

**PATIENT**

Bootie Bjorklund

**SPECIES**

Feline

**BREED**

Himalayan

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

10.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Greg Shaffer

**HOSPITAL NAME**

Kind Care AH

**REFERRING VET**

Dr. Mucci

**INVOICE**

70978

**DATE**

1/27/26

**PRESENTING CLINICAL SIGNS**

- Intermittent large bowel diarrhea

**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 4.09 cm and the right kidney 3.8 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 gland measured 1.07 x 0.36 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 0.8 x 0.17 cm at the caudal pole and 0.2 cm at the cranial pole.

**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 clinically significant at this time. The portal vein to vena cava ratio was 1:1 and the intrahepatic vascularity was normal. 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.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable areas of small intestinal thickening was noted without overt loss of mural detail. Minor excessive GI gas was noted. The colon revealed normal stool consistency.

**Pancreas**

The **pancreas** was prominent, hypoechoic and mildly irregular at the left base.

**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen, non-specific abdominal changes.

Prominent pancreas, potential chronic pancreatic disease.

Minor intestinal thickening. Inflammatory bowel type presentation without neoplastic criteria.

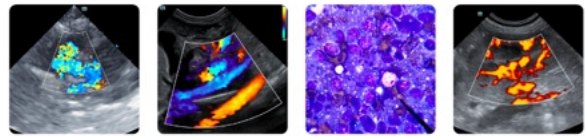
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck sonogram is recommended if clinical signs persist despite empirical measures.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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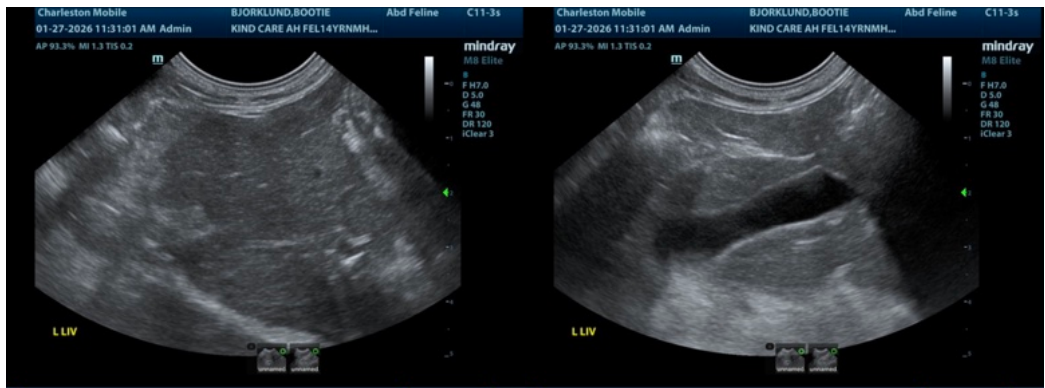
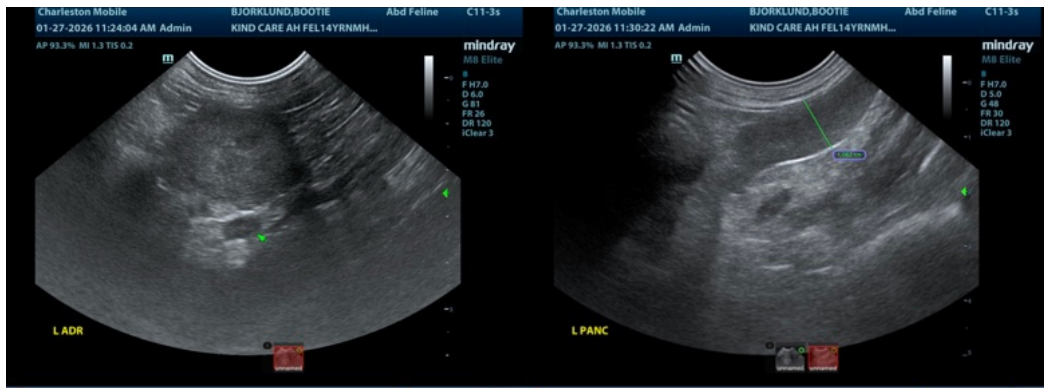
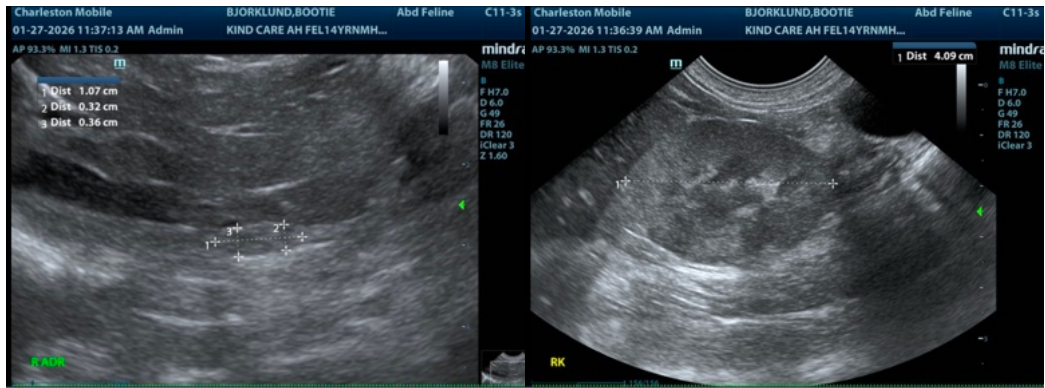
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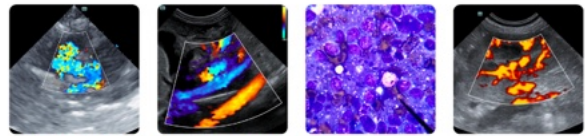
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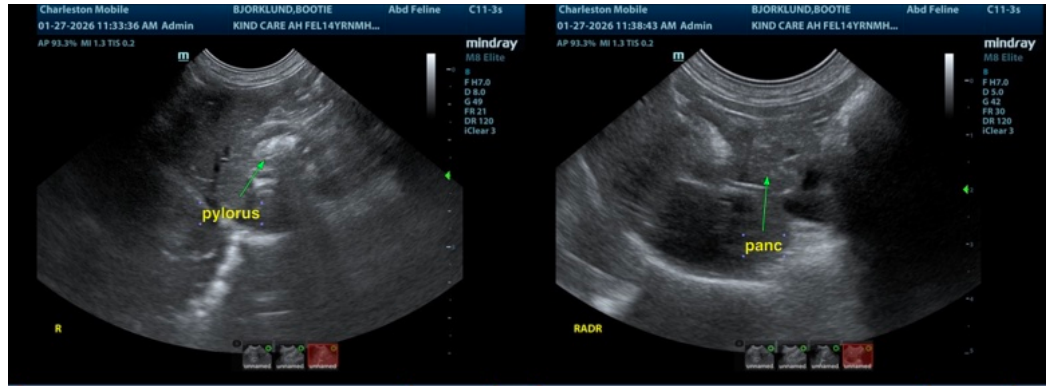
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

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