



## PATIENT

Kuzco Kopcso

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

7 years

## WEIGHT

11 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

William Penn VH

## REFERRING VET

Dr. Bouzaout

## INVOICE

71087

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

- Concern for liver shunt. Intermittent ataxia. Reported anisoconia
- Mild hyperbilirubinemia and elevated GGT
- Mild bronchitis
- Current Meds: Enrofloxacin 22.7mg sid; liquid Hepato 1ml bid
- ALP <10; GGT 9; BILI 1.4; GLUCOSE 168; WBC 19.46; LYMPHS 7.71. Bile Acids pending.

## 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.09 cm. The right kidney measured 4.2 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 0.38 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 was 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 portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. The portal vein and vena cava both measured 0.47 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common



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bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

## Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were enlarged and measured 1.2 cm.

## Pancreas

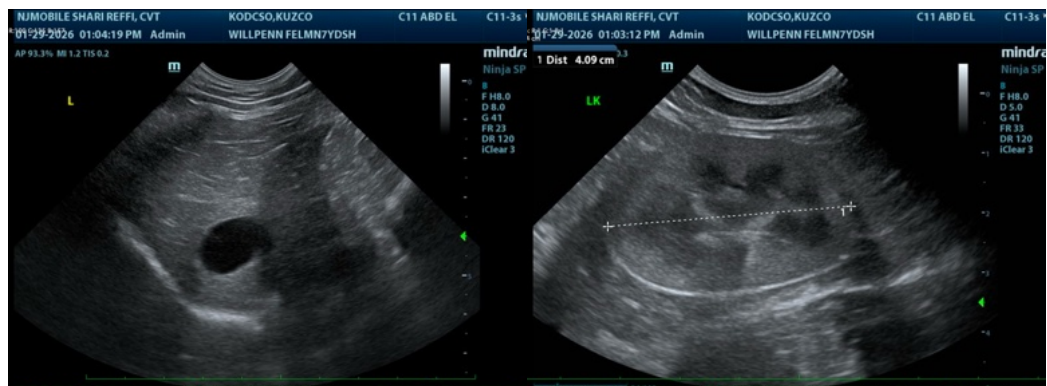
The **pancreas** was prominent, hypoechoic and mildly irregular in the right base.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable liver. Acute insult is suspected as there are liver enzyme elevations.
- IBD GI pattern with mesenteric lymphadenopathy.
- Prominent, irregular pancreas. History of pancreatitis or low grade pancreatitis is suspected.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of portosystemic shunting. Infectious agents should be considered such as Toxoplasmosis, Bartonella or similar. Reassessment of the bilirubin elevation is indicated to ensure that this is not artifactual. Structurally the liver appears to be normal.





