



PATIENT

Zelda Ostrer

SPECIES

Feline

BREED

Sphynx

SEX

Spayed female

AGE

12 years

WEIGHT

12.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

Dr. Milwicki

INVOICE

43736

DATE

4/4/23

PRESENTING CLINICAL SIGNS

History: Patient with history of 2 lb intentional weight loss, presents for chronic wheezing, nasal congestion, no murmur. Cardiomegaly seen on radiographs. Radiology findings: "There is no radiographic evidence of pneumonia or nodular metastatic pulmonary neoplasia. 1. Apparent cardiomegaly. DDx: Pericardial fat accumulation vs. less likely cardiomegaly given the lack of a reported cardiac murmur. 2. Otherwise unremarkable thorax without radiographic evidence pulmonary parenchymal disease. 3. Possible ureterolithiasis. 4. Normal gastrointestinal tract ingesta vs. foreign material. 5. Bilateral moderate to severe cubital joint osteoarthritis vs. synovial osteochondromatosis. 6. Patient obesity." No current meds.

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 was noted. Ureteral papillae were normal.

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 right kidney measured 4.02 cm. The left kidney measured 3.53 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 0.4 cm. The right adrenal gland measured 0.35 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 was 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



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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.

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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

The right limb of the **pancreas** a hypoechoic nodule. The nodule is likely benign and measured 0.8 cm. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Minor pancreatic duct dilation was noted. The duct measured 0.11 cm.

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ULTRASONOGRAPHIC FINDINGS

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Age related abdominal change primarily in the liver, non-pathological.

Nodular hyperplasia pancreatic pattern. Minor potential for emerging neoplasia.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

There was no other evidence of significant disease. The pancreatic nodule should be monitored.

IMAGING PERFORMED BY

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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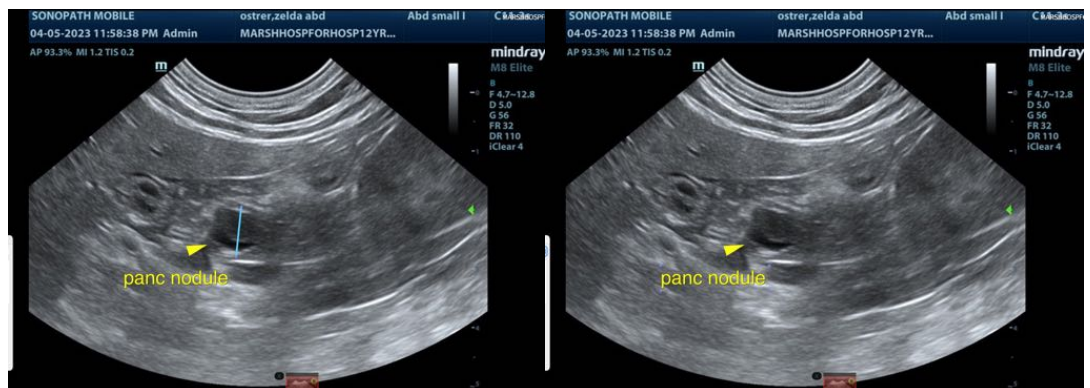
Dr. Milwicki

