



## PATIENT

Anubis Gonzalez

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

5.5 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dra. Michelle Biello

## INVOICE

12961

## DATE

01/05/2026

## PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound due to inappetence, weight loss (Pt used to weigh 12#), and icterus. No vomiting or diarrhea were reported. Pt is an indoor cat who lives with other cats and no other cat is presenting any clinical symptoms. Pt is currently hospitalized and receiving Ampicillin, Famotidine, Cerenia and Vit B12.

PE: Icterus

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.91 cm in length. The right kidney measured 3.8 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 0.35 cm width. The right adrenal gland measured 0.30 cm width.

### Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 0.90 cm in width.

### Liver

The **liver** presented enlarged in size and diffusely hyperechoic to falciform fat. The gallbladder was mildly thickened yet without evidence of posthepatic obstruction. The duodenal papilla was unremarkable.

### Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness



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tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

## Pancreas

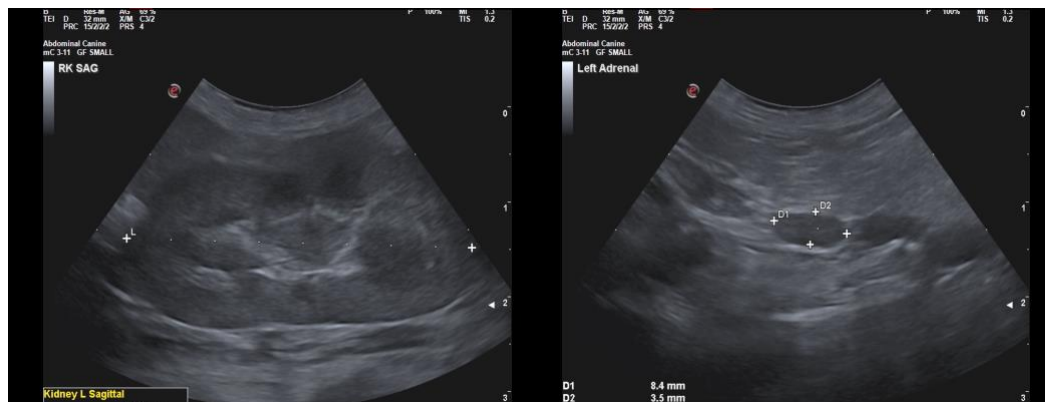
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern.
- Age-related renal changes.
- Scalloped spleen.
- IBD pattern with muscularis hypertrophy- no evidence of neoplastic criteria in the GI tract.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cannot rule out more significant disease especially given the anemia. CBC path review, coagulation panel and a 25-gauge FNA of the spleen and liver are recommended as well as bone marrow aspirates. A guarded prognosis is indicated depending upon further diagnostics. Bilirubin elevation could be justified by either hepatic lipidosis or hemolytic disease given this profile. Infectious agents, immune mediated hemolytic anemia should be considered as a primary potential with lipidosis and inflammatory hepatoma as secondary potentials.





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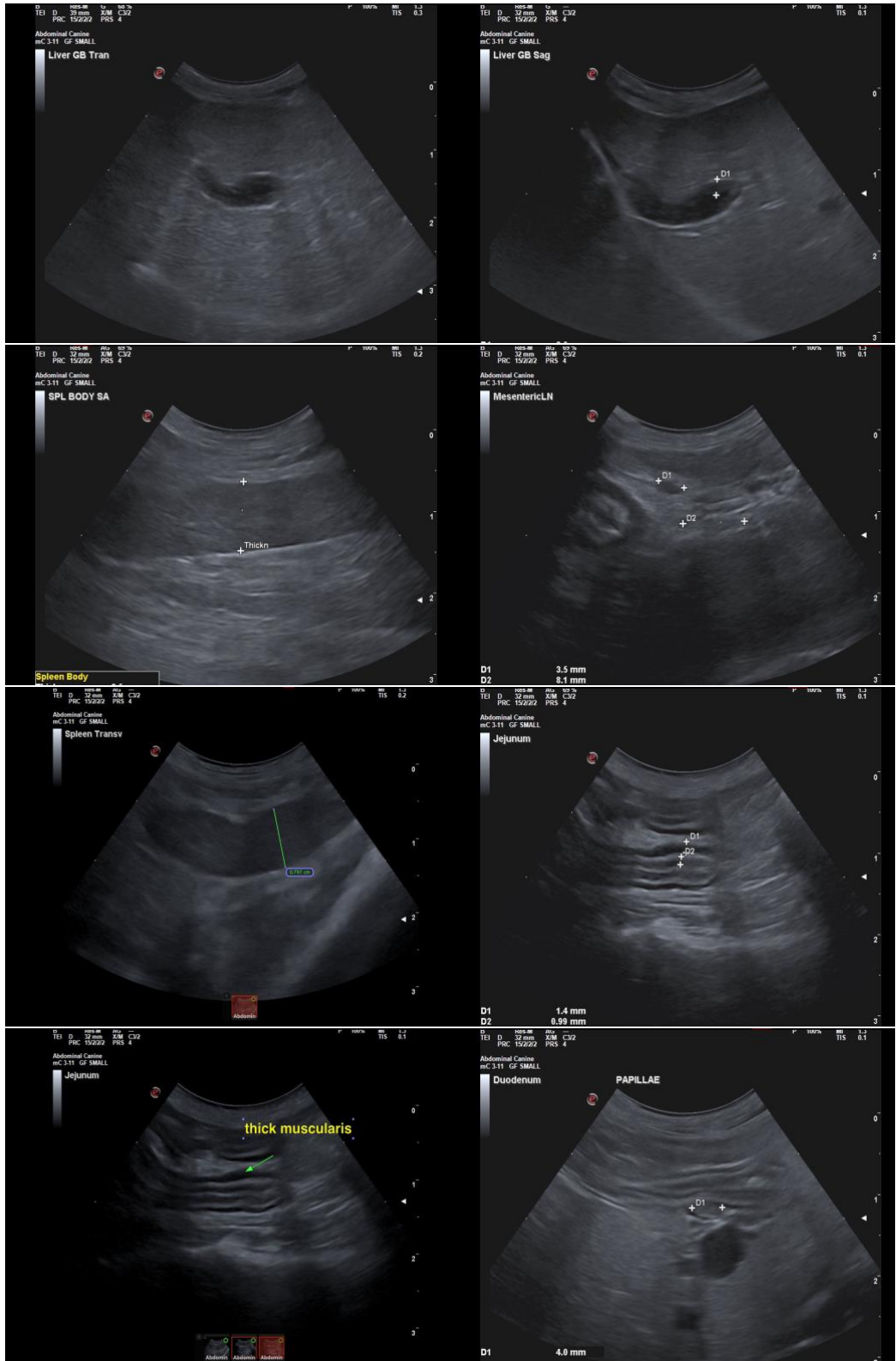
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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