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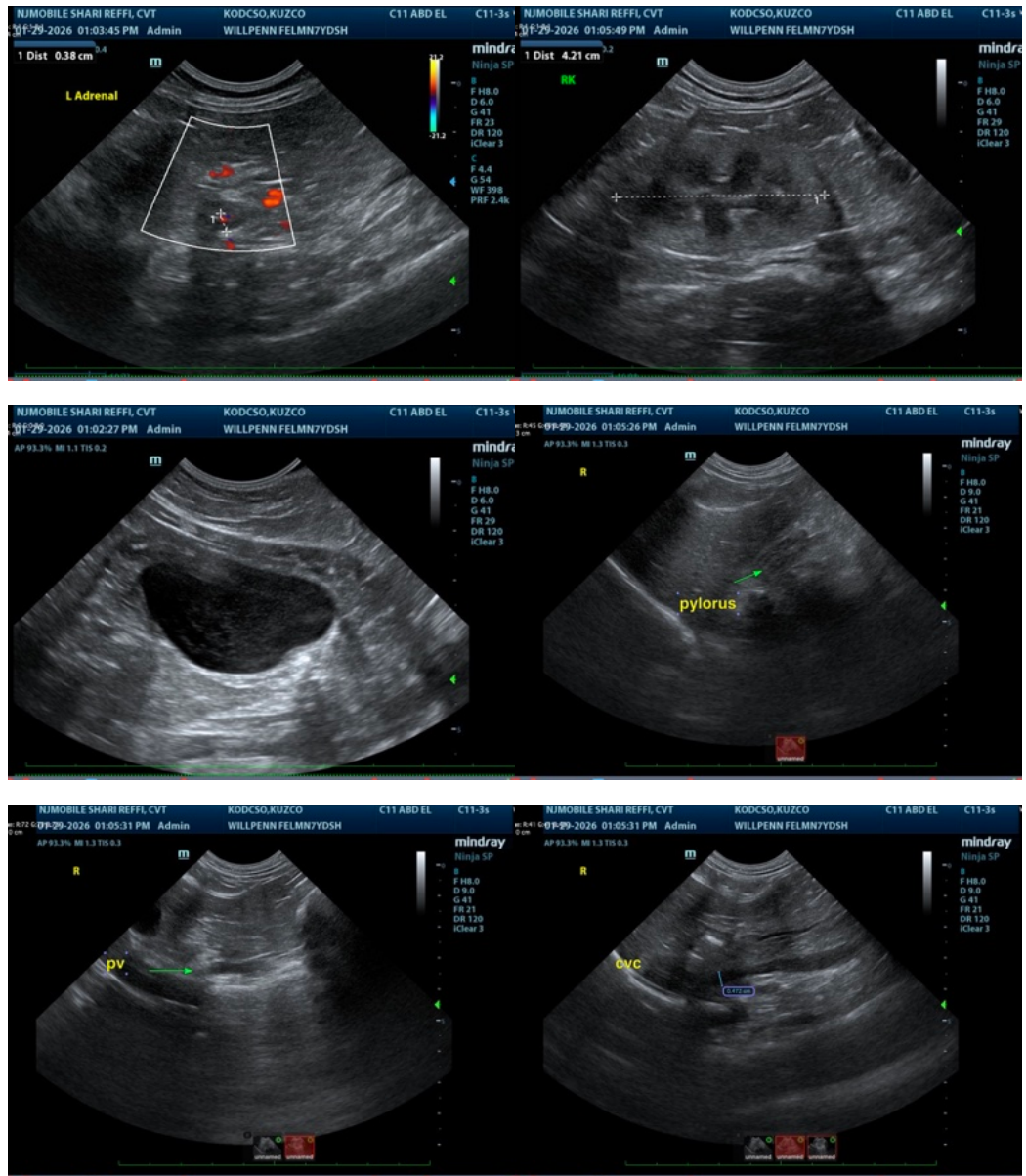
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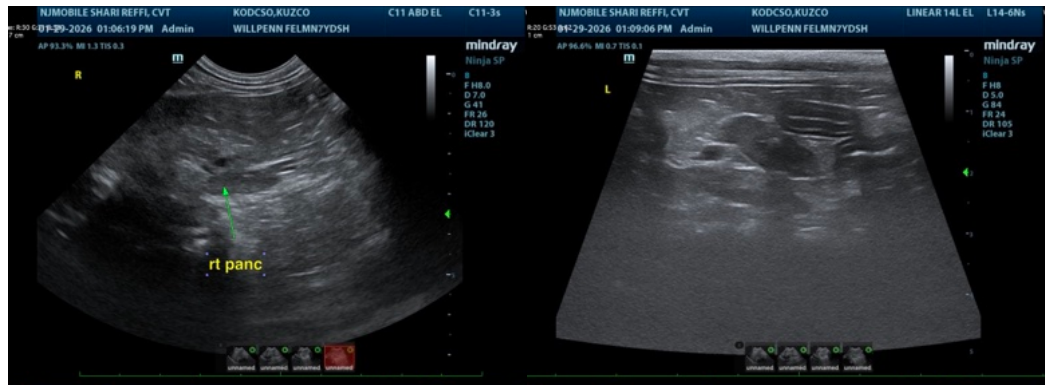
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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