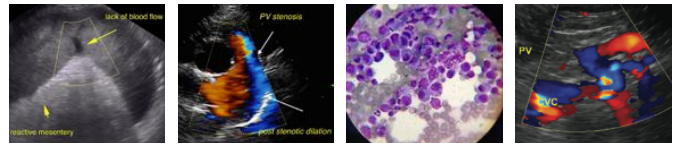
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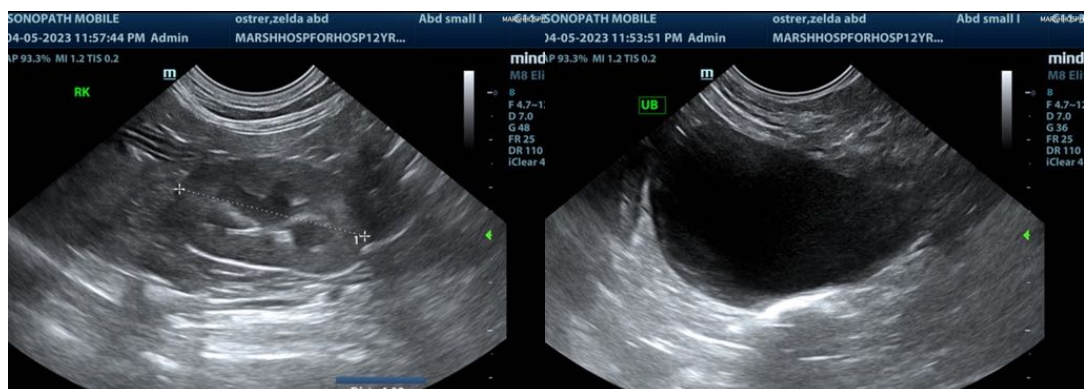
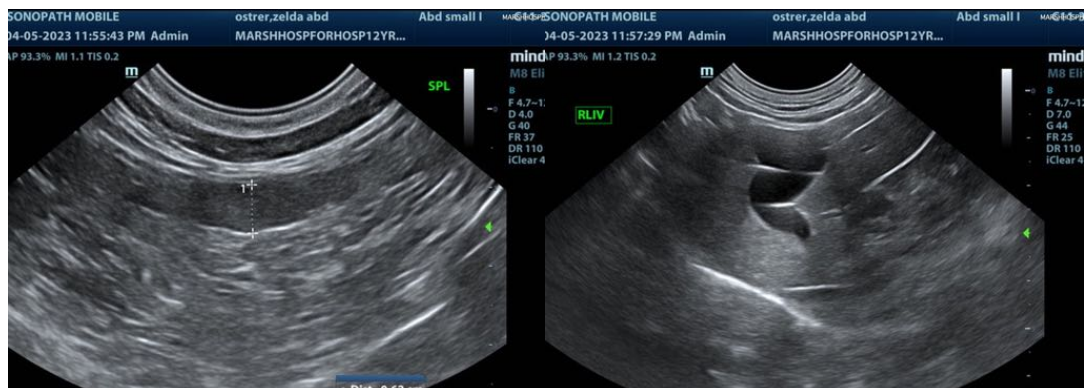
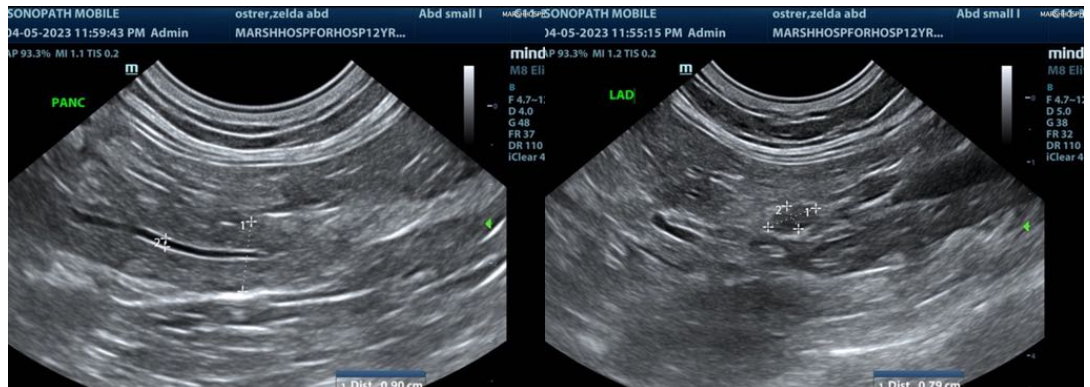
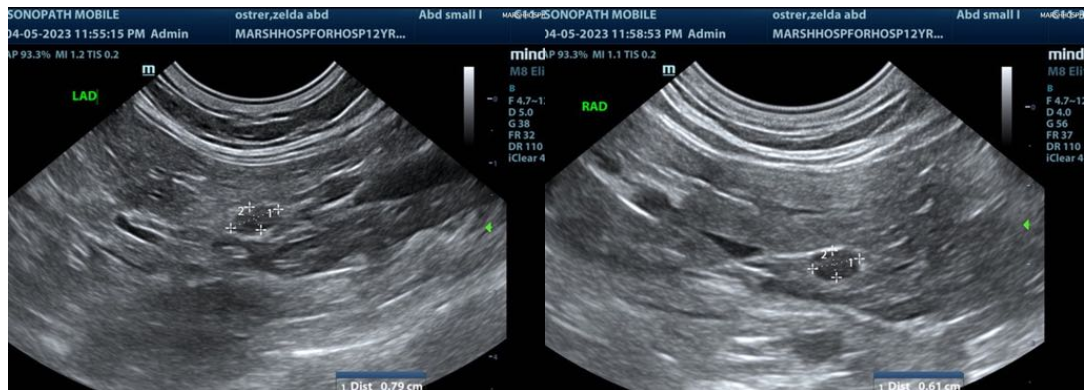
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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