



## PATIENT

Buster Olsen

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

14

## WEIGHT

9.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Betsy LaCroix

## HOSPITAL NAME

Inspire Animal  
Hospital- Highlands  
Ranch

## REFERRING VET

Dr. Betsy LaCroix

## INVOICE

16343

## DATE

05/18/26

## PRESENTING CLINICAL SIGNS

History of anorexia, significant weight loss (5 lbs over the last few months), Heart murmur, grade 4 of 6, Hypertension (mild), Constipation, Dehydration, Azotemia, muscle loss. • Suspected primary metabolic acidosis with respiratory compensation. High anion gap (27). Has been on Cerenia and mirtazapine without significant improvement. Concern for possible HCM

BNP-abnormal 7% dehydrated Heart murmur IV/VI parasternal weight loss/generalized muscle wasting NOVA BG - pH 7.342, PCO2 30.1, HCO3 16.46, Crea 1.6, BUN 28, Lac 4.4, Cl 111 (On Friday 5/15/26) 5/6/26: CBC-unremarkable BUN 44 14-36 mg/dL HIGH CREATININE 1.8 0.6-2.4 mg/dL SDMA 17.2 (Mild Inc.) Liver values are unremarkable T4- 3.6 Unable to obtain urine on 5/6/26- but sample was obtained prior to u/s today.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. A minor amount of suspended debris was present.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length.

The **right kidney** presented with moderate degenerative changes with cortical mineralizations and dystrophic change. The right kidney measured 2.54 cm in length. A minimal amount of blood flow to the right kidney was seen on power doppler assessment.

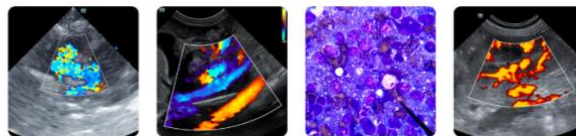
### Adrenal Glands

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 0.37 cm width. The right adrenal gland measured 0.30 cm width.

### 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



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The **liver** revealed a 1.3 cm hypoechoic expansive nodule with other small nodular changes present measuring up to 0.58 cm.

### 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

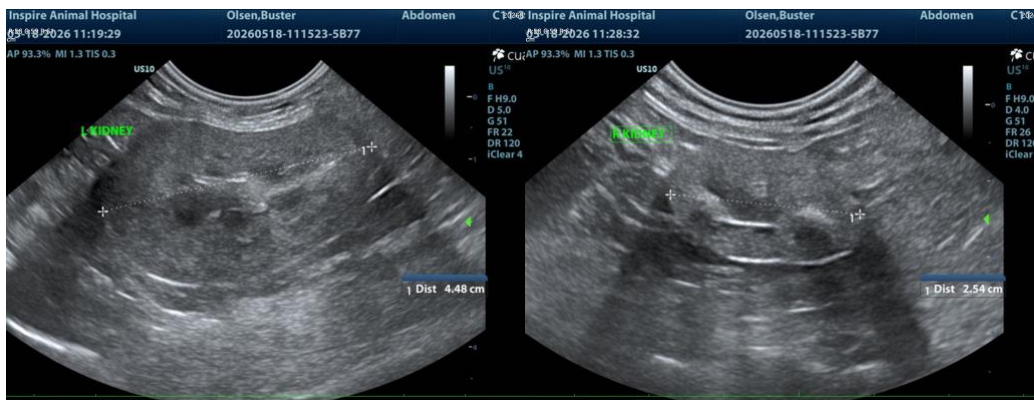
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

### ULTRASONOGRAPHIC FINDINGS

- Dystrophic right kidney and compensatory hypertrophy of the left kidney.
- Multifocal nodular hepatic changes- nodular hyperplasia is possible, however, round cell neoplasia or carcinoma are potentials.
- Age-related abdominal changes.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about the hepatic nodules in this patient and weight loss. FNA is indicated. Long-term viability of the kidneys are in question as the right kidney appears to be subjectively end-stage.





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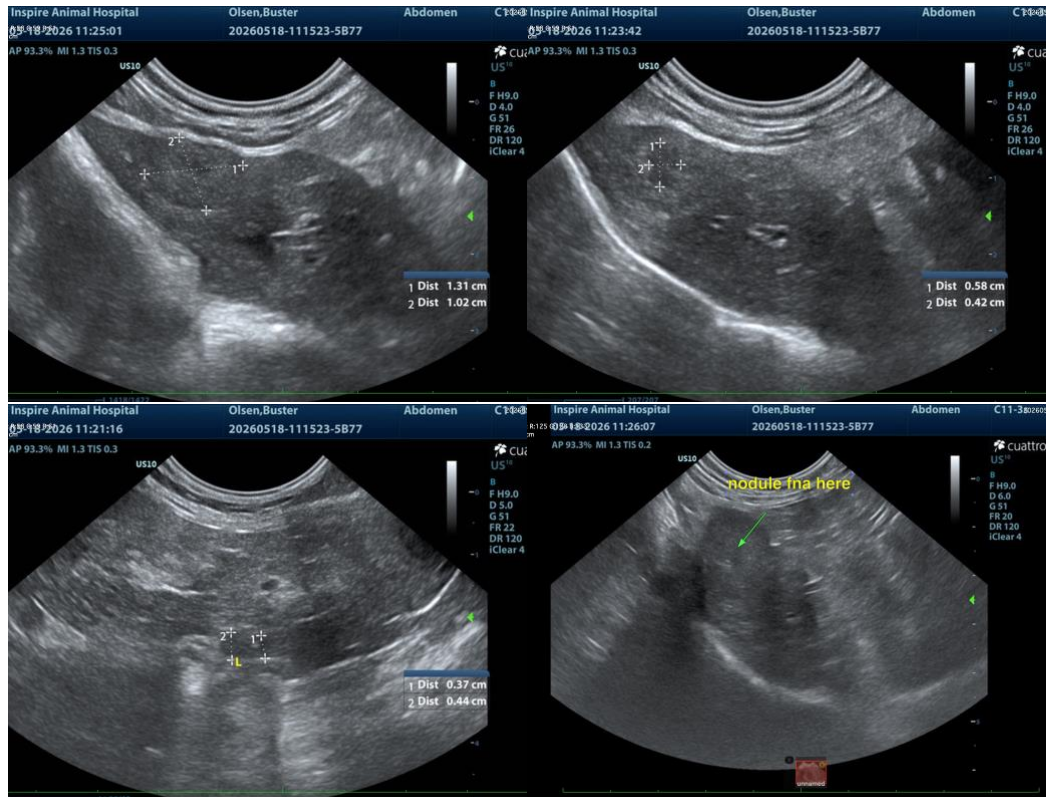
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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