

**PATIENT**

Luca Macdonald

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

10 Years 2 Months

**WEIGHT**

16 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Englewood Veterinary  
Center

**REFERRING VET**

Dr. Ezik

**INVOICE**

16611

**DATE**

05/29/26

**PRESENTING CLINICAL SIGNS**

Cardiac concern includes right axis deviation on EKG without audible heart murmur. Abdominal evaluation requested due to punctuate mineral opaque foci superimposed over the renal pelvis on radiographs in 2023. Recent unremarkable urinalysis aside from occasional ammonium magnesium phosphate crystals with concentrated USG of 1.045. Mild hyperproteinemia noted (TP 9.3). Sedated with gabapentin.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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** 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 4.1 cm in length. The right kidney measured 4.16 cm in length.

**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 0.44 cm width. The right adrenal gland measured 0.5 cm width.

**Spleen**

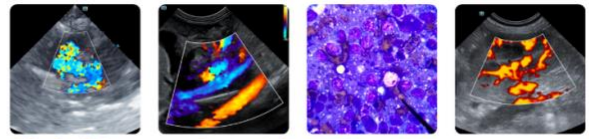
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The distal **small intestine** revealed slightly shadowing luminal material consistent with hairball density and appears to be transiting into the small intestine. Some reactive mesentery was noted. Minor



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intestinal thickening was also noted. The stomach and colon were unremarkable. The luminal material in the small intestine was not obstructive at the time of the sonogram.

**Pancreas**

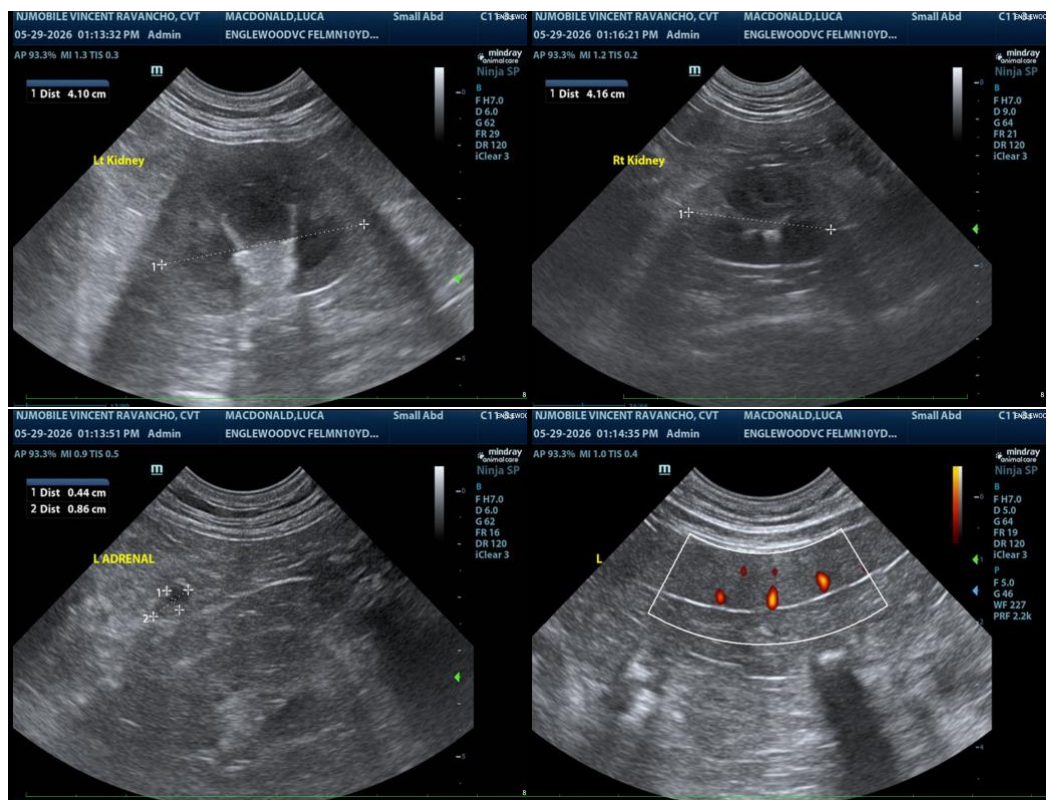
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

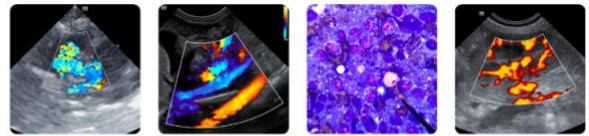
**ULTRASONOGRAPHIC FINDINGS**

- Potential low-grade pancreatitis.
- Minor intestinal thickening with hairball type transiting of luminal material.
- Age-related abdominal changes otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI medical management for hairballs along with supportive care is indicated.





