



PATIENT

Brandon Abey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

12 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas

INVOICE

13049

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Emesis, possible FB (owner is thinking) Clinical findings: X-rays showed R kidney atrophy, L kidney possible renomegaly

Abnormal PE/Chem/CBC/UA Results: BW WNL

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 **left kidney** 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 left kidney measured 4.4 cm in length.

The **right kidney** was somewhat dystrophic and subnormal in size measuring 2.8 cm with pelvic calculi, cortical collapse at the cranial pole and infarcts.

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 0.57 cm width. The right adrenal gland measured 0.35 cm width.

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 upper **gastrointestinal** tract was empty as was the small intestine, however, the cecal colon was thickened in this patient with hypertrophied muscularis and regional lymphadenopathy measuring up



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to 1.5 cm. Perinodal inflammation was noted as well as inflammation and other reactive lymph nodes associated with the thickened cecum. Trace amounts of free fluid associated with inflammation noted.

Pancreas

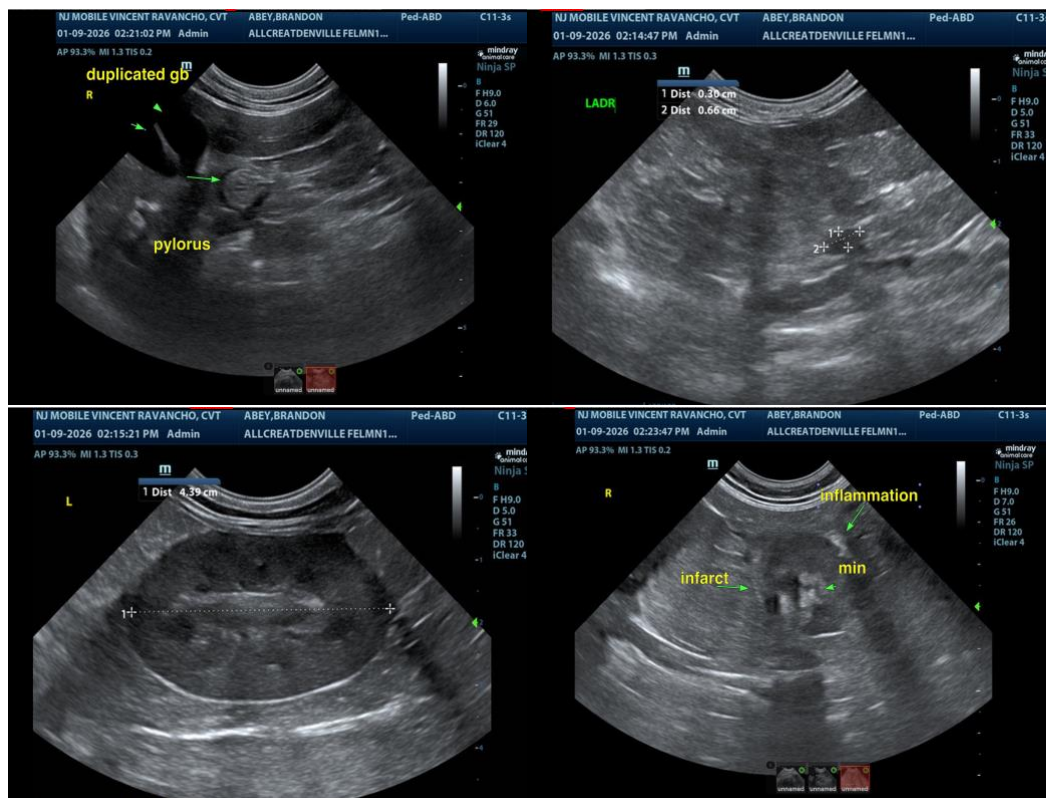
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Typhlitis/colitis pattern with lymphadenitis.
- Dystrophic right kidney with pyelectasia- no evidence of foreign bodies.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious agents should be considered. FNA of the accessible lymph node cytology and culture indicated as a potential for FIP in this patient. Eventual subtotal colectomy may be necessary. Full urinary workup also indicated. Recheck sonogram in seven days. Enrofloxacin/Clindamycin combination suggested to treat for potential infectious agents ideally implemented after cytology and culture.





