



PATIENT

Tobby Stapelberg

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered Male

AGE

9 Years

WEIGHT

3.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Haseeb Ashraf

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Haseeb Ashraf

INVOICE

72125

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Toby, 9yr, male neutered cat presented on 4th Jan for 1-2 episodes of vomiting and profuse watery smelly diarrhea after a period of boarding whilst O away. Fully vaccinated. Since 4th Jan on the following treatment:1) IVFT 12mls/hr (20mls Duphalyte)2) CBC/biochem (results attached)3) Buprenorphine 0.37ml IM BID4) MDZ 7.3mls SLOW IV BID5) Cerenia 0.37mls slow IV - BID - 2 doses only6) Metoclopramide 0.37mls IV - one off7) ceftriaxone 0.81mls IV SID -8) Omniflora 2mls PO ONCE daily.9) Offer Hills biome wet and any dry food.10) Vit B complex 0.5mls sq - One off. Continues to remain inappetent, accepts syringe feeding approx 30mls TWICE daily. No further vomiting and a little dull and depressed.

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 were 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. Right kidney measured 3.2 cm. Left kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Mesenteric lymph nodes were enlarged and rounded, a grouping of which measured 1.1 cm x 2.24 cm.

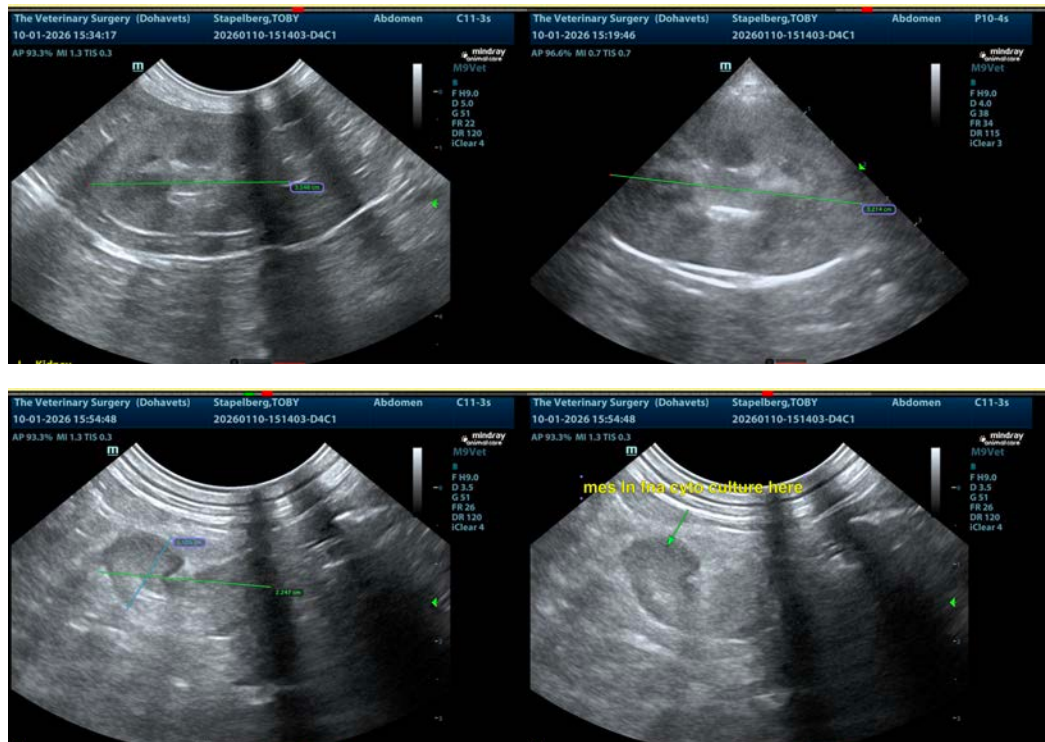
ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy – lymphadenitis likely.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of a mesenteric lymph node with cytology and culture indicated. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism are all potentials. Underlying parasitic disease is a strong potential.

Radiographs: Excessive GI gas, unremarkable thorax.





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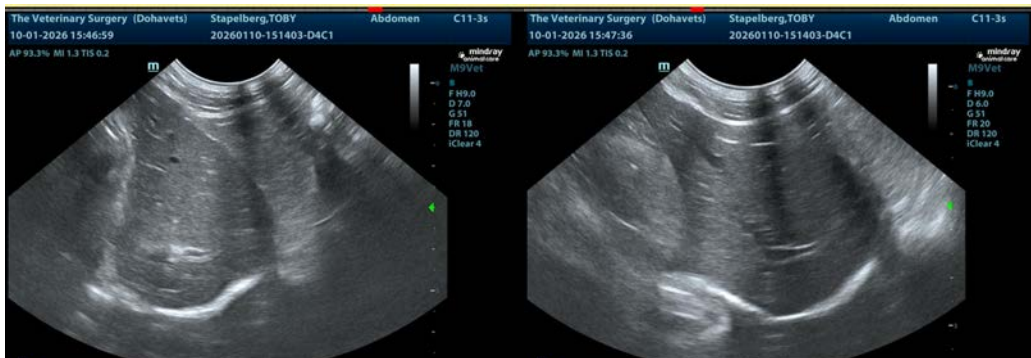
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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