

**PATIENT**

Banjo Doelle 43984A

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

3.83 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison VS –  
Dr. Strauss**INVOICE**

44209

**DATE**

1/13/23

**PRESENTING CLINICAL SIGNS**

Wednesday morning, Jan noticed Banjo knocking on his hind end and within an hour later he lost control and was unable to use his hind limbs. Bloodwork was performed. Chemistry was normal (per owner) and CBC showed mild anemia and thrombocytopenia (not confirmed on manual). This improved overnight after subcutaneous fluids but Banjo had still been lethargic. Thursday evening around 7pm, he lost control of his hind end again. At this instance he was unable to control his bladder. Jan is a DVM and administered 2mg of Dexamethasone IM and Banjo was still restless and painful. He has had a decreased appetite since Monday and has not eaten today. There has been no vomiting and he has otherwise been drinking and voiding normally.

**Abnormal PE/Chem/CBC/UA Results:** Exam revealed nonambulatory paraparesis with both pelvic limbs feeling cold to the touch. Left HL: BG 135 Lac 5.1, Right HL: BG 201, Lac 2.6. Radiographs revealed a valentine shaped cardiac silhouette with patches of interstitial to alveolar pattern noted.

**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, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 4.5 cm with slight pyelectasia. Corticomedullary pinpoint mineralizations noted in the left kidney up to 0.22 cm. The left kidney measured 4.34 cm.

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.48 cm. The left adrenal gland measured 0.52 cm.

**Spleen**

The **spleen** presented slight scalloping contour. Normal size at 0.70 cm. Minor micronodular reticular pattern.

**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**

Examination of the **gastrointestinal tract** revealed gastric stasis with gas and possible hair accumulation in the gastric fundus. Intestinal walls were normal. Minor areas of stasis and lack of motility present.

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**Pancreas**

The left limb of the **pancreas** presented hypoechoic parenchyma and undulating contour. Normal width at 0.57 cm in the left limb.

**Free Abdomen**

Reactive mesenteric lymph nodes noted up to 1.5 cm x 0.40 cm. An epigastric lymph node was slightly enlarged, reactive, measuring 0.50 cm x 0.30 cm.

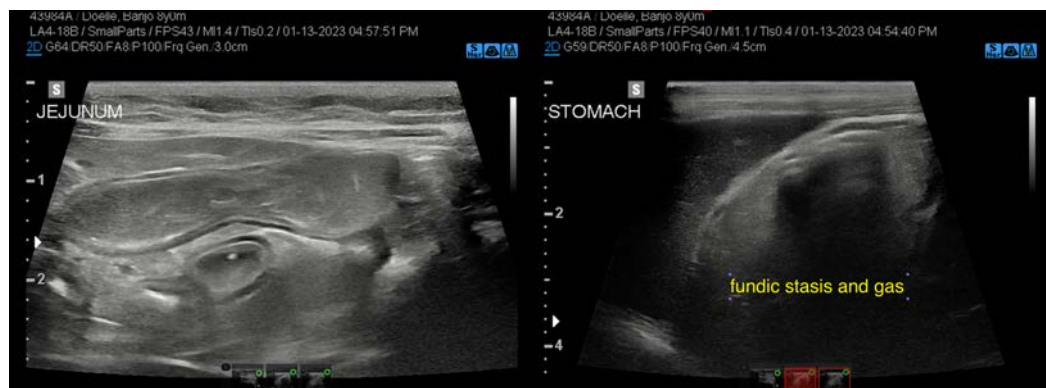
A 1.8 cm distal aortic thrombus was noted at the aortic trifurcation.

**ULTRASONOGRAPHIC FINDINGS**

- Aortic thrombus
- Gastrointestinal ileus
- Minor reactive lymphadenopathy
- Age related renal changes with slight pyelectasia in the right kidney and minor non-obstructive nephrolithiasis of the left kidney
- Reactive spleen, possible splenitis
- Minor irregular pancreas, possible low-grade inflammation/pancreatitis
- Stressed adrenal glands

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary issue is the aortic thrombus. Thrombolytic therapy warranted. Pain management and heat support indicated. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No evidence of hepatic vein dilation or passive congestion at this time that would suggest right-sided heart failure. Focus on echocardiogram results and thrombolytic treatment. No evidence of neoplasia.



