



PATIENT

Zeppelin Linderman

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

10 years

WEIGHT

8.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Williams

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

73616

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Patient has a history of weight loss, loose stools, occasional vomiting
- Bloodwork done in Jan. showed a monocytosis, elevated CPK, a decreased Na/K ratio. The cardiopet Pro BNP was within normal limits
- A GI panel was performed and the patient was started on Prednisolone and Albon while we waited for results
- GI panel results showed an elevated pancreatic enzyme, and decreased folate concentrations
- Added in folate along with the prednisolone
- Patient's stools have improved with steroid use, soft but now formed
- Weight loss continues though

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 kidney measured 3.7 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. The left adrenal gland measured 0.4 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.



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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, 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.

Gastrointestinal

The **stomach** revealed hairball type density in the gastric fundus. A minor amount of fluid filled gastric lumen was also noted. Variable small intestinal thickening was noted. The mesenteric lymph nodes were enlarged. Ultrasound-guided FNA of the larger lymph node (measured 2.0 x 1.0 cm) is recommended. Cytology and culture are indicated.

Pancreas

Heterogenous **pancreatic** changes were noted with hyperechoic, surrounding fat.

ULTRASONOGRAPHIC FINDINGS

Mesenteric lymphadenopathy.

Concurrent pancreatitis.

Inflammatory bowel pattern with hairball density in stomach.

Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA and cytology and culture of the accessible lymph nodes is indicated. Prognosis is guarded. Hairball management and supportive care is otherwise indicated.



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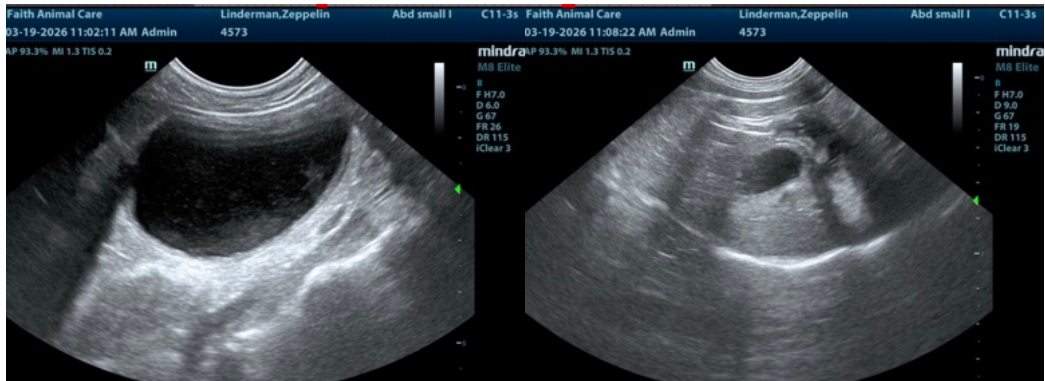
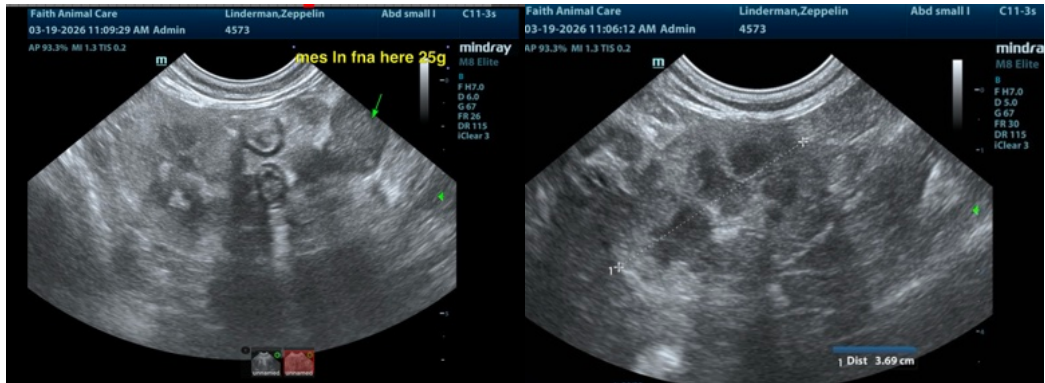
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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