



PATIENT

Toby Heath

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

5.2 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

75327

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Diet: Weruva Cats in the Kitchen wet food, Hill's c/d dry. Indoor only. Chronic intermittent vomiting and diarrhea: 3 episodes in past 2 months, first episode March 2026; sometimes formed stool followed by diarrhea. Appetite: Variable, sometimes finicky. No coughing, sneezing, or new cutaneous masses noted. Grooming: Minimal, historically groomed by housemate. Litter box use: Occasional peri-litter box accidents during GI episodes. Medication: Reconcile 4 mg PO SID (½ of 8 mg tablet nightly). 5/14/26: SDMA, TT4 wnl

Abnormal PE/Chem/CBC/UA Results: Tense, touch-sensitive, vocal but non-aggressive during handling, Mild gingivitis, dental calculus, G2, right front dewclaw thickened, dense, curling 5/14/26: Total Protein 8.7 2/14/24 abdominal US: Gastric material – hairball type density, however soft foreign matter cannot be completely ruled out; Urinary bladder debris; Age related renal changes.

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 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 right kidney measured 4.6 cm. The left kidney measured 4.3 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. Left measured 0.40 cm. Right measured 0.40 cm.

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 stomach itself was unremarkable. A portion of jejunum appeared to be mildly thickened without overt loss of mural detail. However, some hyperechoic surrounding fat was present consistent with inflammation. Variable areas of distal small intestine also thickened with regional steatitis.

Pancreas

The **pancreas** was prominent, hypoechoic and irregular with enhanced surrounding mesentery, suggestive for inflammation. The left pancreatic limb measured 9.0 mm.

Free Abdomen

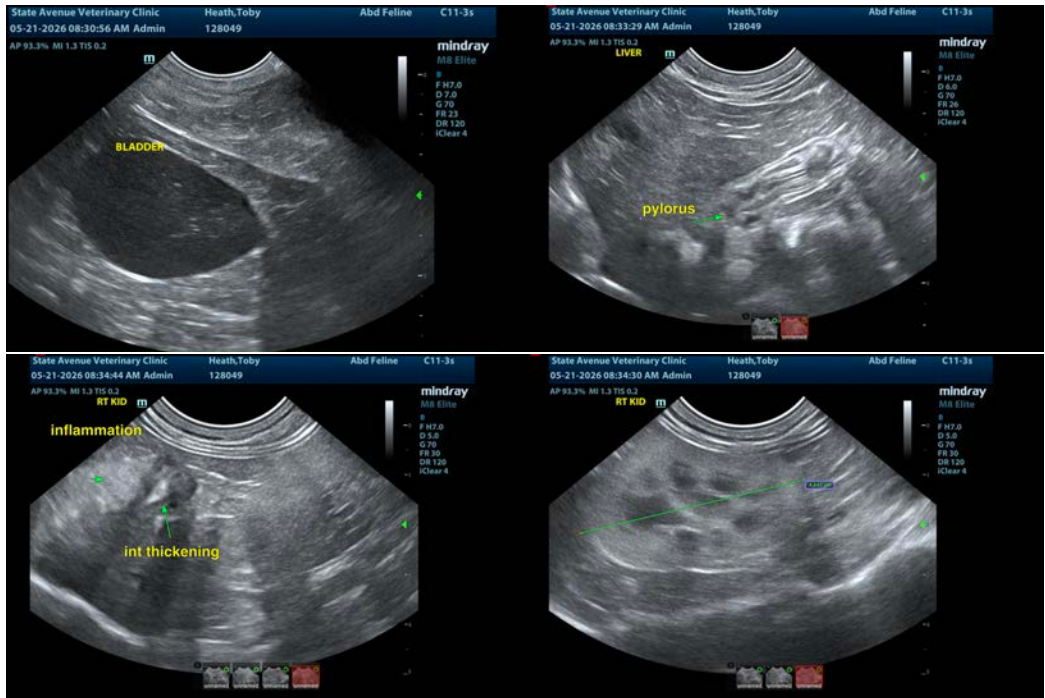
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 1.0 cm each. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Subacute on chronic inflammatory bowel presentation.
- Prominent pancreas, low-grade pancreatitis likely.
- Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parasite management, diet change, IV fluid support and GI protectants all indicated. Recheck sonogram in 5-7 days if the patient is not responding. Mild potential for emerging round cell neoplasia or underlying dry form FIP, yet inflammatory bowel, lymphadenitis and low-grade pancreatitis is likely.





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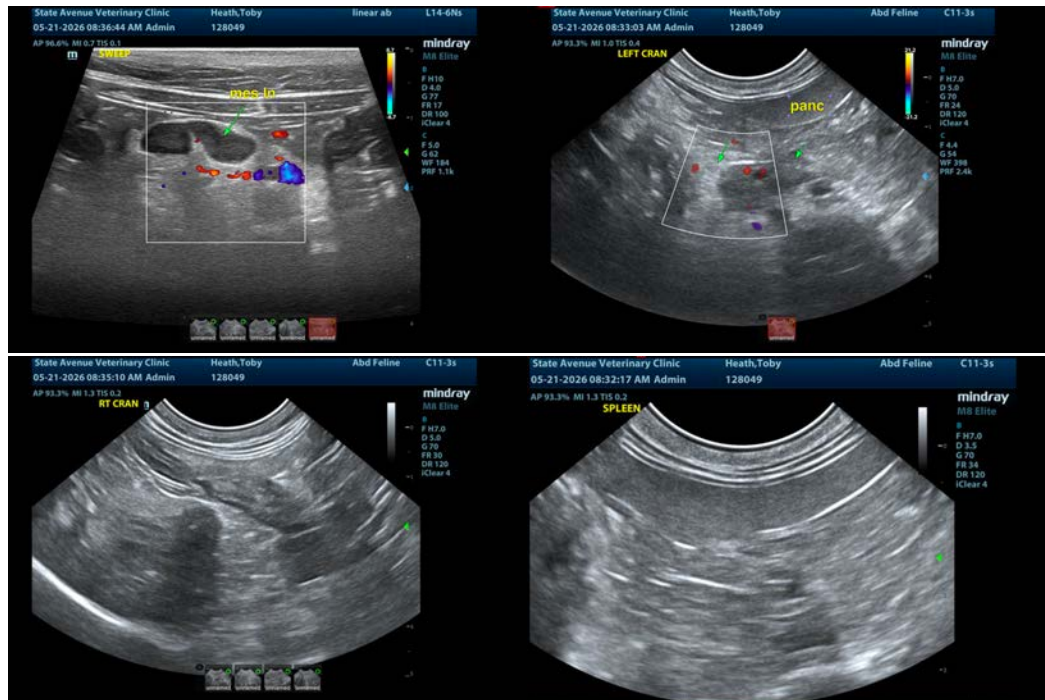
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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