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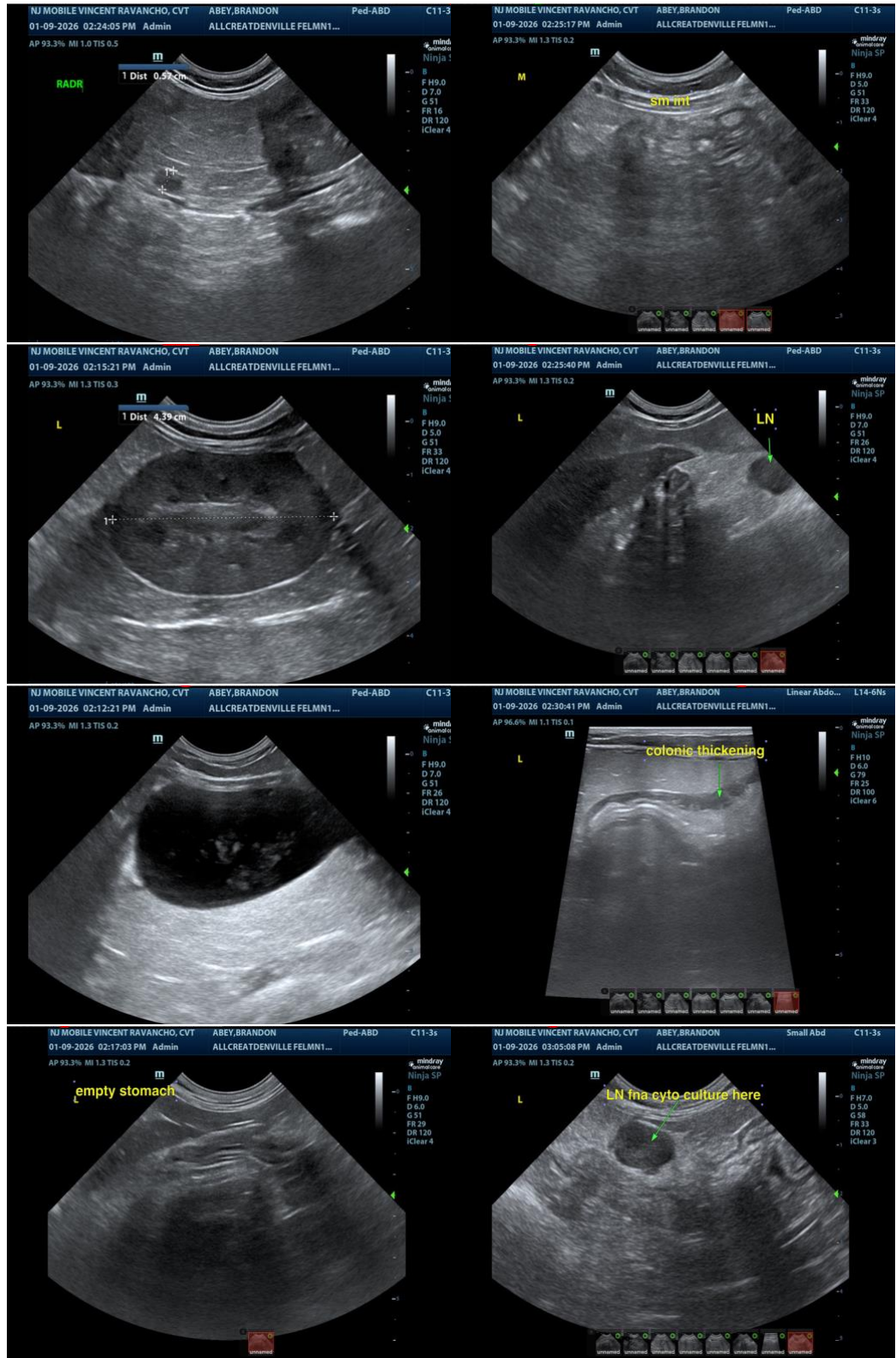
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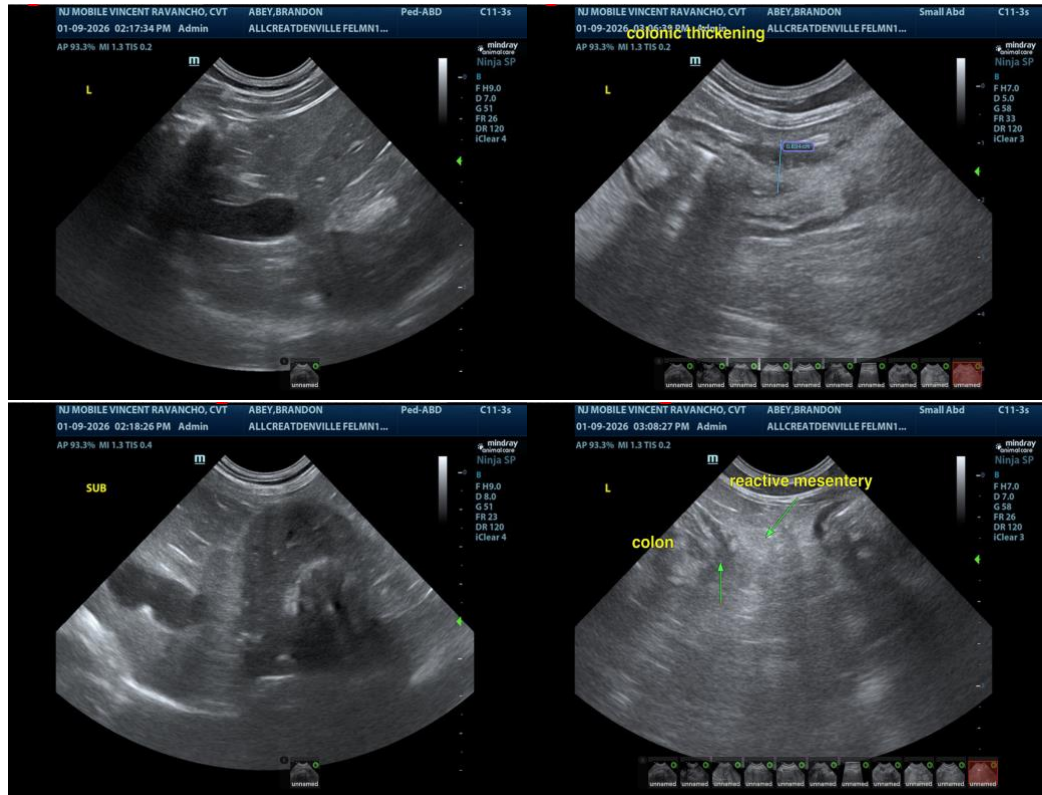
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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