

PATIENT

Smokey Dworetzky

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Hesham Akbawy

HOSPITAL NAME

Lincoln Avenue Cat and
Dog Hospital

REFERRING VET

Dr. Akbawy

INVOICE

74104

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Smokey 11& 1/2 years old DSH MN.
- Presented by third owner with unknown detailed or documented record.
- Has a vague history of stomach cancer in the stomach removed Surgically for the first owner .
- Presented today either constipation that happens once/ year .
- Rectal impaction is severe .
- CBC & chemistry done in house is unremarkable except for minor elevation of the Amylase .
- Manual rectal impaction will ensue momentarily . Clarification of GIvpatjology is the goal of this scanning .

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight renal mineralization was noted. The left kidney measured 4.4 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

Spleen

The **spleen** revealed hyperechoic nodular changes noted and measured up to 1.4 cm. This is consistent with lipid plaques.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional, hyperechoic lipid plaque was noted. Minor microcystic parenchymal changes were noted in the liver as well. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past



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LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

Pancreas

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.

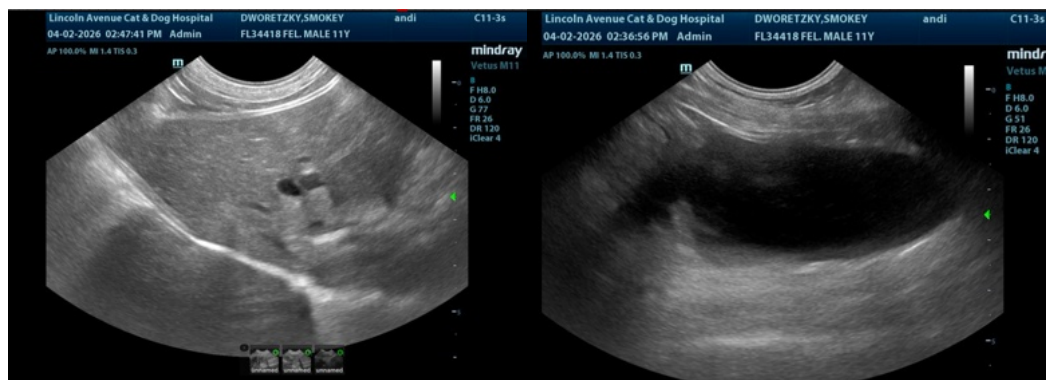
ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with lipid plaques on the spleen and liver.

Minor microcystic parenchymal changes in liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss is an issue an FNA is indicated for further definition. There was no evidence of gastric or other neoplasia in this patient currently.





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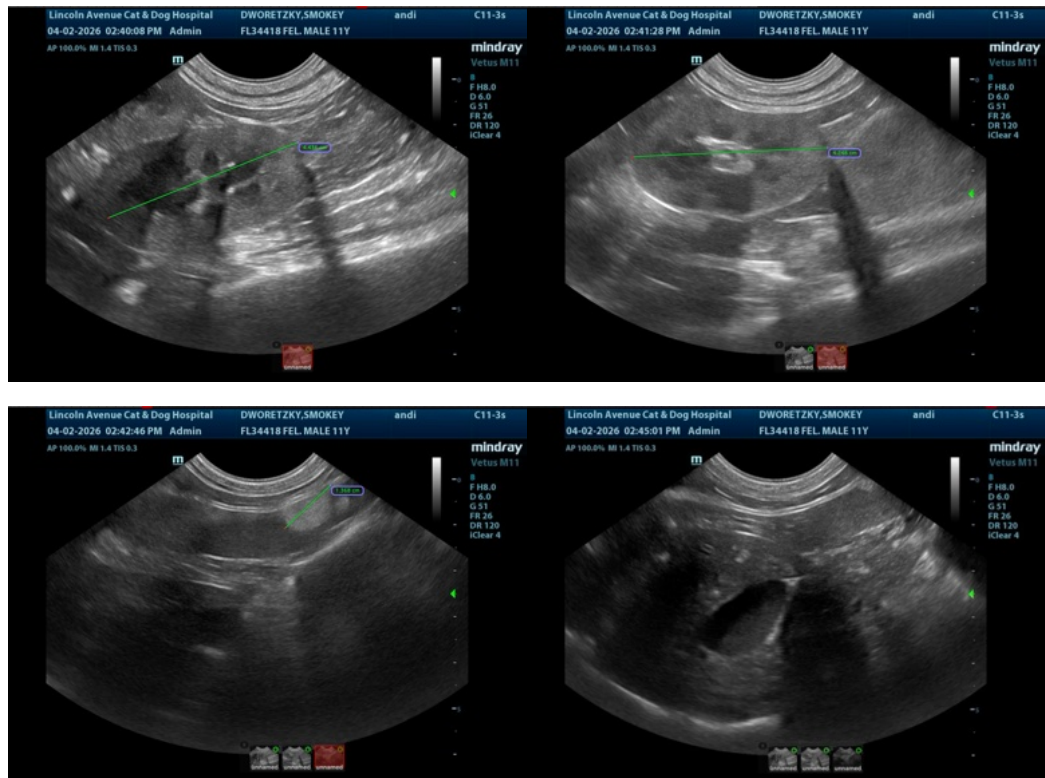
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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