



PATIENT

Leo Zakiewicz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

5.27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services, Ltd.

REFERRING VET

Lake Bonavista Animal
Clinic

INVOICE

71825

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Ongoing vomiting and diarrhea Diet: Hydrolyzed protein diet. Vomiting History: Severe vomiting 2 weeks ago ("everything came out of him"). Recent Episodes: Three episodes of water vomiting. Weight Trend: 5.4 kg → 5.27 kg. Previous Diagnosis: Known inflammatory bowel disease (IBD). Exposure: Ate a piece of raw meat once, causing owner concern.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):182, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT < 2 sec, Mentation: BAR, Hydration: Adequate, BCS (scale 1 to 5): 3/5, March 2025 - Hematology: RBCs and hemoglobin slightly high, reticulocytes low → no active regeneration; WBC and platelets normal. Chemistry: Kidney function normal (creatinine & SDMA), mild GGT elevation, pancreatic enzymes high-normal. Electrolytes normal. Endocrine: Total T4 28 nmol/L

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. Left kidney measured 4.91 cm. Right kidney measured 4.91 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. Right adrenal gland measured 0.40 cm. Left adrenal gland measured 0.38 cm.

Spleen

The **spleen** measured 0.88 cm. It 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.



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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. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Reactive mesentery noted associated with the small intestine.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, consistent with concurrent pancreatitis.

Free Abdomen

A mesenteric lymph node was enlarged, irregular and heterogeneous, measuring 2.7 cm x 1.3 cm. Slight areas of free fluid noted in the mid abdomen, likely owing to lymphatic obstruction.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy and slight free fluid.
- Inflammatory bowel/enteritis pattern.
- Pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the accessible lymph node indicated with cytology and culture. Management for inflammatory bowel warranted in the meantime until cytology can be evaluated. No overt neoplastic criteria present in the intestinal tract. However, preneoplastic or early neoplastic state cannot be ruled out. Full thickness intestinal and lymph node biopsies would be ideal from a surgical perspective in this patient for definitive diagnosis.





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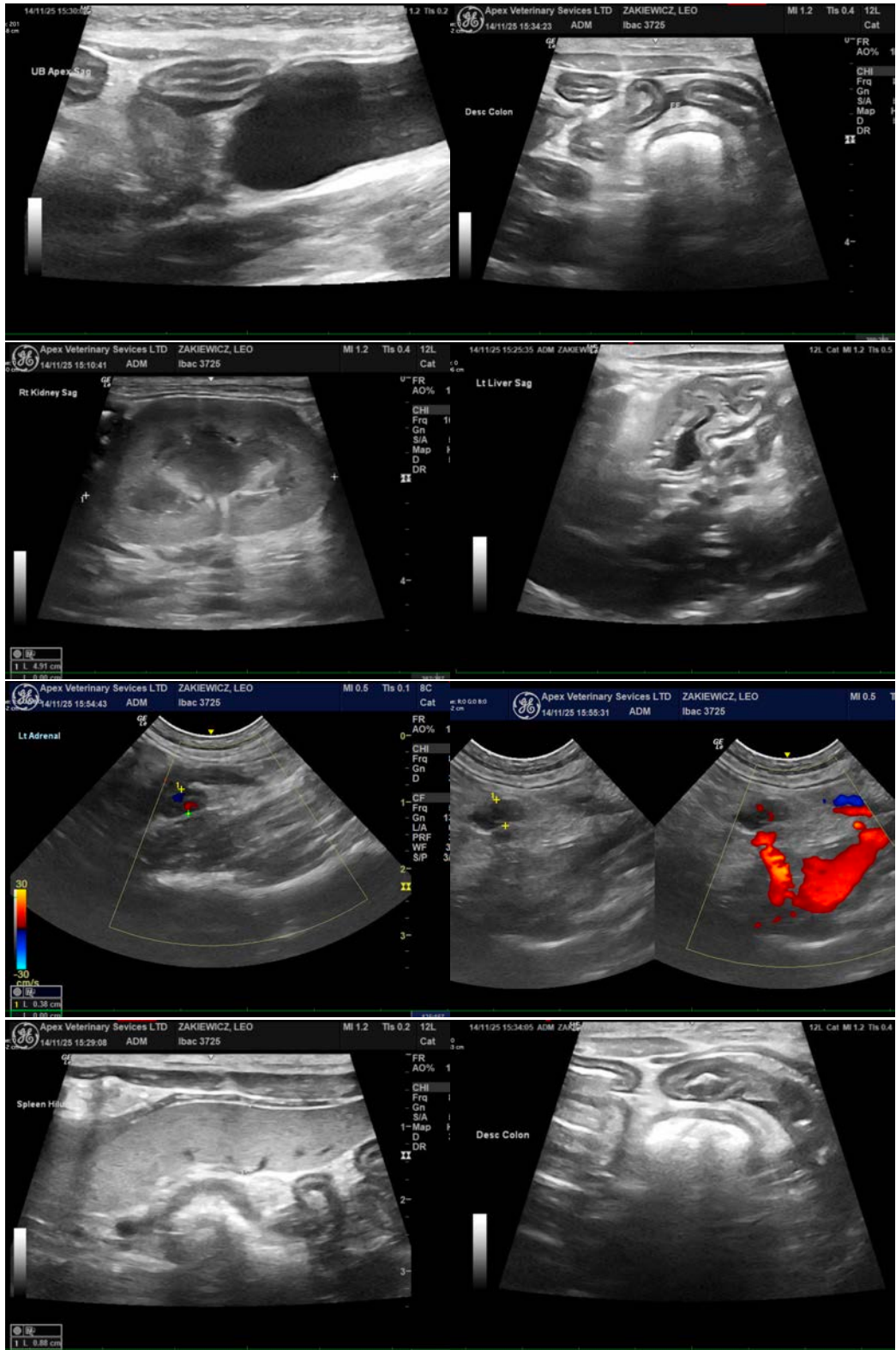
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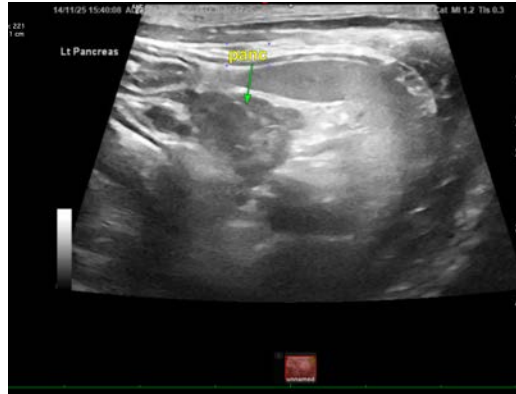
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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