



PATIENT

Zoe Pallas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

6.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rosen

HOSPITAL NAME

South Bellmore VG

REFERRING VET

Dr. Rosen

INVOICE

46628

DATE

8/15/23

PRESENTING CLINICAL SIGNS

History: recently 1-2x a day will vomit food, sometimes undigested, and bile often will mash her food up into small pieces that owner will find around the bowl seems to be eating well, but owner does appreciate some weight loss (today weighed 6.2lbs, was 9lbs in 2020 when she was last seen) defecating, sometimes not in the box, usually formed regardless of location but today had one BM that was yellow/green in color and mushy urinates in the box normally, 3 boxes, only cat at this time, normal uncovered boxes owner does not appreciate any signs of arthritis as mentioned on the Zoetis handout owner brought stool sample- fecal pending
Abnormal PE/Chem/CBC/UA Results: bloodwork overall unremarkable, will attach pdf thin BCS but otherwise unremarkable exam limited oral exam but what we can see is normal

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. The left kidney measured 3.0 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The right **adrenal gland** was 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 0.35 cm. The region of the left adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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. 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,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. Some content in the gastric lumen suggests hairball type density. This is consistent with end post prandial presentation. Hyperperistalsis was noted. The pylorus was patent with no evidence of pathology.

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Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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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

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Structurally unremarkable abdomen with hyperperistaltic small intestine. Transit of chyme appeared to be normal.

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DABVP, Cert. IVUSS

Age related abdominal changes otherwise.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Rosen

Irritable bowel/inflammatory bowel without structural changes. Occult parasitism is possible. Hair accumulation in the stomach may be an issue. Maldigestion/malassimilation should be considered in this patient. There was no evidence of neoplasia noted.

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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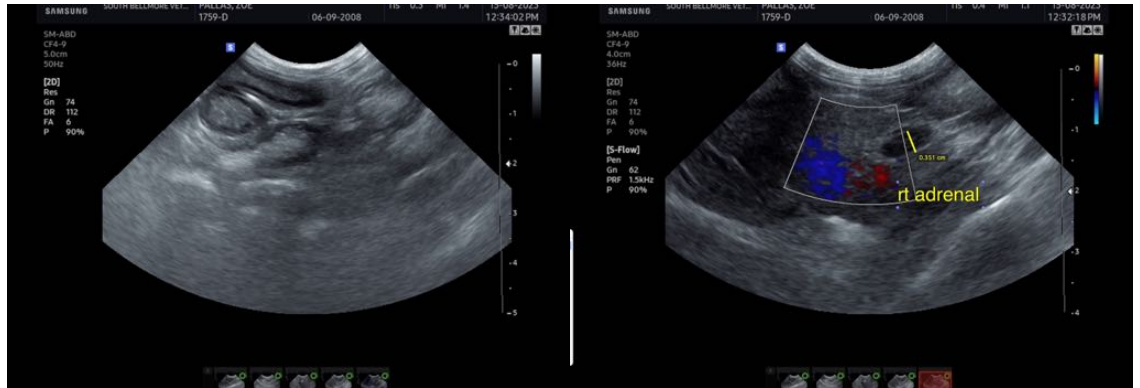
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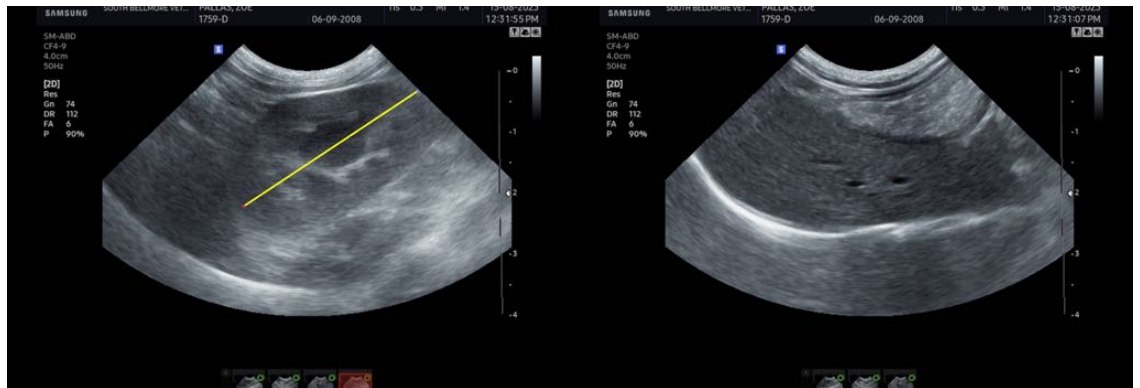
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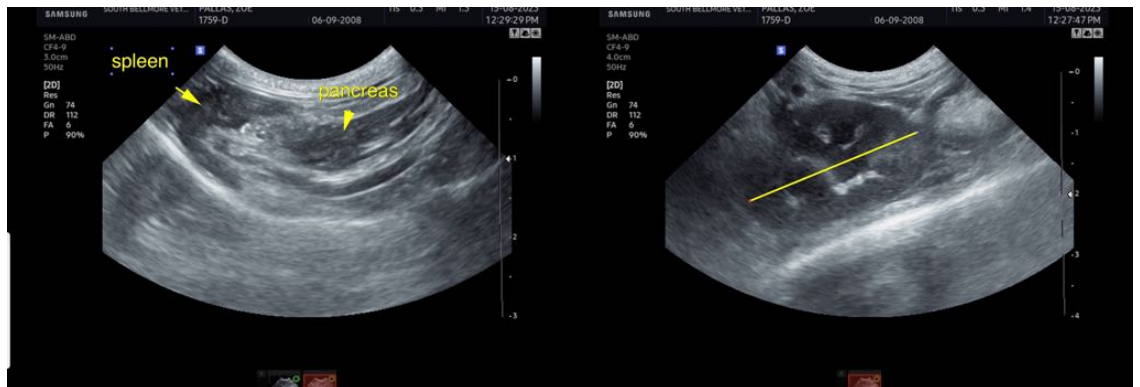


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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