATE**

8/27/21

**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 **kidneys** revealed largely normal size and structure, corticomodullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.66 cm. The right kidney measured 4.29 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. Both adrenal glands measured 0.3 cm each.

**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** parenchyma was uniformly hyperechoic to falciform fat without disruption of architecture. No masses were noted. The gall bladder and common bile duct were unremarkable. This presentation is most consistent with mild hepatic lipidosis with the minor potential for underlying lymphoma or inflammatory hepatopathy. The potential for these latter pathologies would be based on hepatic enzyme elevations and clinical profile. A 25-gauge US-guided FNA is warranted if any elevation in SAP or bilirubin is present or if anorexia is present to assess cytological disease (lipidosis or round cell neoplasia). Biopsy is warranted if an elevation in ALT is present to assess hepatic portal infrastructure yet should be done with caution owing to parenchymal fragility in these presentations. Hepatomegaly was present.

**Gastrointestinal**



**PATIENT**

Belle Sadaka

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.

**SPECIES**

**Pancreas**

Feline

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.

**BREED**

DSH

**Free Abdomen**

**SEX**

Spayed Female

The cranial **abdomen** revealed a hypoechoic rounded lymph node (approximately 1.0 cm), appears to be associated with the upper gastrointestinal tract.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

years

- Cranial abdominal lymphadenopathy
- Emerging hepatic lipidosis
- Age-related renal changes
- Unremarkable abdomen otherwise

**WEIGHT**

4.55 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Monitoring ALP and bilirubin recommended. Minor potential for underlying hepatic neoplasia/lymphoma.

**INTERPRETED BY**

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DABVP, Cert. IVUSS

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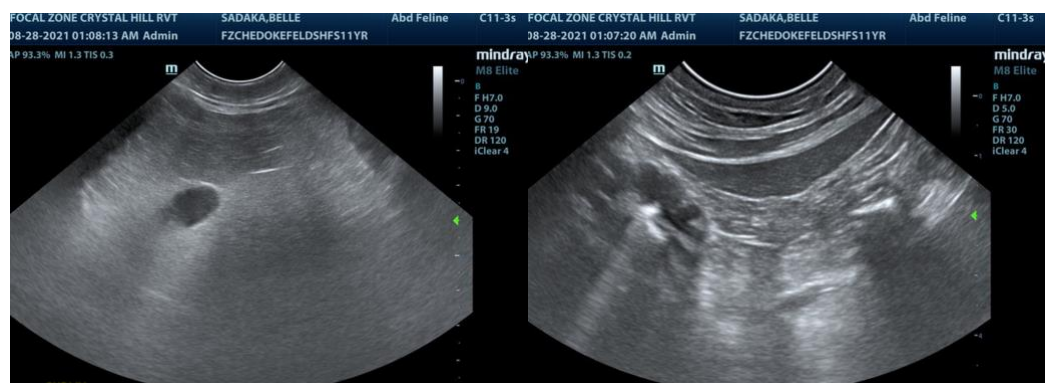
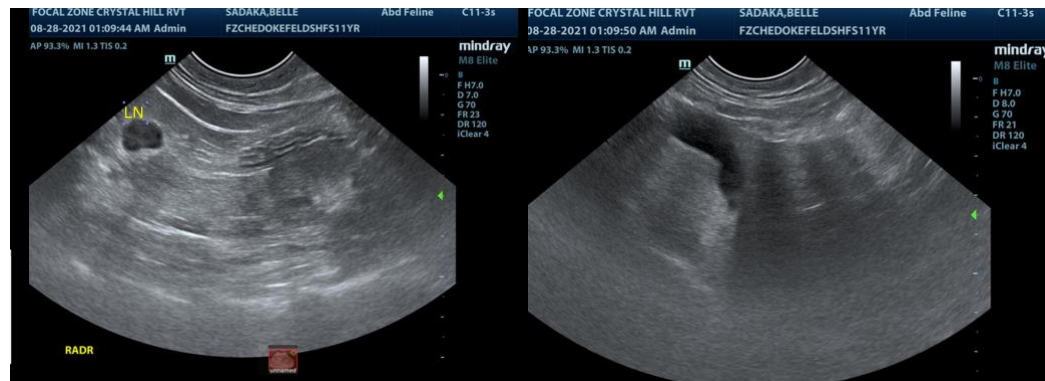
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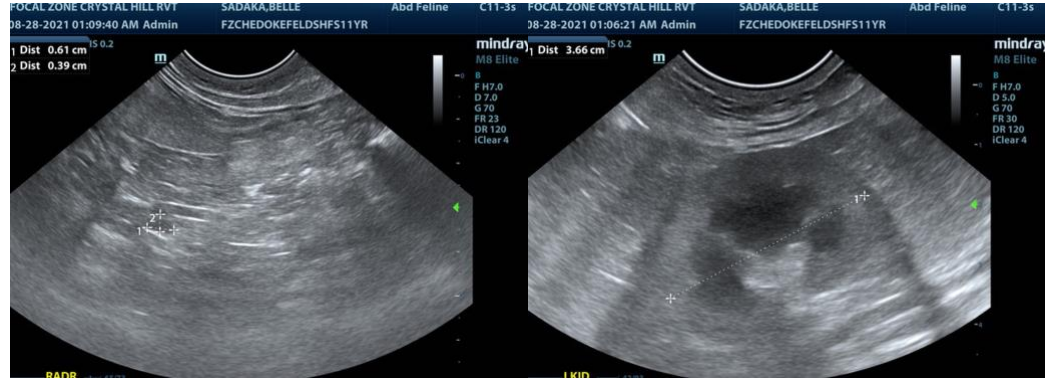
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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