



## PATIENT

Tony Tiger Zalek

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

13 years

## WEIGHT

7.8 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Perez

## INVOICE

70211

## DATE

1/16/26

## PRESENTING CLINICAL SIGNS

History: \*presents for hyporexia/anorexia for 2 weeks. possible no significant BM in 2 weeks. 1 other cat in household. dry food is ad lib. concern for weight loss. discomfort, pain; repositions himself where he lays. 1 time of food vomit found today by owner. no prior significant health concerns. \*concern for Constipation vs. Megacolon vs. Other; muscle atrophy: Cachexia (CKD vs. Endocrinopathy vs. Cardiac vs. Neoplasia vs. other) vs. Sarcopenia vs. Combination vs. Other; Infection vs. Inflammation vs. Neoplasia vs. Combination vs. Other; Cholangiohepatitis vs. Pancreatitis with EHBDO vs. Triaditis vs. Neoplasia vs. Combination vs. Other;  
PE: subtle pain; soft on abd palp-descending colon is distended w/ hard stool; muscle atrophy-epaxial  
CBC: HCT 54%, WBC 32,320, Neut 25,630, Mono 2,910, Plt 133,000 Chem: BUN 33.2, PHOS 6.2, Ca 7.5, Alb 2.1, Glob 5.1, Gluc 135, ALT 172, ALKP 393, GGT 21, T Bili 4.6 Epoc: Na 141, Cl 106, K+ 3.6, Lact 3.89 T4 2.6 rads: Abd serosal detail is appropriate. stomach contains gas & a small amount of fluid; no overt outflow obstruction. The SI contain fluid and gas & appear caudally displaced. There is a soft tissue opaque structure in the cr abd in the region of the liver/panc/falciform ligament, causing a mass effect; elevating the gastric fundus & pylorus, & caudally displacing SI. The colon contains hard fecal balls w/ gas between, indicating constipation. No overt intest obstruction.

## 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 3.5 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** in this patient was uniform, yet volume contracted. Hydration status should be assessed.



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## Liver

The **liver** was diffusely hyperechoic to the falciform fat and mildly heterogenous. This is most consistent with hepatic lipidosis. The gallbladder and common bile duct were unremarkable. I cannot rule out underlying significant suppurative or neoplastic disease.

## 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

Slight, heterogenous **pancreatic** changes were noted. There was no overt evidence of pancreatitis.

## Free Abdomen

Slight amount of free fluid was noted between the liver lobes.

## ULTRASONOGRAPHIC FINDINGS

Free fluid.

Hepatic lipidosis pattern.

Slight heterogenous pancreatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA is indicated. An abdominocentesis and cytospin of the free fluid is indicated. Management for lipidosis is indicated. I recommended diagnostic focus on the free fluid around the liver and liver parenchyma with FNA.



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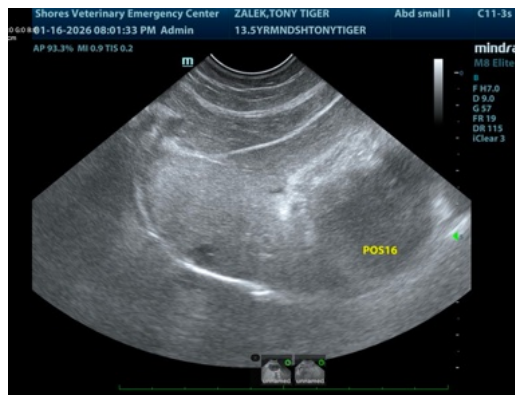
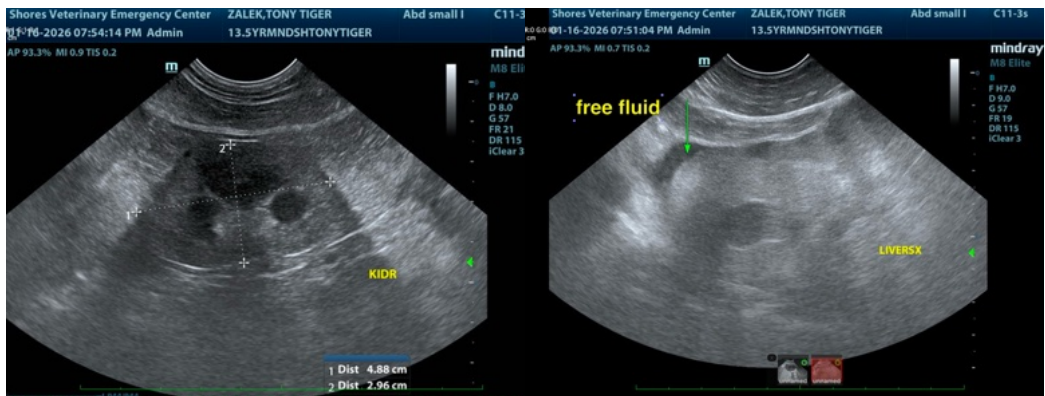
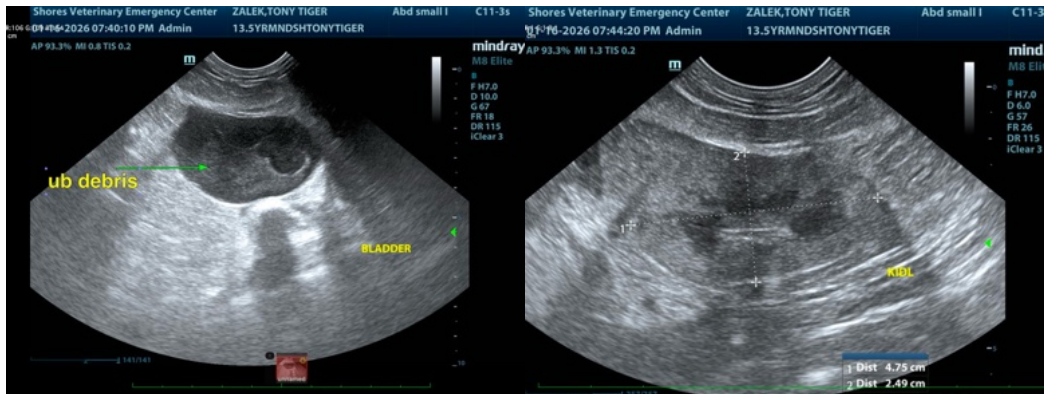
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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