



**PATIENT**

Morris McCawley

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

8.95 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. ElShafie

**INVOICE**

96315

**DATE**

2/23/22

**PRESENTING CLINICAL SIGNS**

History of megaesophagus - idiopathic acquired vs. neuromuscular disease - aerophagia; nodular structure in the cranial thorax of undetermined origin - consider fibrotic nodule, metastasis or other. Abnormal PE/Chem/CBC/UA Results: BUN 37.5, TP 8.5, glob. 5.5. HCT 20.2, HGB 6.5. U/A: WNL

**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 left kidney revealed a cortical infarct in the cranial pole. There is a slight amount of free fluid noted. This is likely a recent infarct as the cause of the free fluid. The left kidney was subnormal in size measuring 2.8 cm with moderate degenerative changes. The right kidney revealed chronic interstitial nephrosis pattern measuring 3.82 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.

**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. The spleen measured 0.78 cm.

**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.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach was fully evaluated from the gastroesophageal inlet to the pyloric outflow and was structurally unremarkable other than minor, muscularis hypertrophy of the distal esophagus. 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 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen with left renal infarct.

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Trace fluid, likely secondary to infarct.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Palpation of the left kidney is warranted to assess for any discomfort. There was no evidence of significant abdominal disease.

Eric Lindquist, DMV,  
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CEO of SonoPath.com

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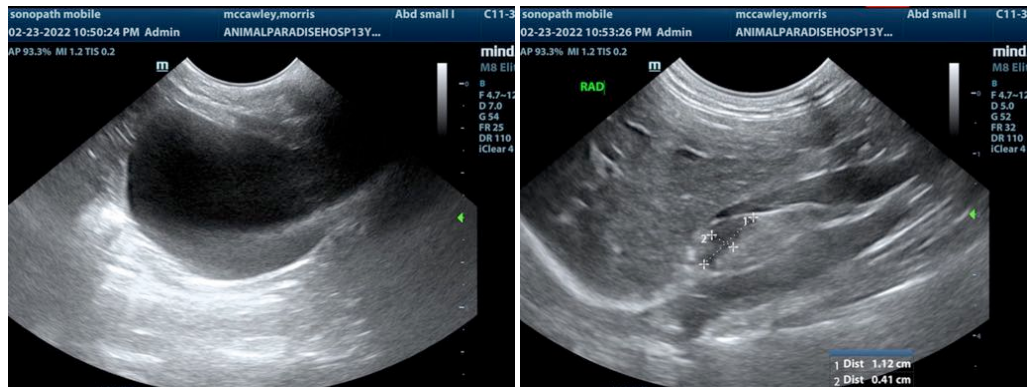
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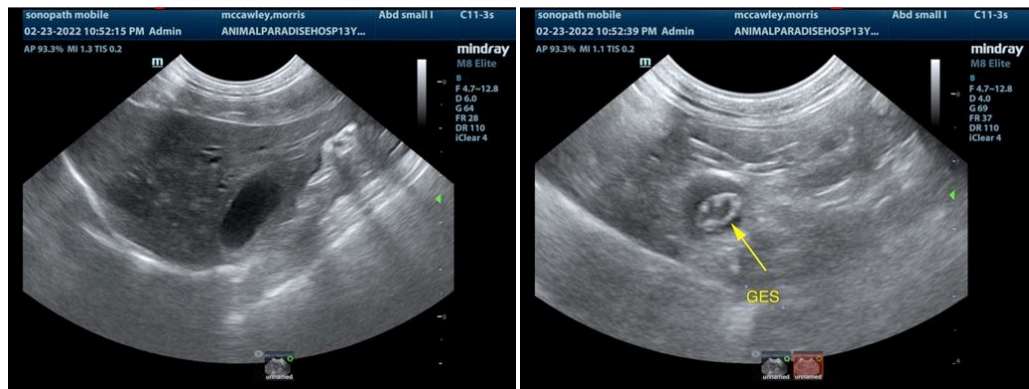
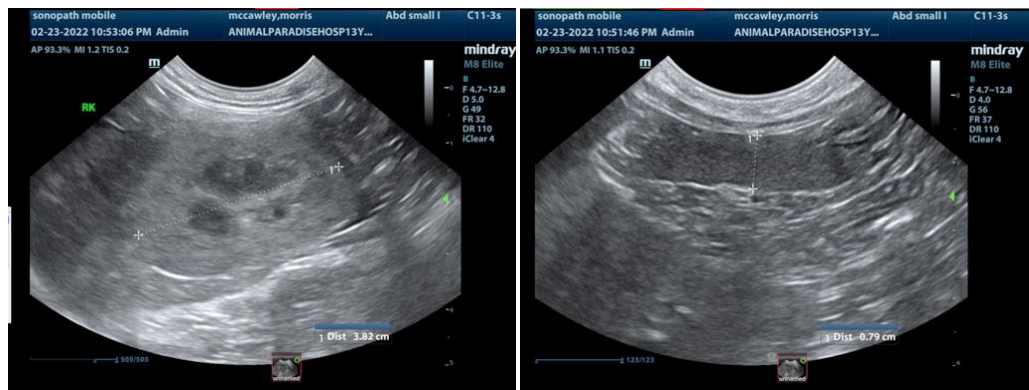
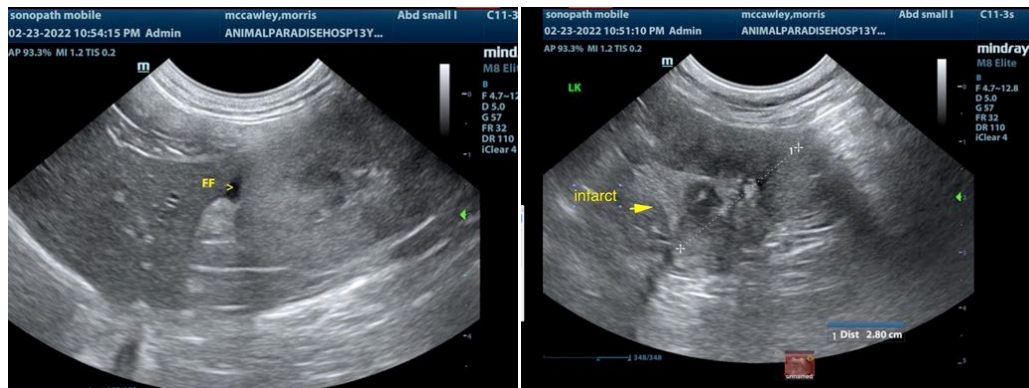
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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