



PATIENT

PRESENTING CLINICAL SIGNS

Clarissa Richardson

Weight loss. T4 2.9.

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

Domestic Shorthair

SEX

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 3.53 cm. The right kidney revealed a slight cortical infarct in the cranial pole. The right kidney measured 3.79 cm.

Spayed female

AGE

13 years

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

HOSPITAL NAME

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.

Franklin Lakes AH

REFERRING VET

Dr. Zilberman

Liver

INVOICE

The **liver** was largely normal and slightly hyperechoic to the falciform fat. A hypoechoic 1.12 x 0.55 cm nodule was noted in the left lateral liver. The nodule was non-disruptive. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

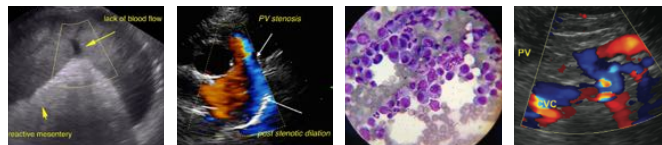
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DATE

8/30/22

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.



PATIENT

Pancreas

Clarissa Richardson

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SEX

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AGE

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IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

Stable right renal infarct.

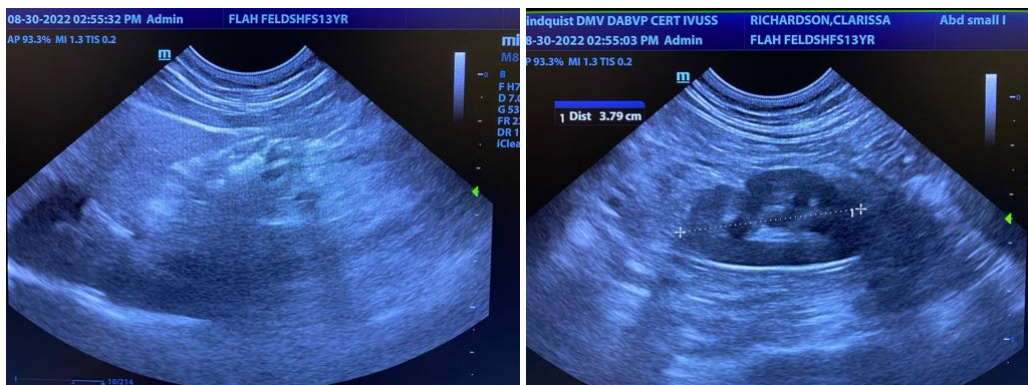
Minor age related pancreatic changes.

Slight, focal, hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nodular hyperplasia is likely. Emerging round cell neoplasia, carcinoma and abscessation are all technically possible. Sedation and FNA of the liver nodule would be ideal. There was no other evidence of cause of weight loss.

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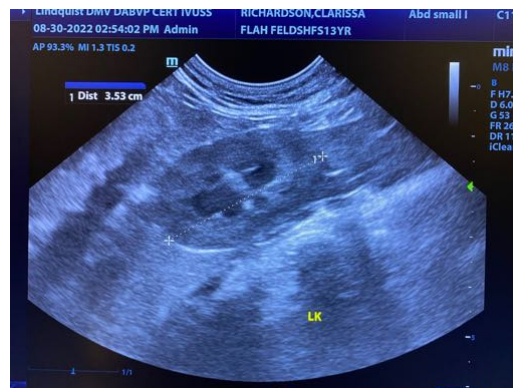
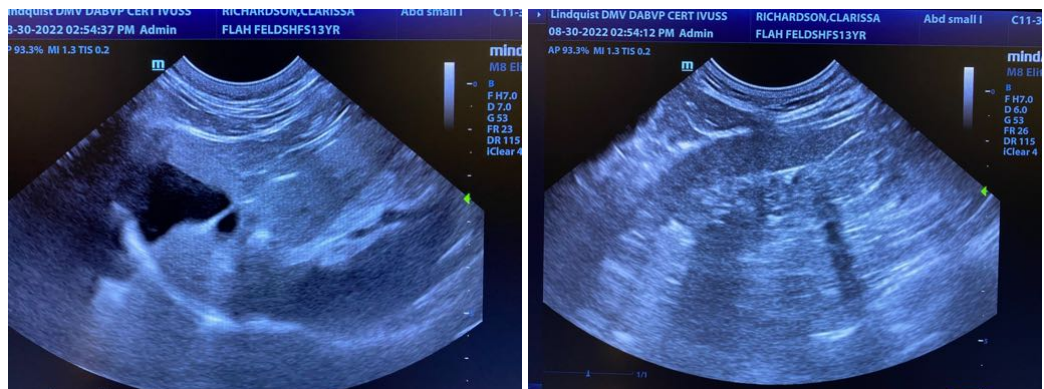
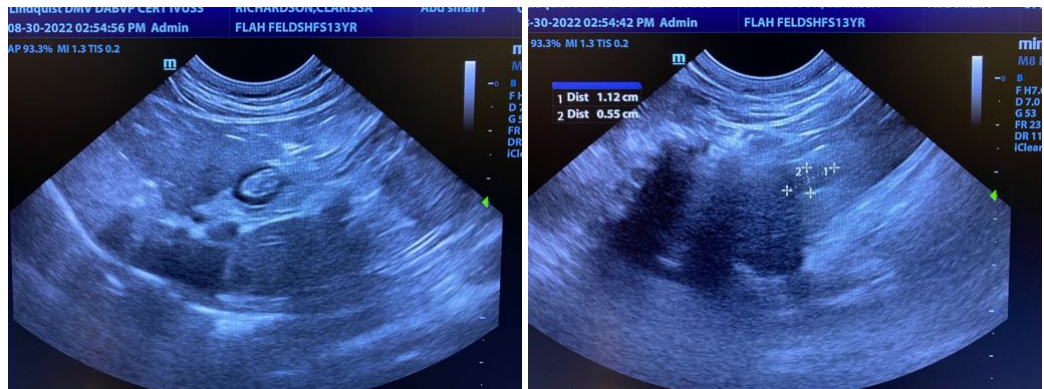
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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