



## PATIENT

Remington Gerber

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

6 years

## WEIGHT

6.54 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Slump

## HOSPITAL NAME

TotalBond VH

## REFERRING VET

Dr. Slump

## INVOICE

71096

## DATE

1/30/26

## PRESENTING CLINICAL SIGNS

Ultrasound to investigate chronic intermittent vomiting and weight loss (has lost approx 1 lb since Jan 2025). Abdominal rads performed today - rad report findings: Mineral opaque small intestinal and colonic foreign material. There is no current evidence of a GI obstruction. A partial obstruction is not ruled out. The abnormal small intestinal gas pattern is most commonly seen with enteritis. Bilateral nephroliths. On exam, afebrile and abdomen soft on palpation.

- Labwork abnormalities 1/28/26: SDMA 20 H, Creat 1.9 H, BUN 63 H, USG 1.040, UPC 0.2, lymphocytes 8.568 H

## 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 was noted. Ureteral papillae were normal.

The **kidneys** in this patient revealed slight irregular contour and corticomedullary calculi. The calculi were non-obstructive at the time of the sonogram. However, recent passage of calculi cannot be completely ruled out. Peri-capsular inflammatory pattern was noted. There was some loss of corticomedullary definition. A slight amount of free fluid was noted around the kidneys. Multiple recent infarcts were noted. The left kidney measured 3.2 cm. The right kidney measured 3.16 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 and right adrenal gland measured 0.4 cm each.

### *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 was 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

## Gastrointestinal

The **stomach** revealed a minor amount of fluid stasis with minor, gastric wall thickening and echogenic remodeling. Underlying microulcerative disease cannot be ruled out. The gastric wall measured 0.5 cm. The small intestines and colon were unremarkable with normal curvilinear mural patterns and 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.

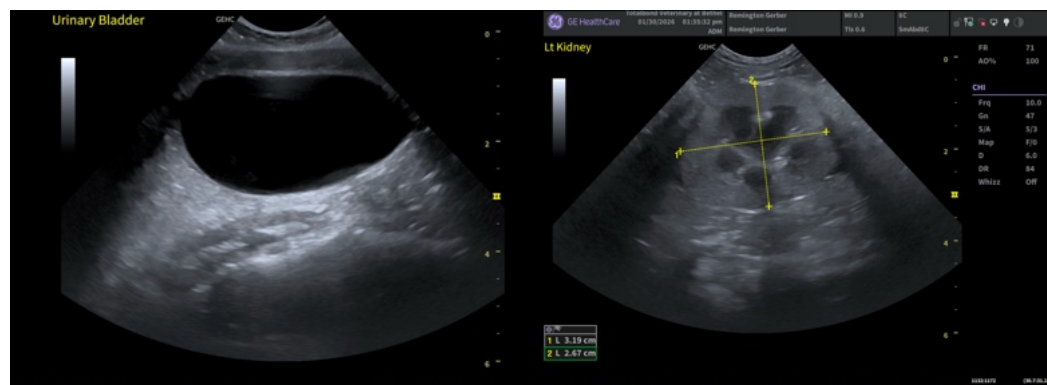
## ULTRASONOGRAPHIC FINDINGS

Non-specific, nephritis pattern, potential recent passage of calculi. Multiple recent infarcts were noted in the kidneys. Acute on chronic nephritis.

Potential ulcerative gastritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging round cell neoplasia/lymphoma cannot be completely ruled out. GI protectants, IV fluid support, urine culture and sensitivity and blood pressure measurements are all indicated. Recheck sonogram is recommended in 3-5 days following intensive care. There was no overt evidence of neoplasia. Prognosis is guarded.





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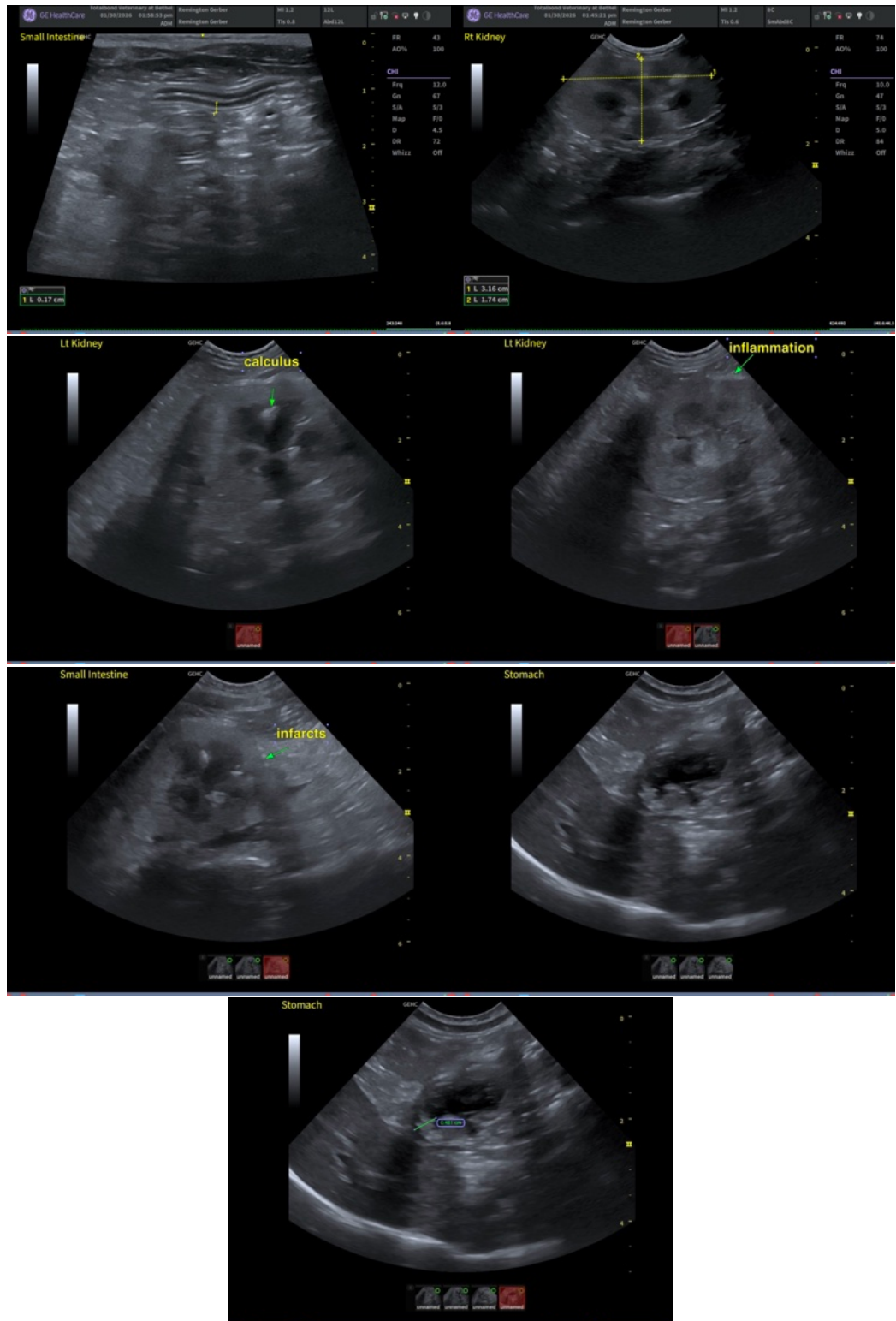
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)