



PATIENT

Leo Ziegast

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 10 Months

WEIGHT

8.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

St. Georges VH

REFERRING VET

Dr. Ng

INVOICE

36719

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Continual persistent weight loss. Prior U/S 2/13/25. Swollen liver, slight ascites / pancreatic + renal changes. Current medication - methimazole.

Abnormal PE/Chem/CBC/UA Results: BUN 40, Cre 2.0

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 were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. The right kidney measured 3.86 cm. The left kidney measured 4.16 cm. Slight pyelectasia and echogenic debris were noted.

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 right adrenal gland measured 0.34 cm. The left adrenal gland measured 0.46 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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** was filled with ingesta or progressively shadowing hairball accumulation. The pylorus



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was patent. Transit of chyme was noted in the small intestine. No significant thickening was noted, only minor areas of muscularis thickening were noted in the small intestine. The colon was unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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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Free Abdomen

A large amount of **abdominal fat** was noted in this patient.

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No evidence of ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.75 Pounds

- Hairball density in the stomach
- Minor intestinal thickening
- Interstitial nephritis pattern with slight pyelectasia and echogenic debris
- Large amount of abdominal fat
- No evidence of ascites
- Geriatric abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball management is indicated. Some of the material in the stomach may be ingesta, depending on when the patient ate prior to the sonogram. The kidneys do not appear end stage. Management for both pre-renal and renal disease is indicated.

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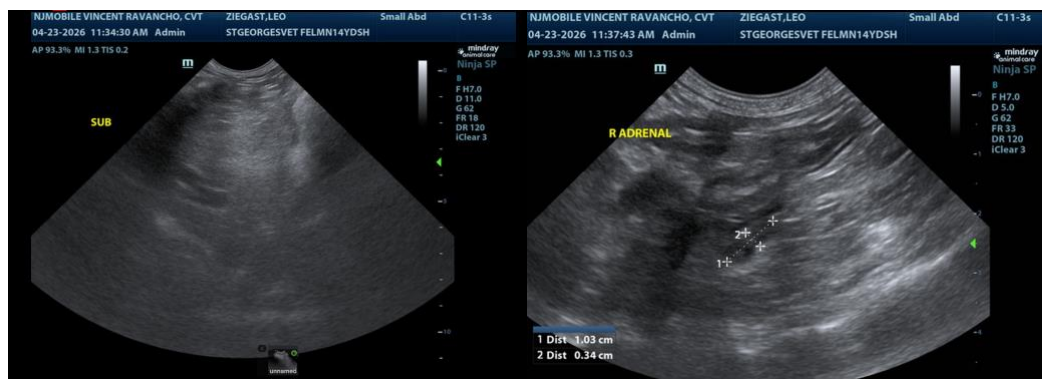
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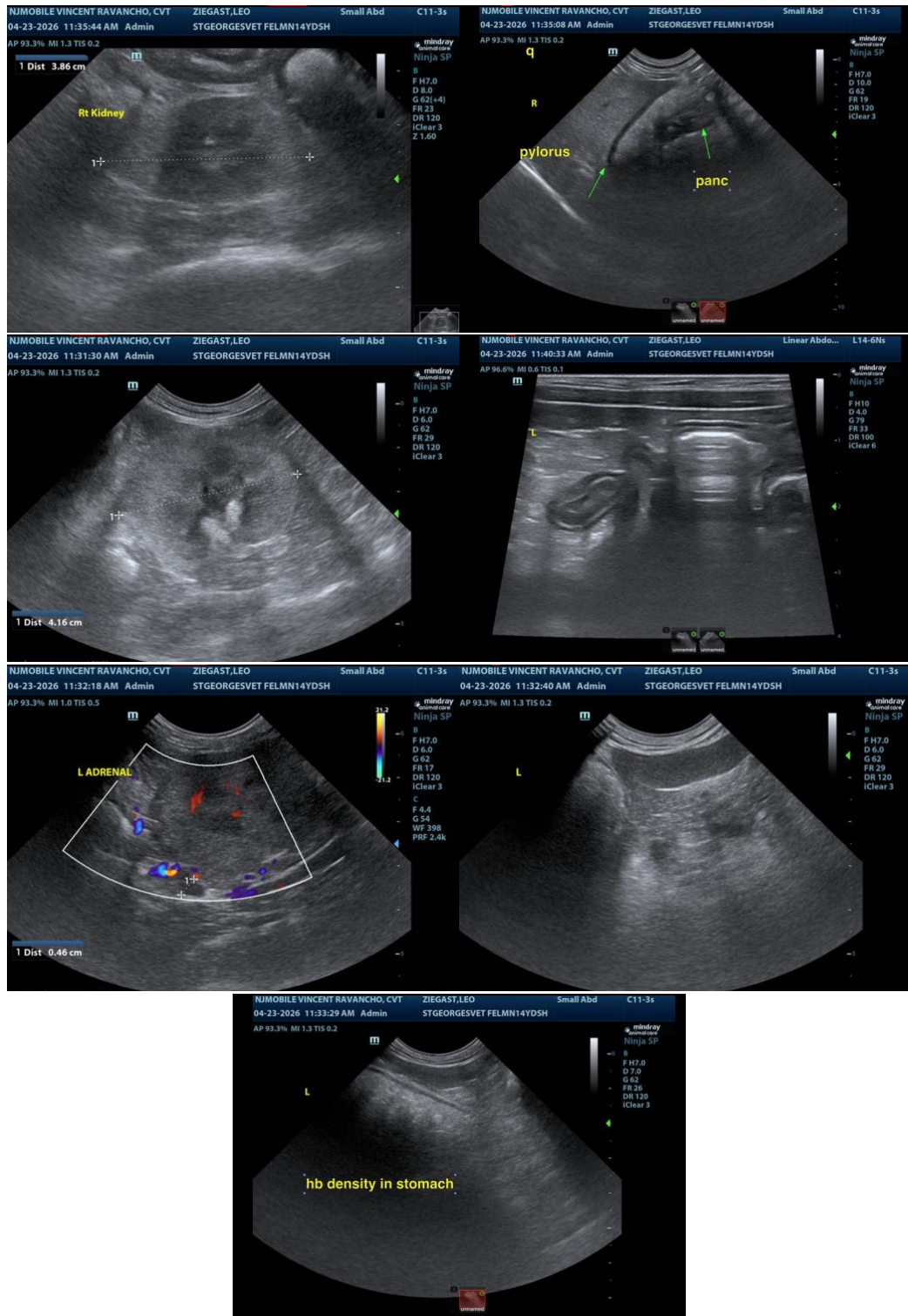
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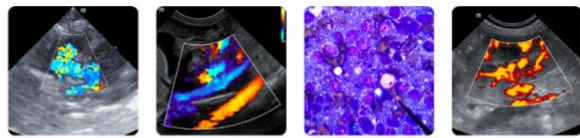
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com