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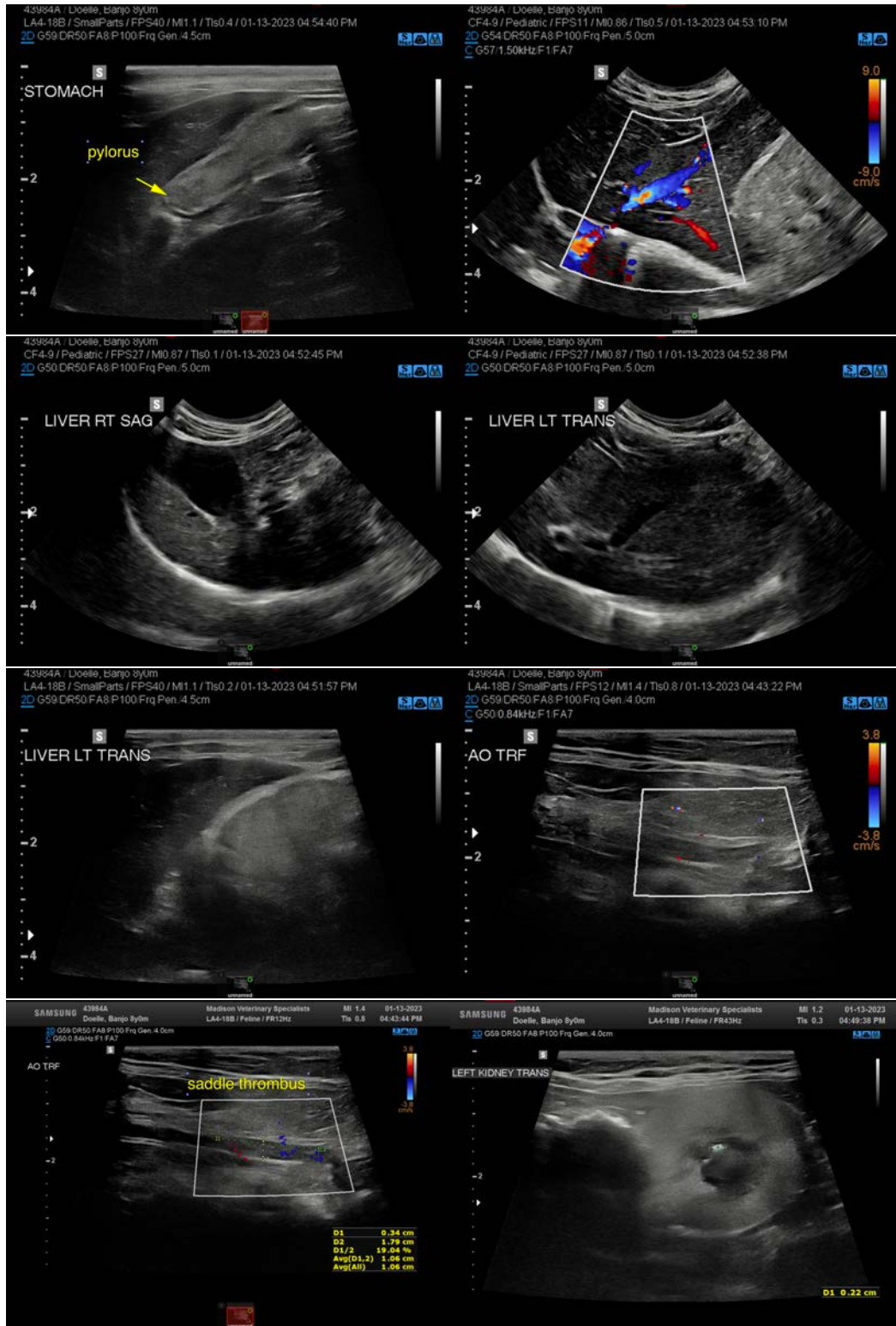
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