



PATIENT PRESENTING CLINICAL SIGNS

Doozer Malka

History: Constipated/obstipated twice in last 2 weeks with no previous history of constipation. Intermittent diarrhea now. Owner has been out of the country, pet sitter is watching Doozer. Started on Miralax and treated with SQ fluids.

SPECIES

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, rectal exam WNL. BW: all WNL.

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

7.9 lbs

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 **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 and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The right kidney measured 3.55 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 0.85 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Berberich

INVOICE

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DATE

3/22/23



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Gastrointestinal

The **gastrointestinal tract** was largely unremarkable. The jejunum revealed a 2.0 x 0.3 cm echogenic tubular structure. This is reminiscent of worm burden. Minor areas of intestinal luminal dilation was noted. This is likely owing to irritable bowel. This may be due to enteritis or complicated by worm burden.

Pancreas

The **pancreas** was prominent, hypoechoic and mildly irregular with a dilated pancreatic duct. The left limb measured 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

Prominent pancreas. Low-grade pancreatitis is suspected.

Linear foreign structure in the jejunum suggestive for worm burden, non-obstructive.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal exam is recommended as well as broad spectrum anti-parasitic protocol. The pancreas is likely the cause of the clinical signs. Subxiphoid palpation is recommended.

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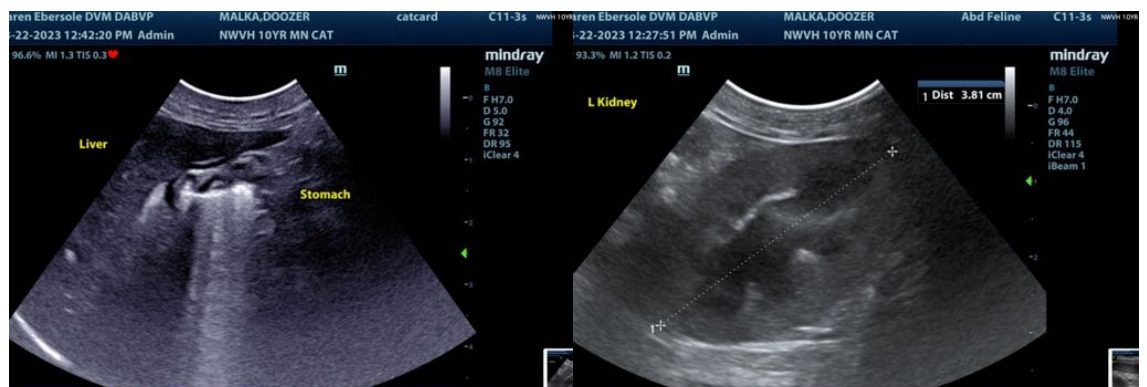
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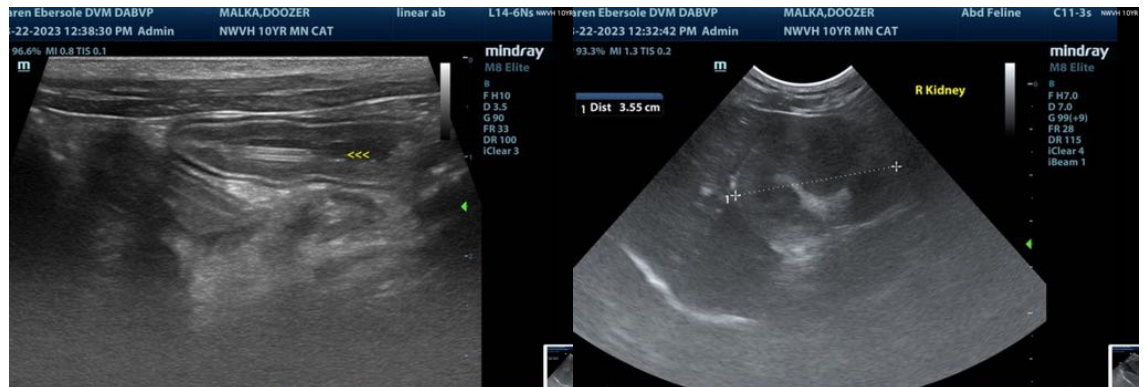
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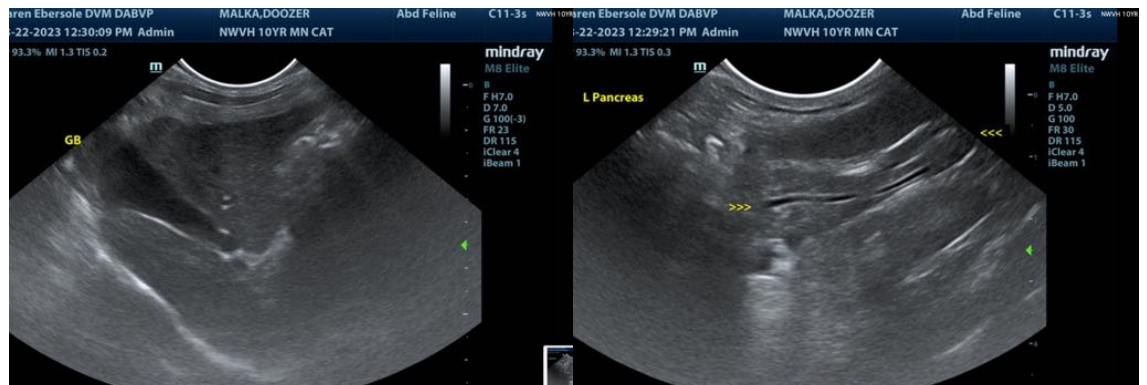
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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