



PATIENT

Murphy Matulevich

PRESENTING CLINICAL SIGNS

Recheck ABD V+ blood PU/PD

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Compared to the prior sonogram, the **bladder** content was anechoic with no sand noted. No obstructive disease noted.

BREED

DSH

The **left kidney** presented cortical infarcts and pyelectasia and was subnormal in size at 2.4 cm, chronic interstitial nephrosis pattern. The **right kidney** presented similar changes at 3.0 cm with mineralization of 0.67 cm.

SEX

Neutered Male

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

AGE

15 Years

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.

WEIGHT

12.3 Pounds

Liver

The **liver** presented slight coarse architecture. The gallbladder and common bile duct were unremarkable. Diffuse hyperechogenicity to falciform fat.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Slight mesenteric lymph node enlargement noted at 5.0 mm.

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

VC Hardyston

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

REFERRING VET

Dr. Travis Cerf

ULTRASONOGRAPHIC FINDINGS

INVOICE

34289

- Minor intestinal thickening
- Fairly stable chronic degenerative renal changes with infarcts and mineralization
- Geriatric abdominal changes otherwise
- Slight mesenteric lymph node enlargement

DATE

1/16/22



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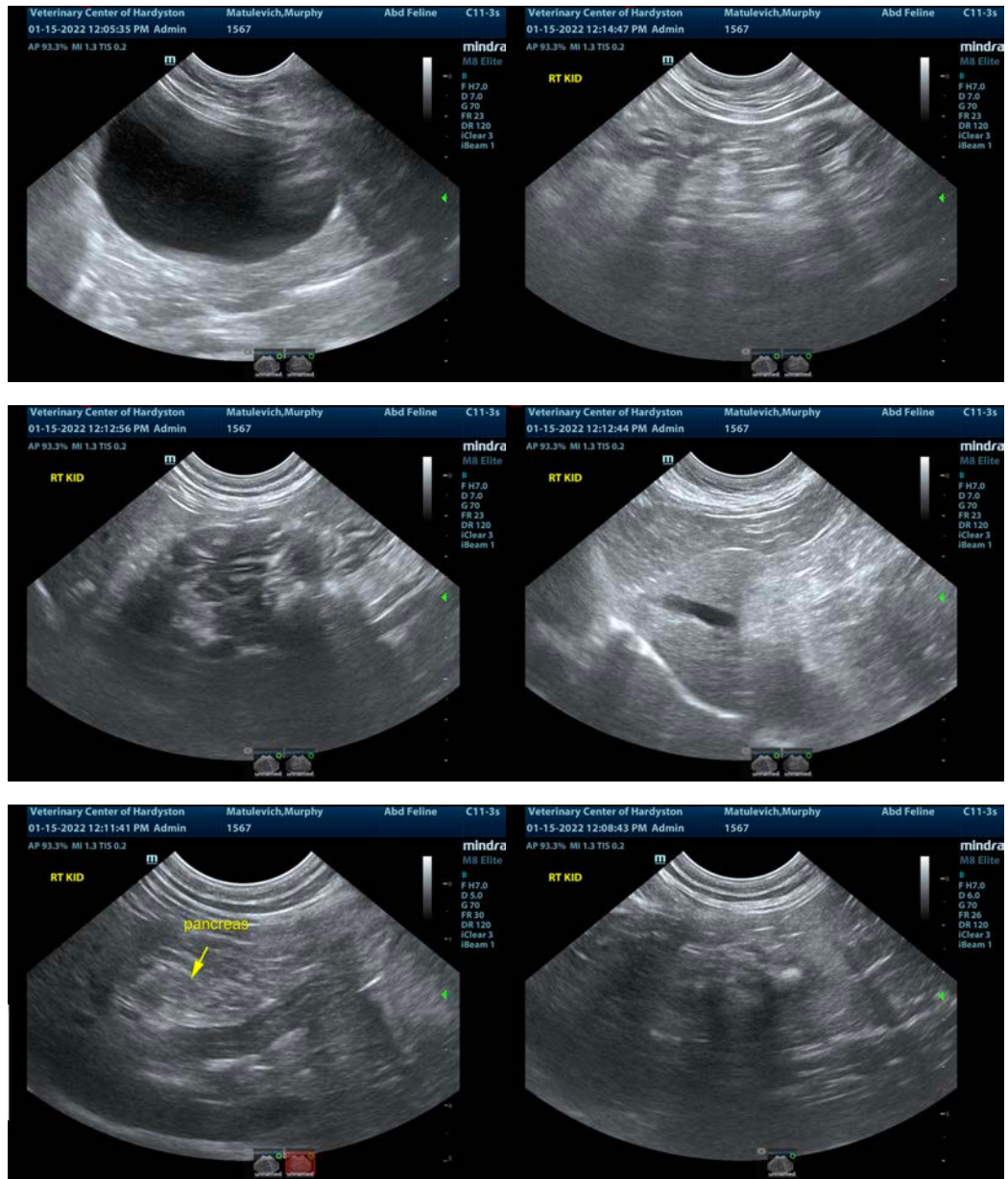
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for long-term viability of the kidneys in this patient. Renal values should be monitored carefully as well as blood pressures. Geriatric or renal oriented diet should be considered depending upon azotemia. Structurally the GI tract is unremarkable. However, GI protectant protocol would be appropriate. No evidence of masses or macroulcers. However, microulceration cannot be completely ruled out.





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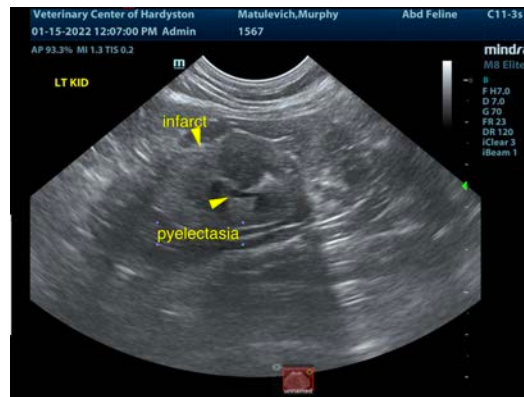
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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