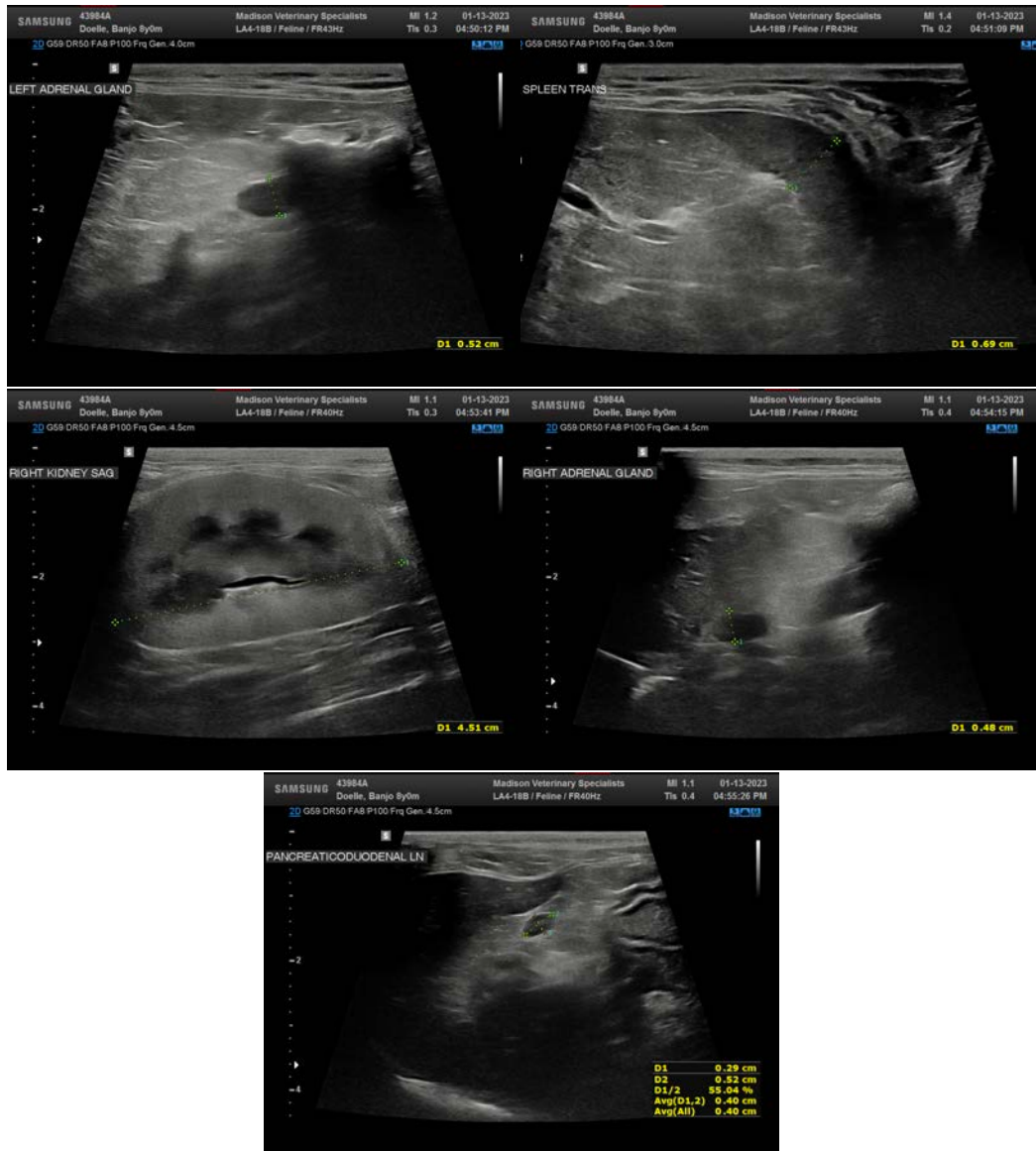
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)