



## PATIENT

Aesop Bresson

## SPECIES

Feline

## BREED

Feline

## SEX

Domestic Shorthair

## AGE

10 years

## WEIGHT

11 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Danielle Harshberger

## HOSPITAL NAME

Local Mobile VS

## REFERRING VET

Dr. Soule

## INVOICE

72120

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Clinical signs/history: diagnosed as hyperthyroid with FT4 65.9, T4 3.7, weight loss, vomiting, and decreased appetite. Started methimazole, cat had a GI reaction (marked vomiting) to it, so stopped and planned to do radioactive iodine once T4 4.5 or higher, BUT after a couple months, T4 went DOWN to 2.9, and ALT up to 151.
- Exam findings: NSA (however, exam limited due to behavior)
- Today owner reports cat is doing well, normal activity if not increased, always begging for food, but will not eat unless very fresh (leaves decent amount in bowl), loves his pill pockets).
- Currently on propranolol 2.5mg q12
- 1/16/2026: ALT-151, T4-2.9 10/14/2025: ALT-100, Free T4-65.9 8/13/2025: ALT-111, T4:3.9, Free T4-67.6

## 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 kidney measured 4.58 cm. The right kidney measured 4.1 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 right adrenal gland both 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.

### 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



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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 shadowing gastric material. This is consistent with hairball density and is non-obstructive. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## Pancreas

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.

## ULTRASONOGRAPHIC FINDINGS

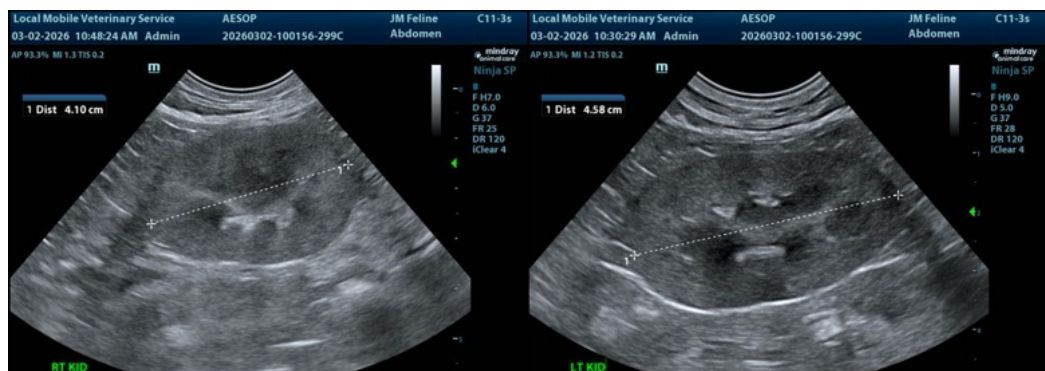
Geriatric abdomen.

Age related renal, hepatic and pancreatic changes.

Minor hairball density in the stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of gross disease. The liver enzyme elevation is likely related to the hyperthyroidism. The changes are expected for this age patient.





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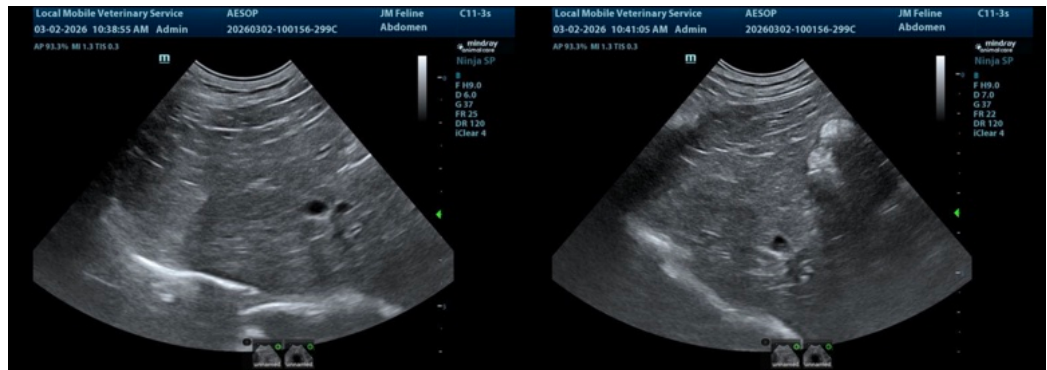
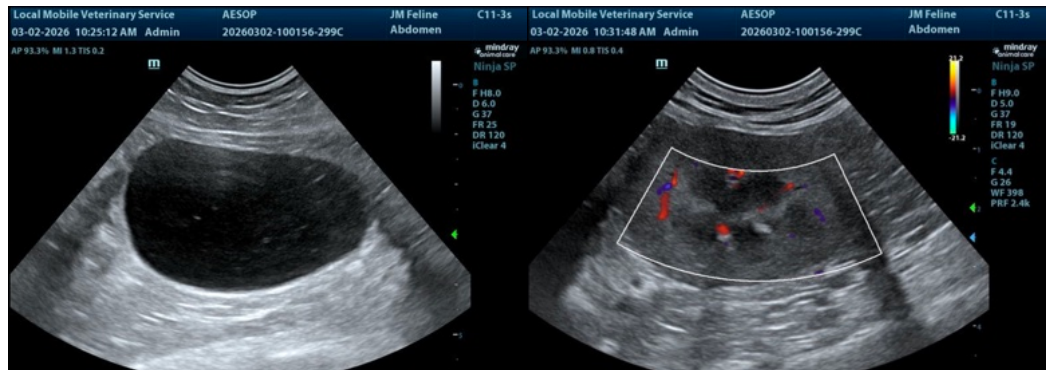
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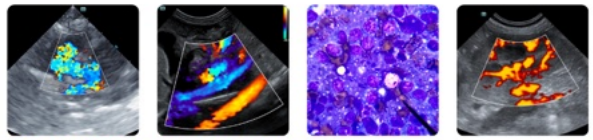
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The information and recommendations provided are based on the images presented by the



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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](mailto:info@SonoPath.com)