



## PATIENT

Zuko Abbott

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

16 years

## WEIGHT

6.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. LaCroix

## HOSPITAL NAME

Inspire AH Highlands

## REFERRING VET

Dr. LaCroix

## INVOICE

77795

## DATE

5/20/26

## PRESENTING CLINICAL SIGNS

History: Patient has been having hyporexia for several months after being switched onto NF. No V/D, Not PU/PD, indoor only, no medications or supplements.

u/s for hyporexia and increased liver values.

BW today is pending

Abnormal PE/Chem/CBC/UA Results: Thin BCS 2/5, missing most teeth, grade III/VI murmur parasternal. Labwork run in February Increased SDMA 19, T4 3.4, ALKP 174, ALT 607, Cr. 0.9, BUN 29. Historical heart murmur.

## 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** 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. The left kidney measured 3.18 cm. The right kidney measured 3.68 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 right adrenal gland measured 0.32 cm. The left adrenal gland measured 0.3 cm.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active 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

Examination of the **gastrointestinal tract** revealed a stomach, normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of gastric stasis was noted. Minor pyloric hypertrophy was noted without loss of detail. 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 **pancreas** revealed heterogenous, mixed hypoechoic and hyperechoic changes. This is consistent with remodeling and potential low-grade inflammation.

## ULTRASONOGRAPHIC FINDINGS

Heterogenous pancreas.

Mild gastritis pattern.

Geriatric abdominal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol, management for pancreatitis and inflammatory hepatopathy with broad spectrum antibiotics and pain management would all be recommended. IV fluid support is necessary. There is no evidence of neoplasia at this point.



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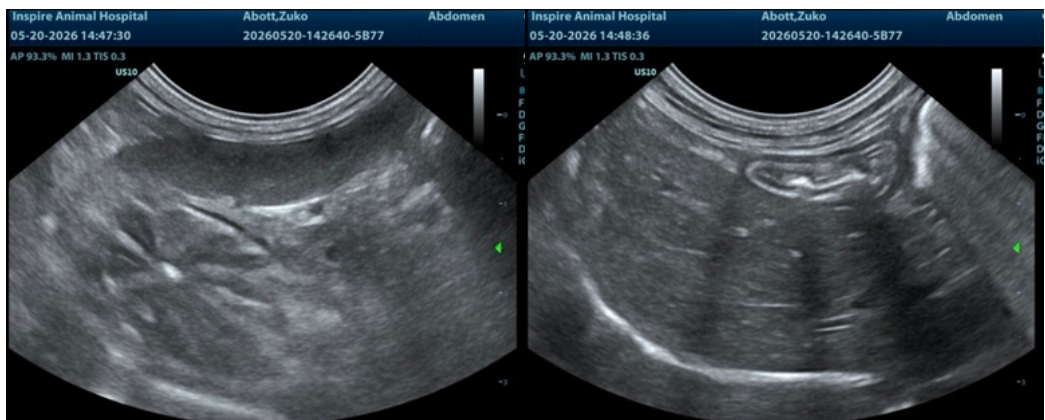
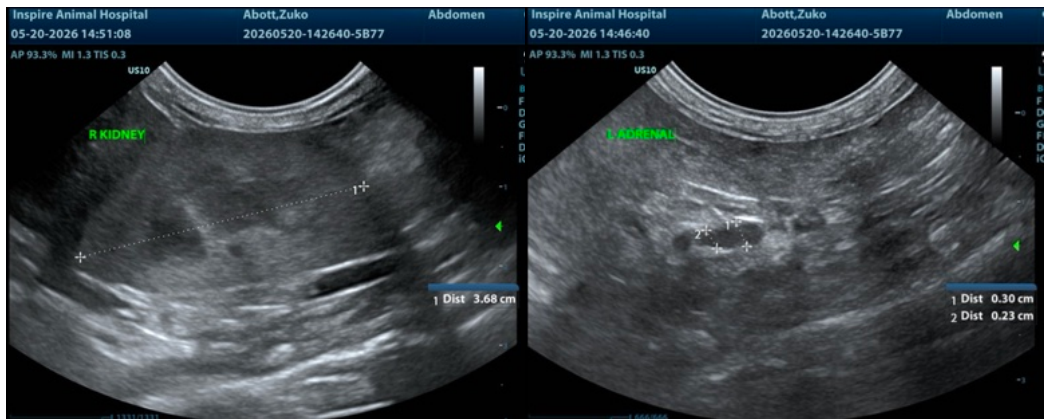
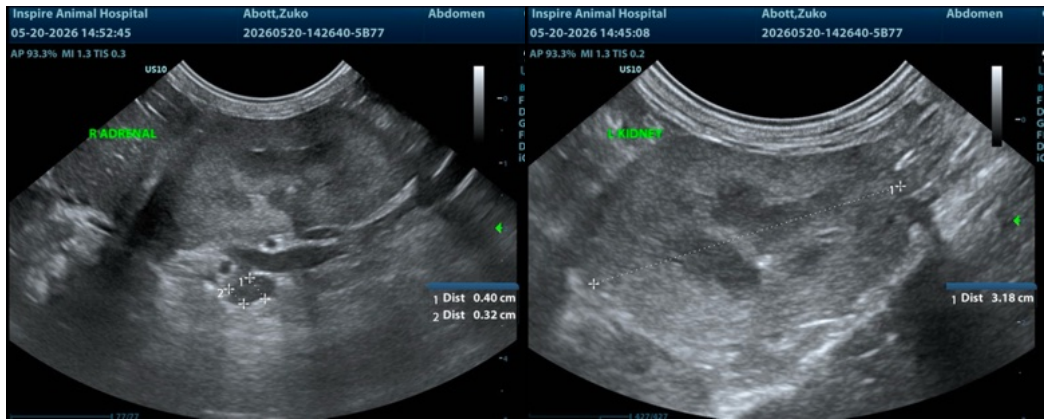
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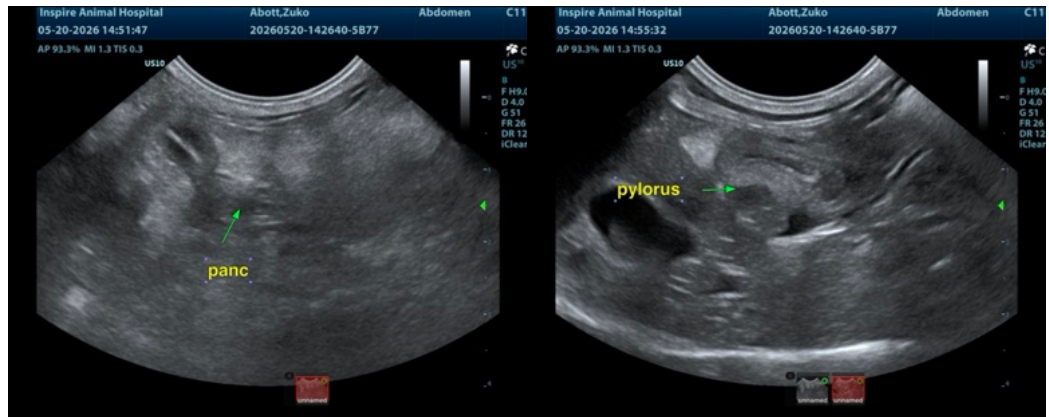
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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