



## PATIENT

Butters Brennan

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

10 Years 4 Months

## WEIGHT

3.11 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

States Avenue VC

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

36240

## DATE

3/16/26

## PRESENTING CLINICAL SIGNS

- Presents for continued weight loss since late January, decreased energy, and diminished appetite.
- Decreased energy.
- Diminished appetite; historically poor eater.
- Drinking normally.
- No changes in defecation; stools normal.
- No recent vomiting; historically occasional vomiting of clear yellow fluid after eating grass.
- Recent sniffing, left eye discharge, deeper breathing, appeared sick earlier in the week.
- Predominantly indoor cat.
- Abnormal PE/Chem/CBC/UA Results: Progressive weight loss, unthrifty appearance, upper respiratory signs 1/28/26 abnormal bw: ALP 98, Glucose 155 SDMA: WNL, T4: WNL 3/16/26: RDWc 28

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Minimal urine was present in the **urinary bladder**. The bladder was unremarkable otherwise.

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 4.0 cm. The right kidney measured 4.0 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 0.4 cm. The right adrenal gland measured 0.4 cm.

### *Spleen*

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### *Liver*

The **liver** was diffusely hyperechoic to falciform fat with slight coarse architecture. The gallbladder and common bile duct were unremarkable. This change is most consistent with hepatic lipidosis.

### *Gastrointestinal*

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine



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

## Pancreas

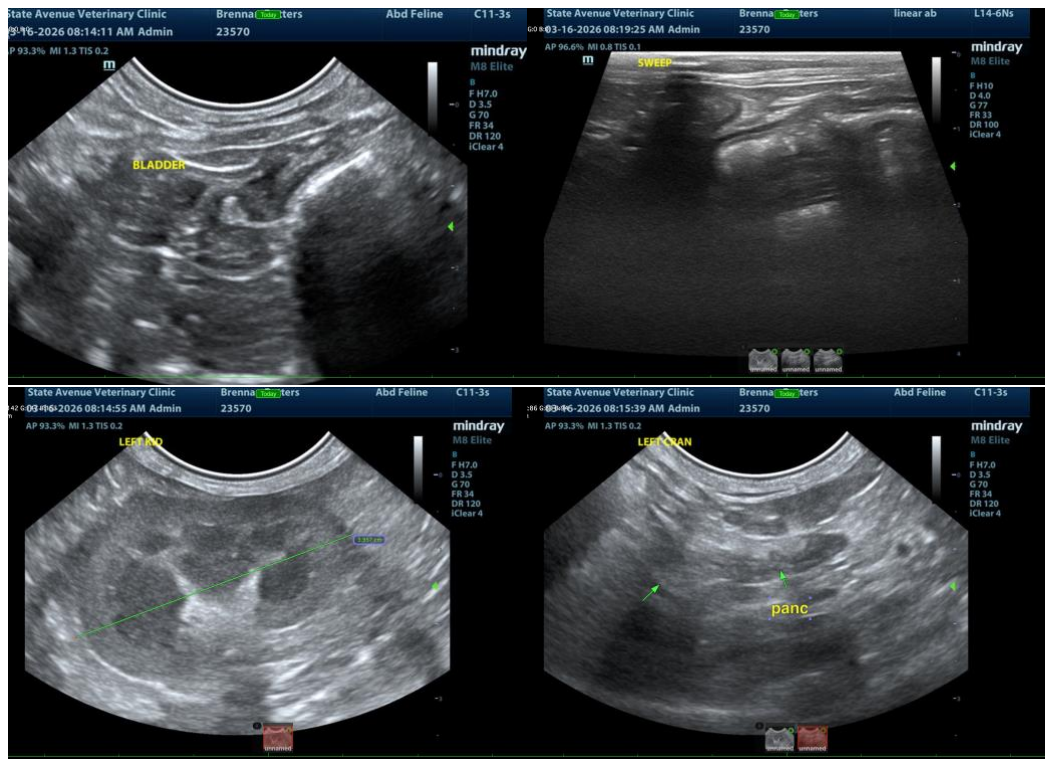
The **pancreas** was hypoechoic and mildly irregular. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Mild enhanced mesentery was noted around the left limb of the pancreas.

## ULTRASONOGRAPHIC FINDINGS

- Slight irregular pancreas
- Postprandial gastrointestinal presentation, structurally unremarkable
- Mild hepatic lipidosis pattern
- Volume contracted spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral disease. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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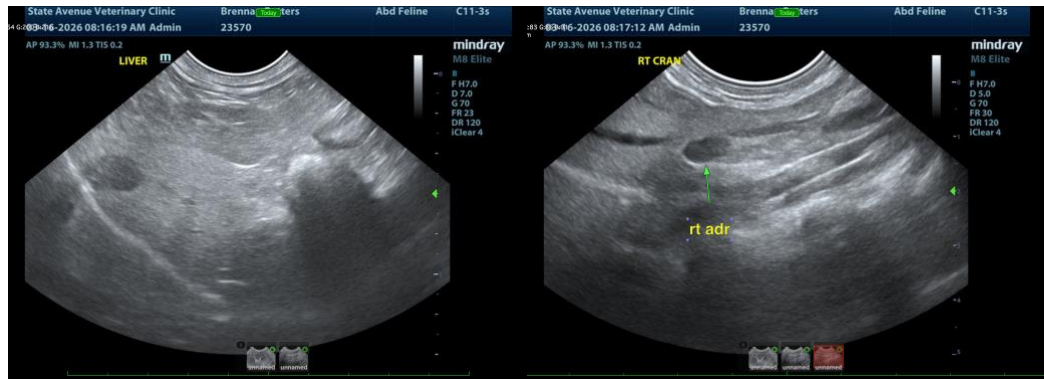
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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