



PATIENT

Gus Simpson

SPECIES

Feline

BREED

Kurilian Bobtail

SEX

Neutered Male

AGE

1 Year

WEIGHT

9.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

12104

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Gus presented to a local ER approximately 7 days ago and underwent a GI exploratory and foreign body removal. He had elevated BUN and Creat at that time. The owner notes he recovered well and was eating and drinking and acting normal 1-2 days post-surgery. Bloodwork 2 days after surgery was normal. Gus presented today for inappetence and vomiting for the past 24 to 36 hours. The owner is concerned that he may have eaten part of a plastic toy.

Abnormal PE/Chem/CBC/UA Results: T 100.5- vitals=wnl- The surgical incision is healing well. Radiographs of abdomen are unremarkable. Please see attached bloodwork. His urine specific gravity today was 1.044.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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 mild thickened cortices, loss of corticomedullary definition and nonspecific presentation. Blood flow appeared to be fairly normal on color flow assessment. The right kidney presented with similar changes to the left kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.75 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 0.30 cm width. The right adrenal gland measured 0.30 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



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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor fluid filled gastric lumen likely owing to azotemia and secondary GI irritation. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was 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

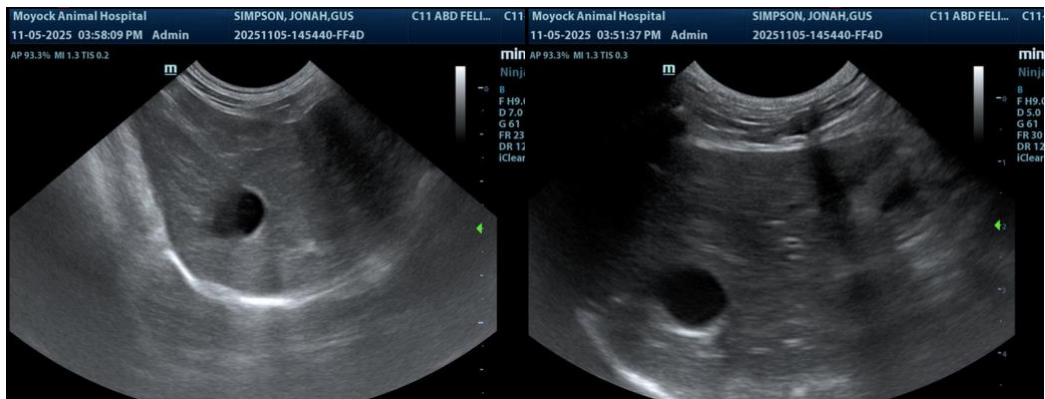
- Acute renal insult- no obvious evidence of primary renal dysplasia, however, cannot be completely ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the elevated globulins, underlying infectious agents (even FIP) is a potential yet no typical lesion consistent with FIP are present. Recommend treatment for acute renal insult. Gi protectants, 72-hour IV fluid protocol, blood pressure, urine culture, infectious disease screening are all indicated.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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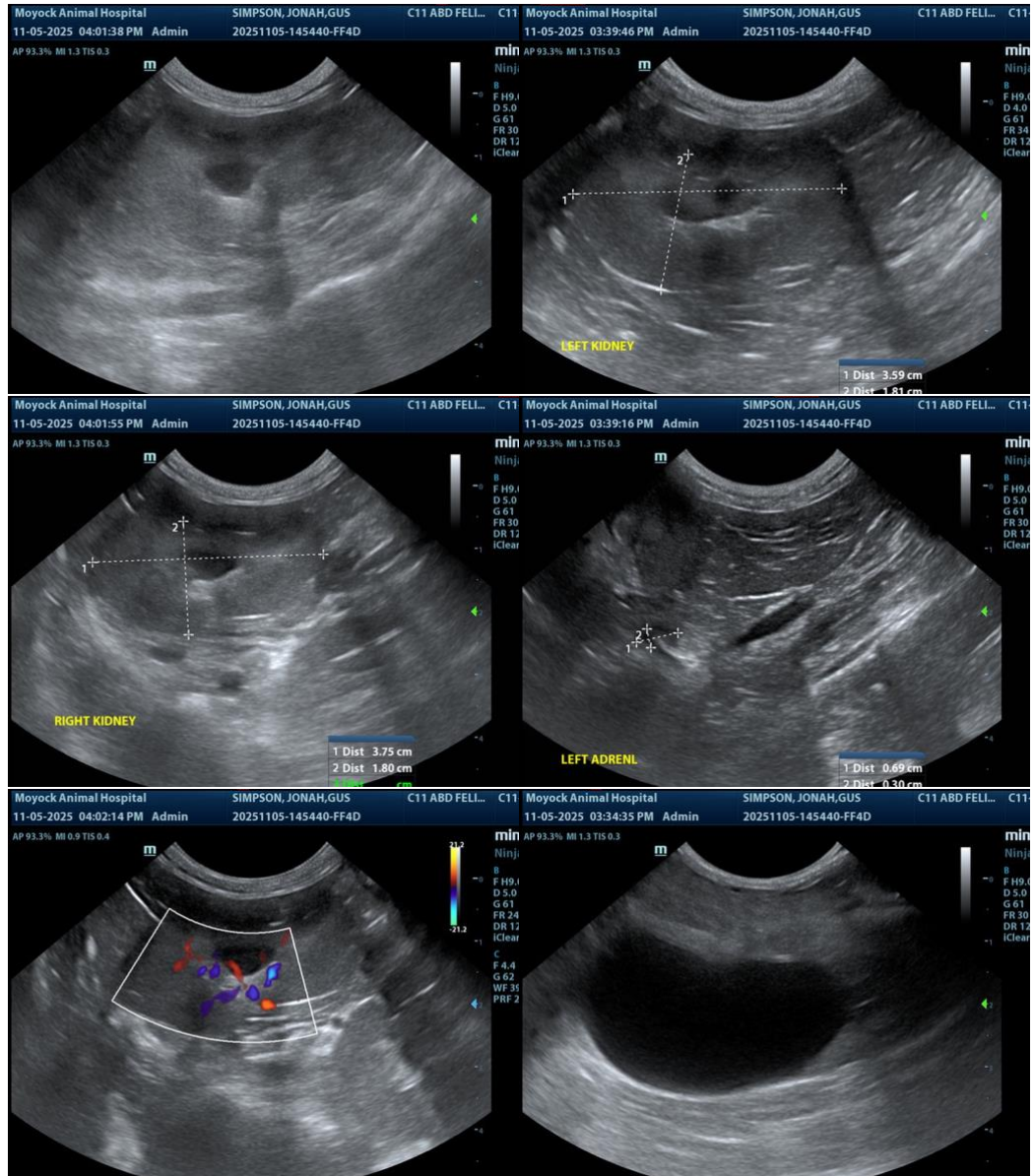
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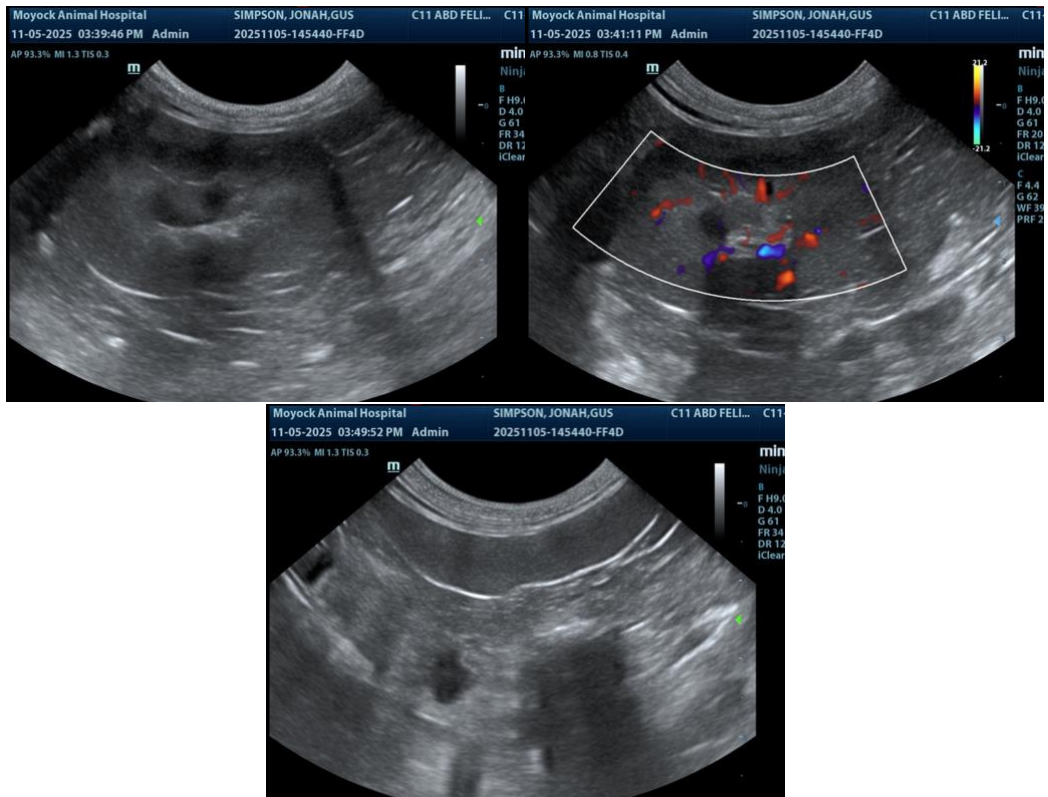
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

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