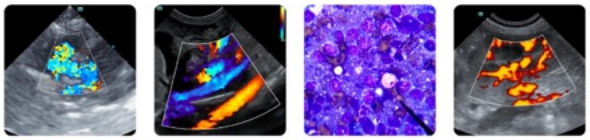



**PATIENT**

Mau Mau Griffin

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

11.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wasserman

**HOSPITAL NAME**

Highlands AH

**REFERRING VET**

Dr. Stucky

**INVOICE**

70922

**DATE**

1/26/26

## PRESENTING CLINICAL SIGNS

- 7 lb weight loss noted after owners went on 3 week vacation 10/24/25 - 11/16/25. Patient has not gained weight since initial concern. History provided by referring veterinarian. Client declined sedation for ultrasound.
- CBC/Chem: elevated ALT, AST mild elevation, ALP mild elevation. Elevated bilirubin: conjugated: 1.0ug/dL, unconjugated 0.7ug/dL. UA bilirubin 2+. Unknown whether cystocentesis or free catch. Laboratory work/history provided by referring veterinarian. Date of bloodwork not provided.

## 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 mineralization was noted in both kidneys. The left kidney revealed a hypoechoic nodule in the caudal pole measuring 0.84 cm. The right kidney measured 4.25 cm with slight cortical infarcts.

### *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. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.45 cm.

### *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.

### *Liver*

The **liver** revealed generalized enlargement. The gallbladder and common bile duct were unremarkable. Mild hyperechogenicity was noted compared to the falciform fat.

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### *Gastrointestinal*

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. 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.

### *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

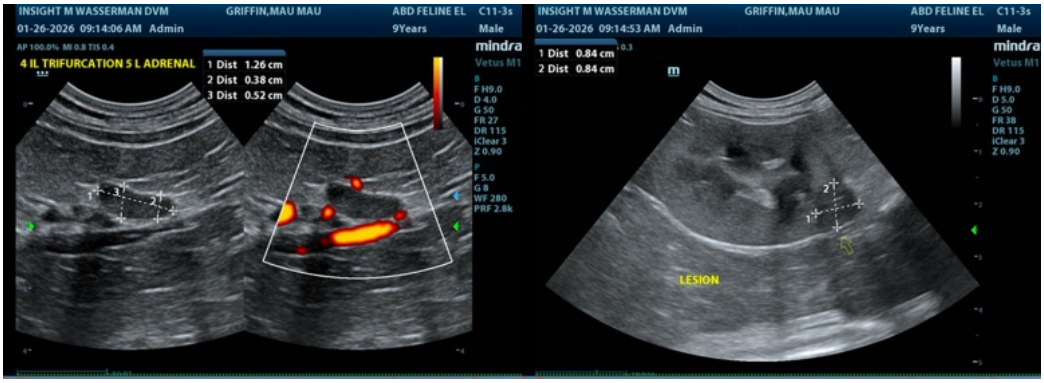
Non-specific, inflammatory hepatopathy pattern with potential underling round cell neoplasia.

Left renal nodule, likely secondary to infarct; however, emerging neoplastic event cannot be ruled out.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend ultrasound-guided FNA of the liver to assess for underling inflammatory hepatopathy, lipidosis or potential lymphoma. The prognosis is guarded.

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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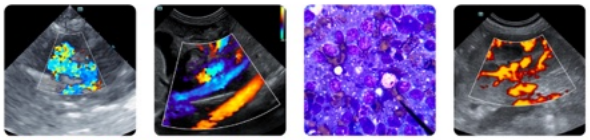

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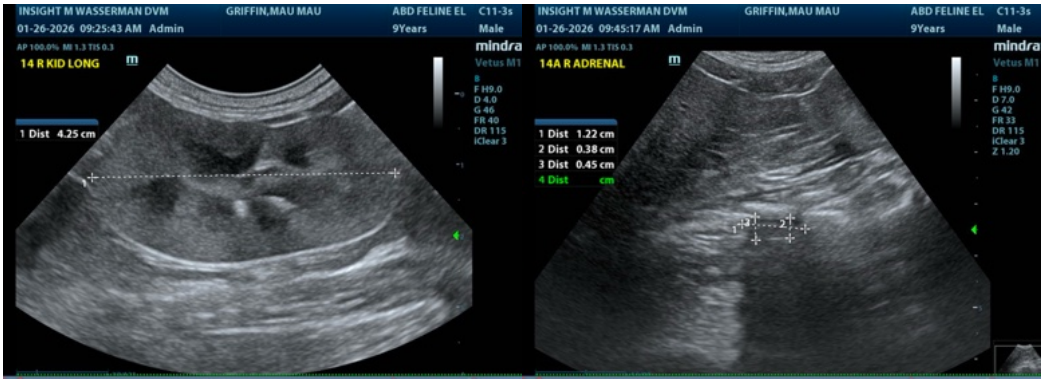


