



**PATIENT**

Lucky McCarthy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

Dr. Abina Glennon

**INVOICE**

20408

**DATE**

1/6/23

**PRESENTING CLINICAL SIGNS**

History: Obstipated for 7 days, r/o obstruction vs peristaltic issues Current meds: Cisapride, lactulose, MiraLAX, enemas, IV Fluids

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** structurally appeared unremarkable; however, a minor amount of bladder sand was noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 3.69 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 right adrenal gland measured 0.44 cm. The left adrenal gland measured 0.38 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**

The **stomach** revealed progressively shadowing gastric material, consistent with likely hairball accumulation or postprandial presentation. The small intestine was unremarkable, other than some level of hyperperistalsis. The colon was severely obstipated to the level of the ileocecal junction with hard stool. No overt obstructive disease was noted in the descending colon to the level of the urinary bladder. Hypertrophy of the colonic wall was noted.

**Pancreas**



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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.

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**Free Abdomen**

A colic **lymph node** was enlarged and hypoechoic (length to width ratio was maintained, measuring 1.8 cm x 0.47 cm. Enhanced surrounding fat was noted, suggestive for inflammation.

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DSH

**ULTRASONOGRAPHIC FINDINGS**

- Severe colonic obstipation with colic lymphadenopathy, likely colitis induced and lymphadenitis

**SEX**

Neutered Male

- Progressively shadowing material in the stomach, likely hairball accumulation or postprandial presentation

**AGE**

13 Years

- Minor urinary bladder sand
- Age-related renal changes

**WEIGHT**

13 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the colic lymph node could be considered. No overt mural lesions. Subtotal colectomy is recommended in this patient + colic lymph node removal and biopsy. Cystotomy, sand analysis and bladder lavage would be warranted at the time of surgery.

