



## PATIENT

Mumsey Fredericks

## SPECIES

Feline

## BREED

DMH

## SEX

Female

## AGE

10 Years 9 Months

## WEIGHT

6.47 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

14941

## DATE

04/08/26

## PRESENTING CLINICAL SIGNS

Presents for increased frequency of vomiting hairballs (every ~2 days), sometimes with food. Vomiting: Hairballs every ~2 days, sometimes with food; vomitus contains hair, occasionally large hair masses, sometimes resembles feces. Appetite: Variable; prefers Fancy Feast, tires of OM canned diet, occasionally receives other foods (e.g., bacon) Diet: Primarily Purina OM canned (overweight management); sometimes receives Fancy Feast or other foods when not eating OM. Water intake: Appears normal. Defecation: Occasional soft stools, sometimes smeared in litter box; not persistent. Weight: Relatively stable with ongoing weight management. No routine medications or supplements. Gabapentin administered prior to visit. No known pica; client observed ingestion of unknown item once. Past diagnostics: Abdominal ultrasound (SonoPath, 2023): Enhanced hyperechoic mesenteric fat (left cranial abdomen). Small intestine: Thickened muscularis relative to mucosa, disrupted 1:3 ratio, irregular, thick, hyperechoic submucosa without loss of layering. Impression: Consistent with GI infiltrative disease/IBD.

Abnormal PE/Chem/CBC/UA Results: Grade, 2-3 dental calculus, most notable on 208 and 108, Abdomen: Tense; multiple episodes of abdominal compression and retching, produced liquid vomitus with food (pate-like) BUN 44, Potassium 3.2

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

### *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 0.30 cm width. The right adrenal gland measured 0.30 cm width.

### *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*



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

### *Pancreas*

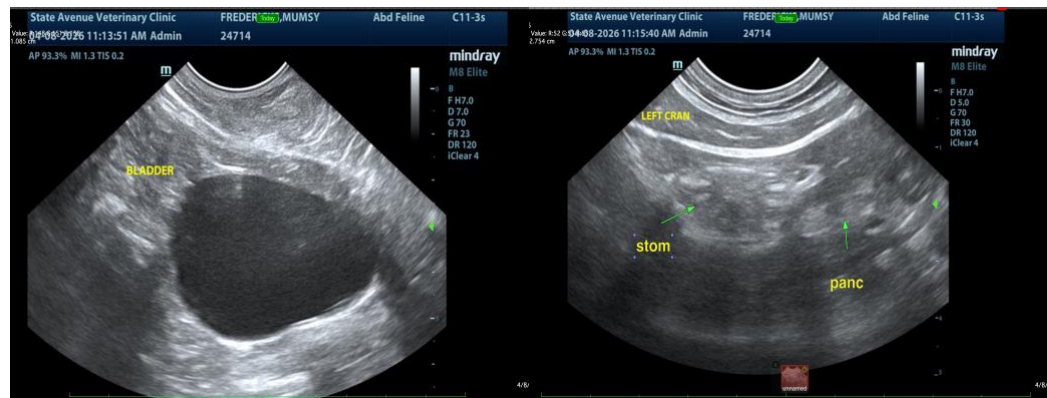
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. Supportive care should prove effective.





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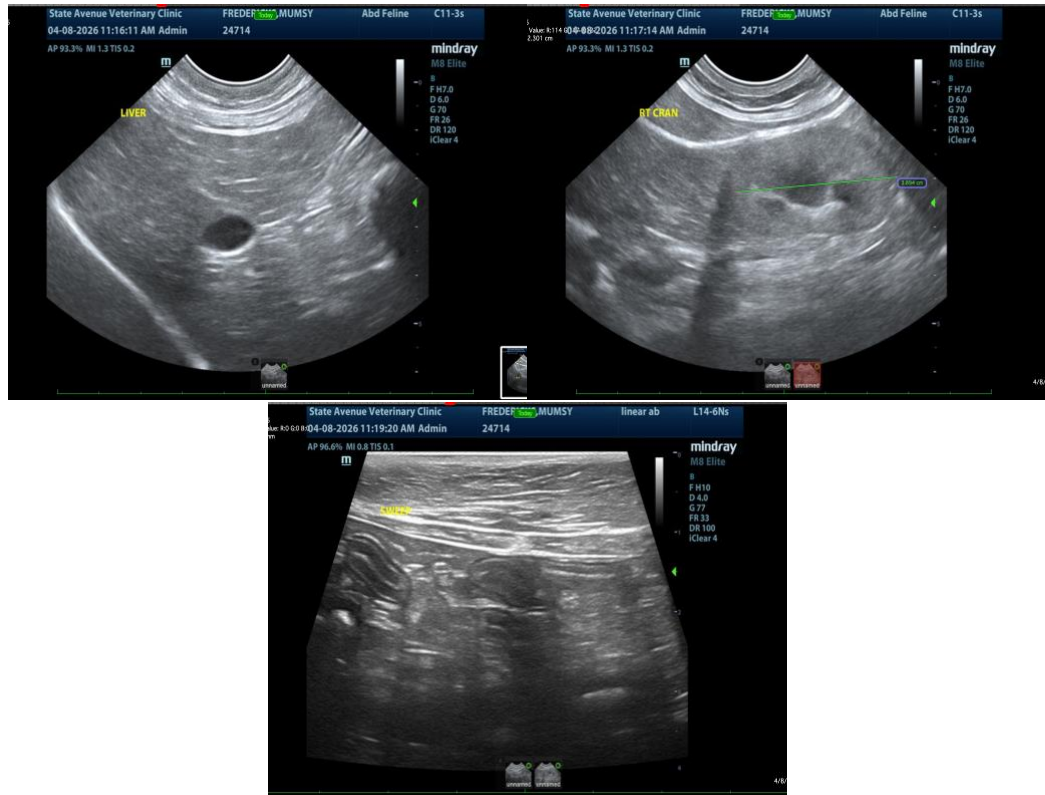
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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