



PATIENT

Rose Heath

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 Years 1 Month

WEIGHT

4.64 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

75328

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Diet: Weruva Cats in the Kitchen wet food, Hill's c/d dry. Indoor only. No vomiting, diarrhea, coughing, sneezing, or new cutaneous masses. Appetite: Increased, requests food every 2–2.5 hrs. Weight history: 5.78 kg (2024), 5.4–5.3 kg (prior), now 4.66 kg (current). No current medications or supplements. Previous dental procedure and bloodwork: May 2025. 5:14/26: SDMA, TT4 wnl

Abnormal PE/Chem/CBC/UA Results: Weight loss since last visit, mild dental calculus- G2 5/14/26: Albumin 4.5, ALT 352, Amylase 1154, BUN 32, Creatinine 2.4, Total Protein 9.2

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 2.0 cm beyond the cystourethral junction.

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 kidneys measured 3.8 cm each.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 0.40 cm.

The region of the **right adrenal gland** was 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.



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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Hyperechoic lipid plaques noted in the small intestine.

Pancreas

The right limb of the pancreas was hypoechoic and irregular in a region of approximately 2.0 cm x 1.5 cm at the right base, in question for low-grade inflammation.

Free Abdomen

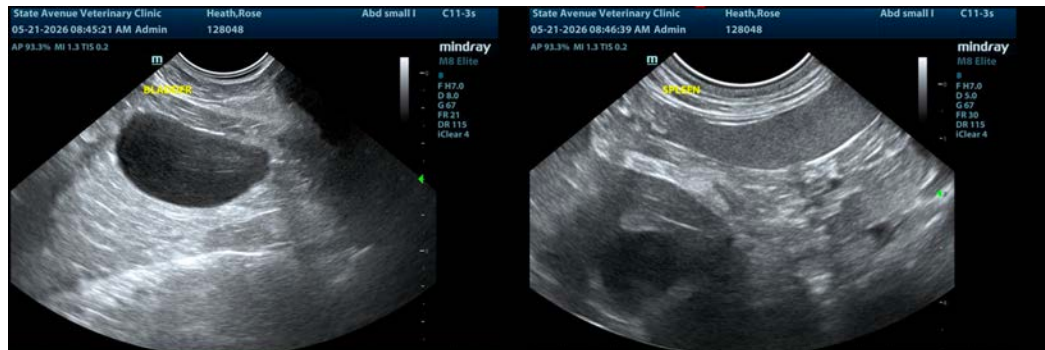
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 1.5 cm x 0.76 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Enteritis/IBD GI pattern with mild reactive mesenteric lymph nodes.
- Prominent pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect inflammatory bowel/low-grade pancreatitis. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. 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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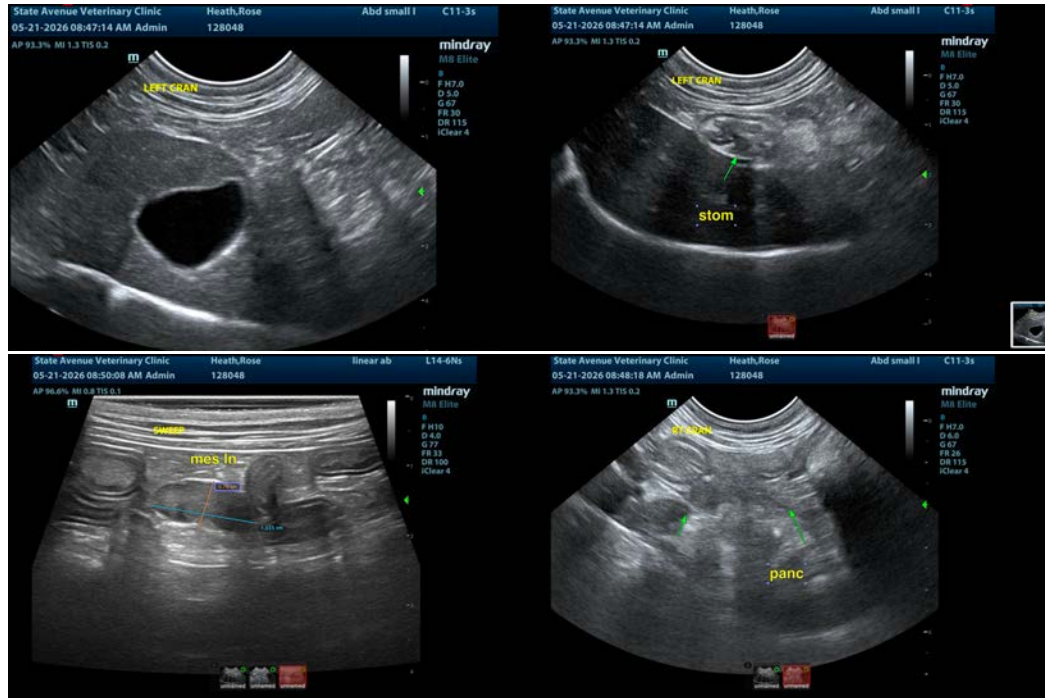
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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