



**PATIENT**

Lexi Fakhra

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

4.1

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Doctor Valentina

**HOSPITAL NAME**

The Veterinary Surgery

**REFERRING VET**

Valentina Fresta

**INVOICE**

23804

**DATE**

8/6/23

**PRESENTING CLINICAL SIGNS**

Presented for persistent coughing and being lethargic. The patient is also disorexic. Vomiting has been noticing sometimes and the content is undigested food. At the clinical presentation the patient is alert and responsive MMC are pink. The mouth reveals no abnormalities .Heart and luns sound clear.HR 180 RR 32. The abdominal palpation elicits some discomfort on the cranial area of the abdomen.

Abnormal PE/Chem/CBC/UA Results: CBC reveals piasrinosis and moderate neutrophilia. The comprehensive reveals hypercalcaemia and slightly elevated amylases.T4 and cholesterol normal. The x-rays performed in LL and VD projection reveal and enlarged stomach with a marked radiopacity on the fundus area. Intestines impacted by faeces.

**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 3.6 cm. The right kidney measured 3.5 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 0.5 cm. The right adrenal gland measured 0.3 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**



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Some stasis was noted in the **gastric** lumen, typical of vomiting. The small intestine and colon were unremarkable.

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***Pancreas***

**SPECIES**

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.

Feline

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DLH

- Structurally unremarkable abdomen
- Mild gastric upset without structural changes or foreign bodies

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

No evidence of structural disease. Supportive care should prove effective.

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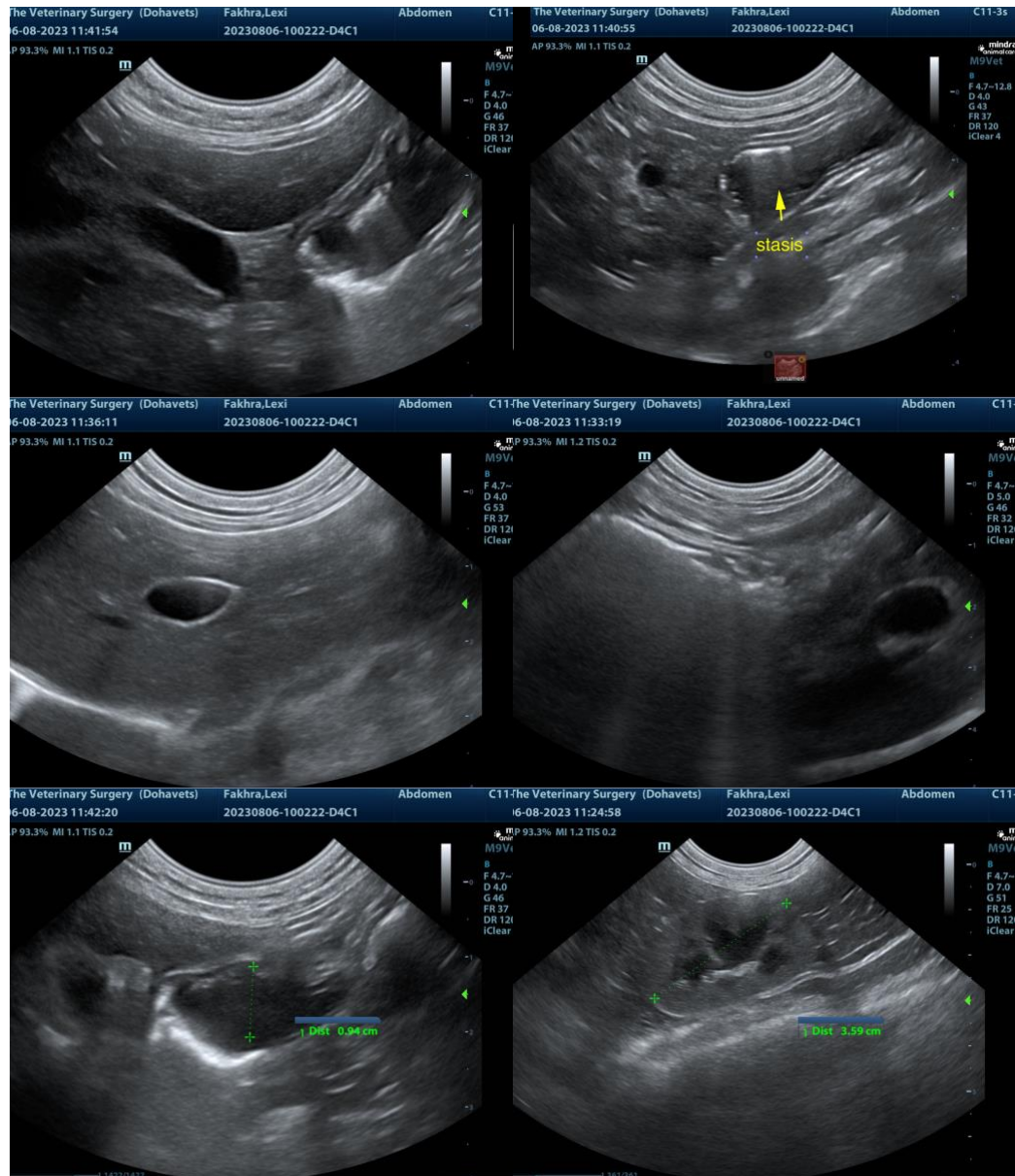
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com