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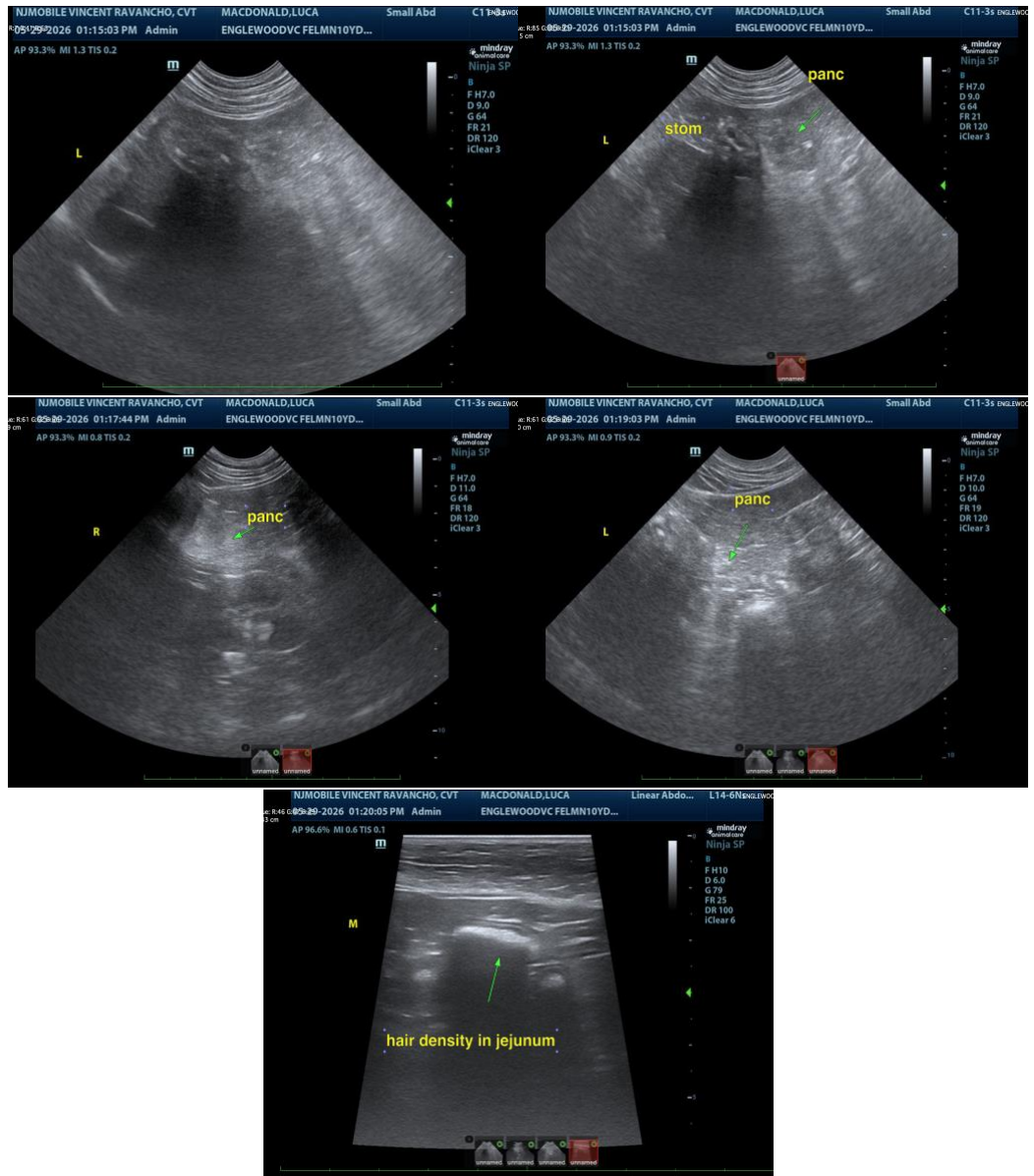
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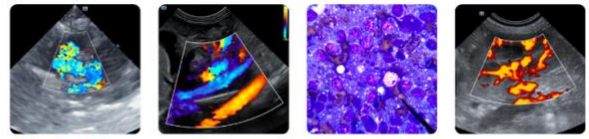
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)



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