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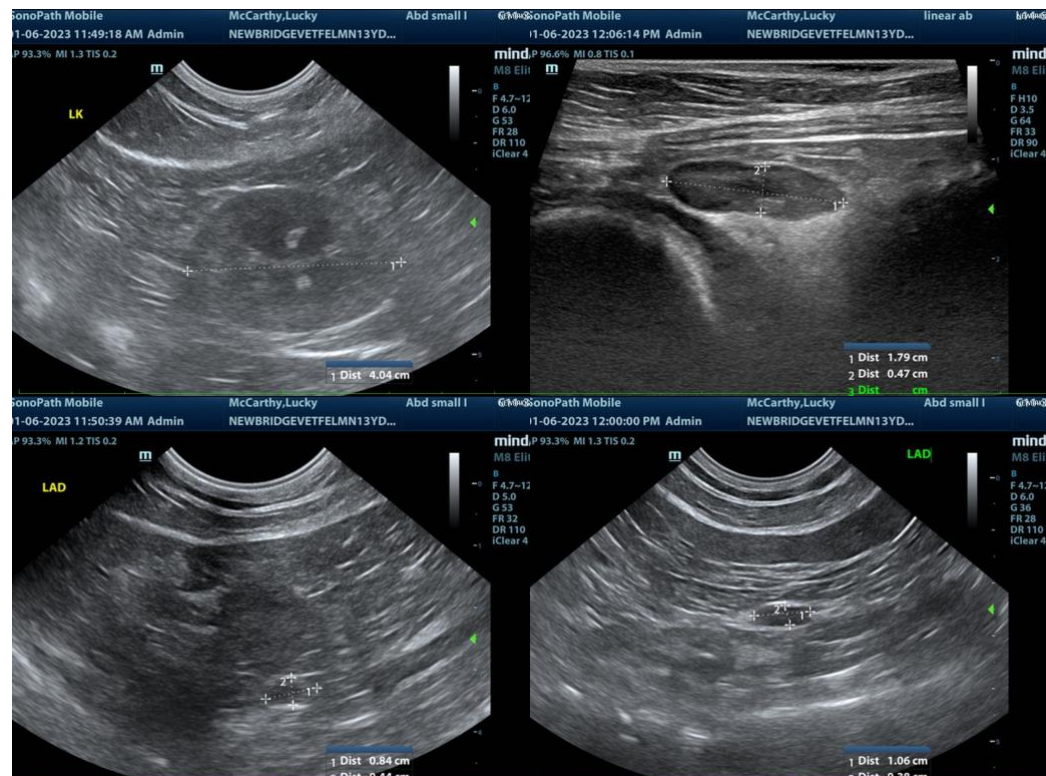
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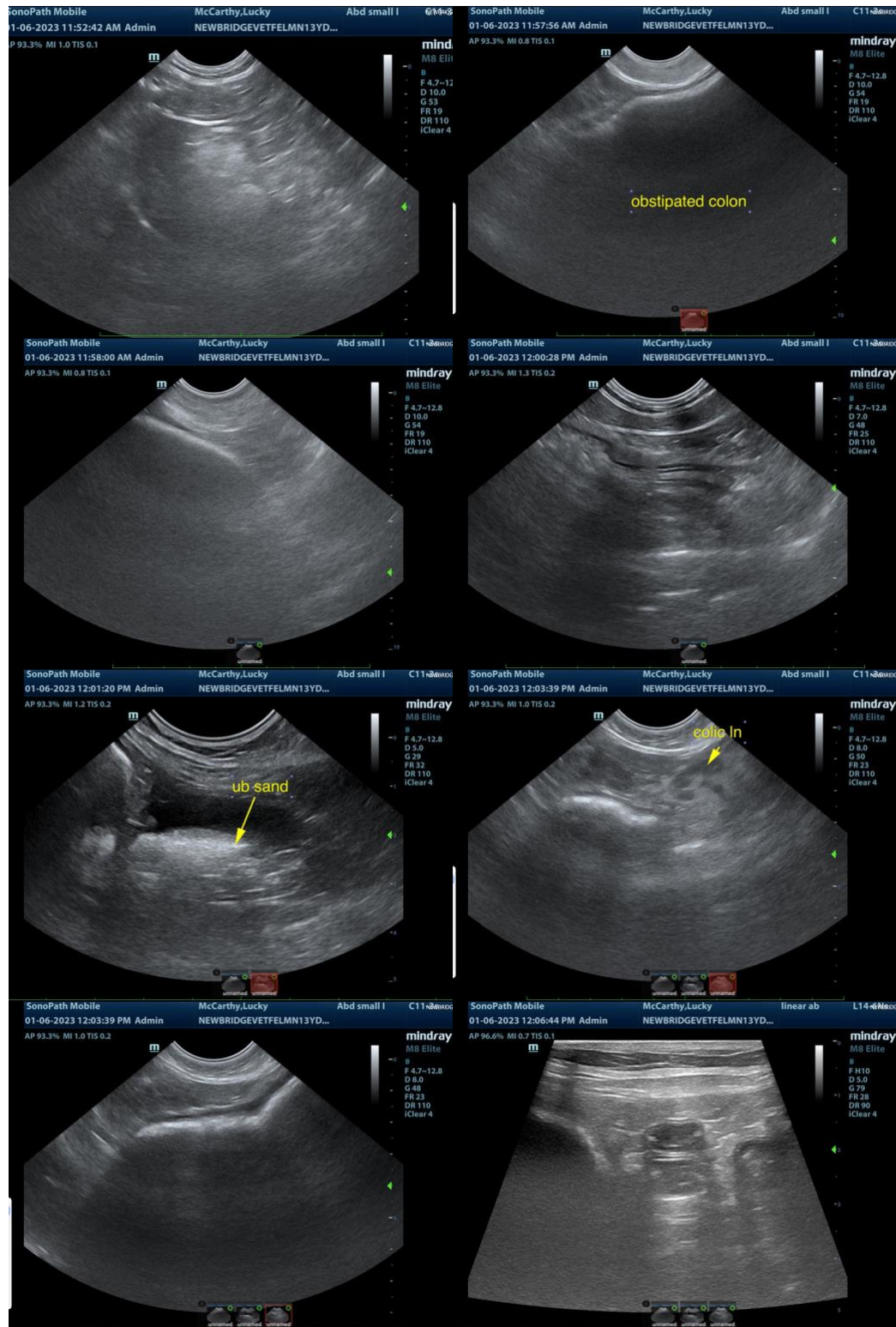
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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

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