



## PATIENT

HB Tomaio

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13

## WEIGHT

12 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Michelle Roche

## HOSPITAL NAME

Fredon Animal  
Hospital

## REFERRING VET

Dr. Michelle Roche

## INVOICE

72300

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

- vomiting
- decreased appetite
- diarrhea

Abnormal PE/Chem/CBC/UA Results: exam unremarkable BUN 12, phos 2.4, alt 13, ast 12

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 4.29 cm. Right kidney measured 4.07 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 adrenals measured 0.50 cm each.

### 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 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.



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## Gastrointestinal

The **stomach** presented a minor amount of fluid and gas filled lumen. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## Pancreas

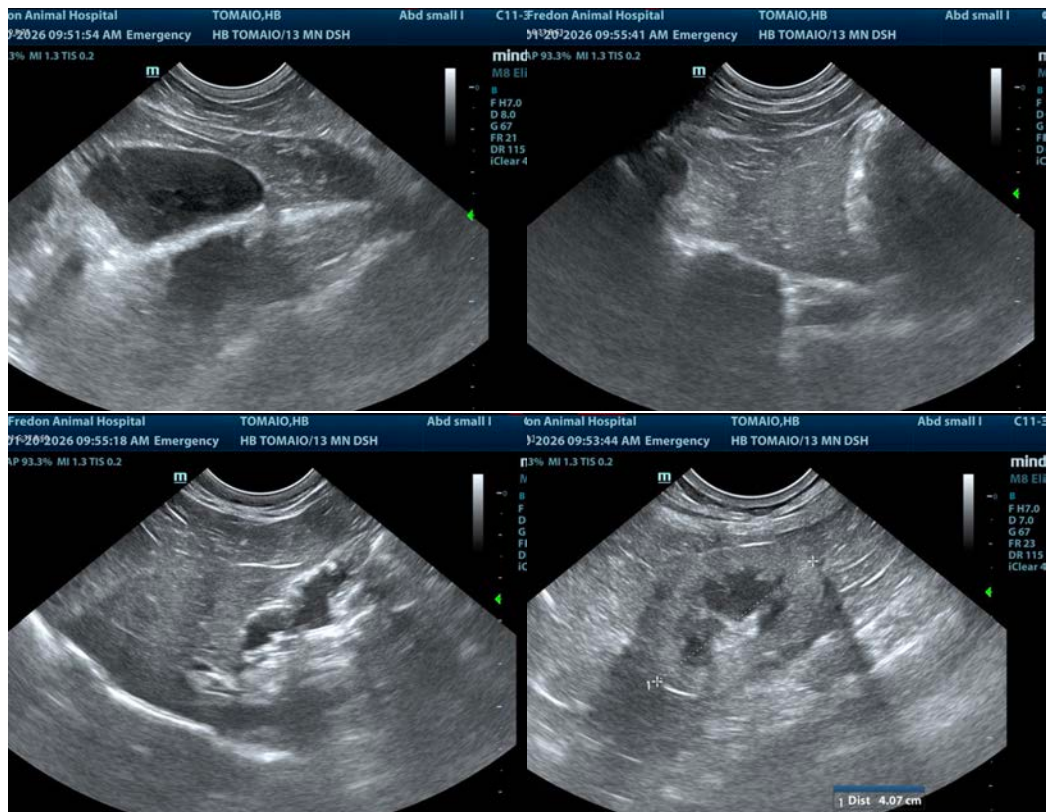
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Mild gastric fluid accumulation – consistent with gastritis or GI upset.
- Age related renal and hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. GI protectant protocol, parasite management warranted. Assessment for other causes of anorexia such as orthopedic pain, thoracic and CNS disease should all be considered, yet the abdomen appears largely benign. Care based on clinical signs should prove effective.





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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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