



PATIENT

Gianna Gnudi

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5

WEIGHT

8.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

35514

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History: Presents for f/u , appetite still decreased even on Mirtazipine

Abnormal PE/Chem/CBC/UA Results: U/A proteinuria , hematuria USG >1.050

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 moderate degenerative changes. Infarcts were noted with a moderate amount of remodeling. The right kidney was subnormal in size, measuring 2.9 cm. The left kidney measured 2.84 cm. No evidence of active inflammation was noted.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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.

Gastrointestinal

The **stomach** revealed progressively shadowing luminal material, consistent with likely hairball accumulation. Transit of chyme into the small intestine appeared to be occurring normally. The small intestine and colon were unremarkable with maintained curvilinear patterns and normal content.

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



PATIENT

Gianna Gnudi

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5

WEIGHT

8.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockway AH

REFERRING VET

Dr. Maniar

INVOICE

35514

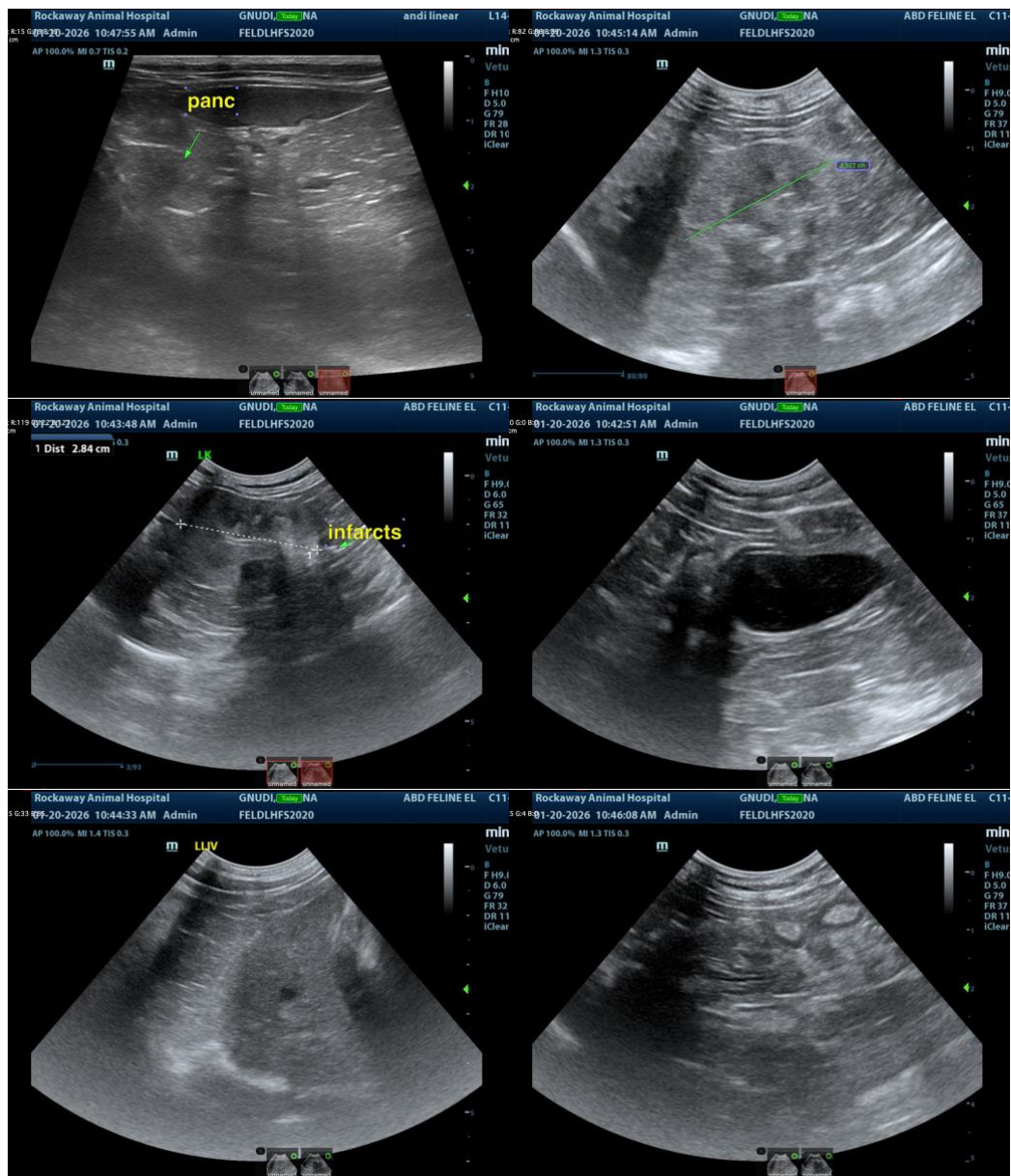
DATE

1/20/26

- Moderate degenerative renal disease with infarcts and remodeling, dystrophic changes. No evidence of active inflammation.
- Hairball density in the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted if not already performed. Medical management for hairballs is indicated. Other causes of hyporexia, such as orthopedic, CNS, or thoracic disease should be considered.





PATIENT

Gianna Gnudi

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5

WEIGHT

8.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

35514

DATE

1/20/26

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com