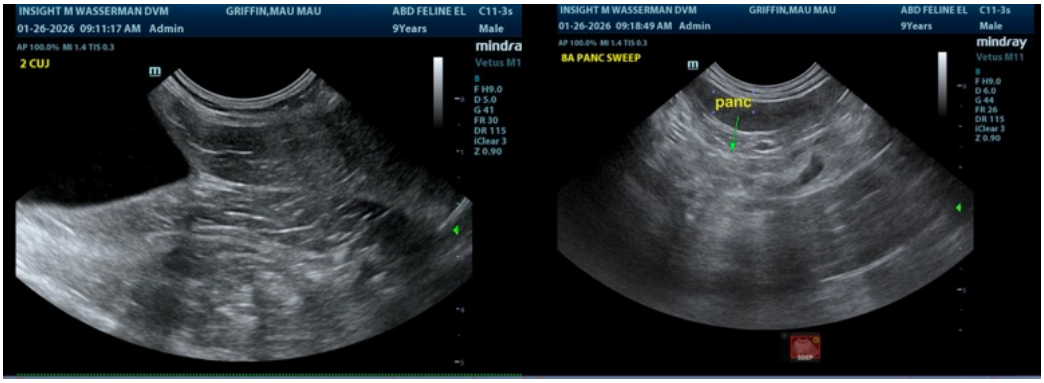


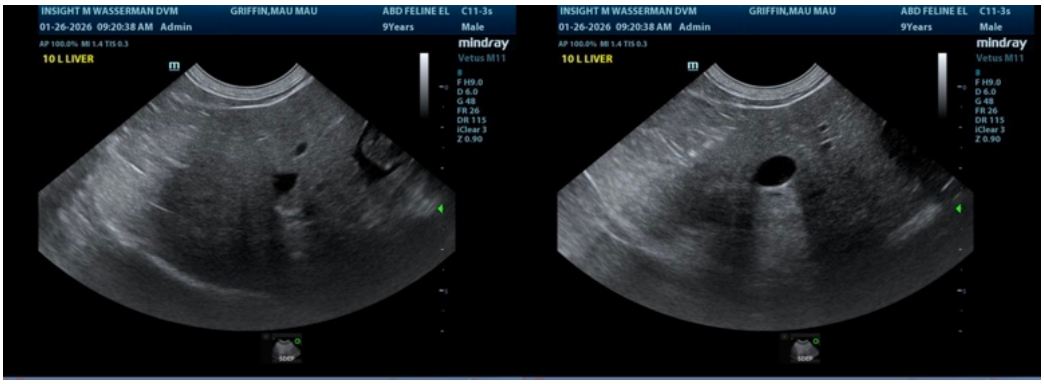


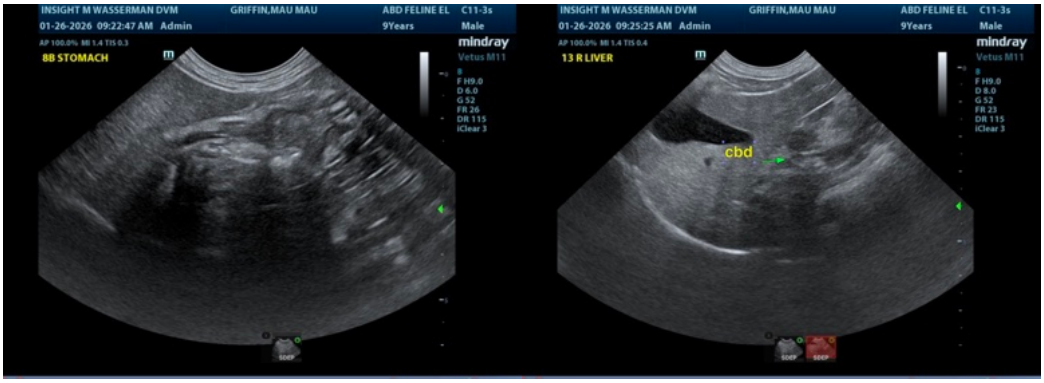

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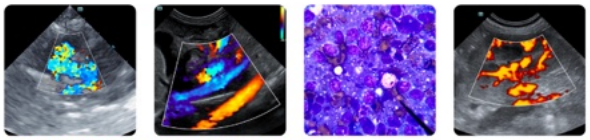

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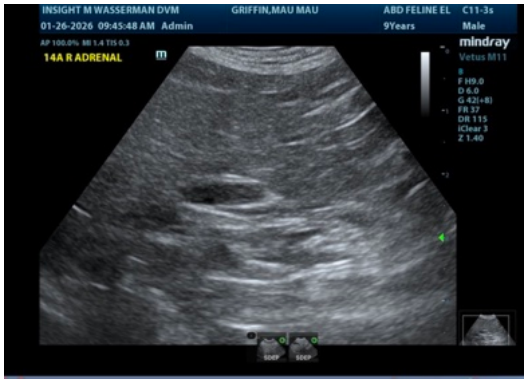


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

info@SonoPath.com