



PATIENT

Lory Nory Roberts

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Central Jersey Animal
Hospital

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

73677

DATE

3/13/26

PRESENTING CLINICAL SIGNS

LOSING WEIGHT. VOMITING. ANOREXIA

Abnormal PE/Chem/CBC/UA Results: AZOTEMIA LEUKOCYOTOSIS

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

Regarding the **kidneys**, it is difficult to assess if the left kidney was imaged from the right side, or if bilateral enlargement is noted in this patient. Further imaging indicated with increased depth. However, the visible kidneys were thickened, irregular and abnormal with pyelectasia and areas of mineralization.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.



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Free Abdomen

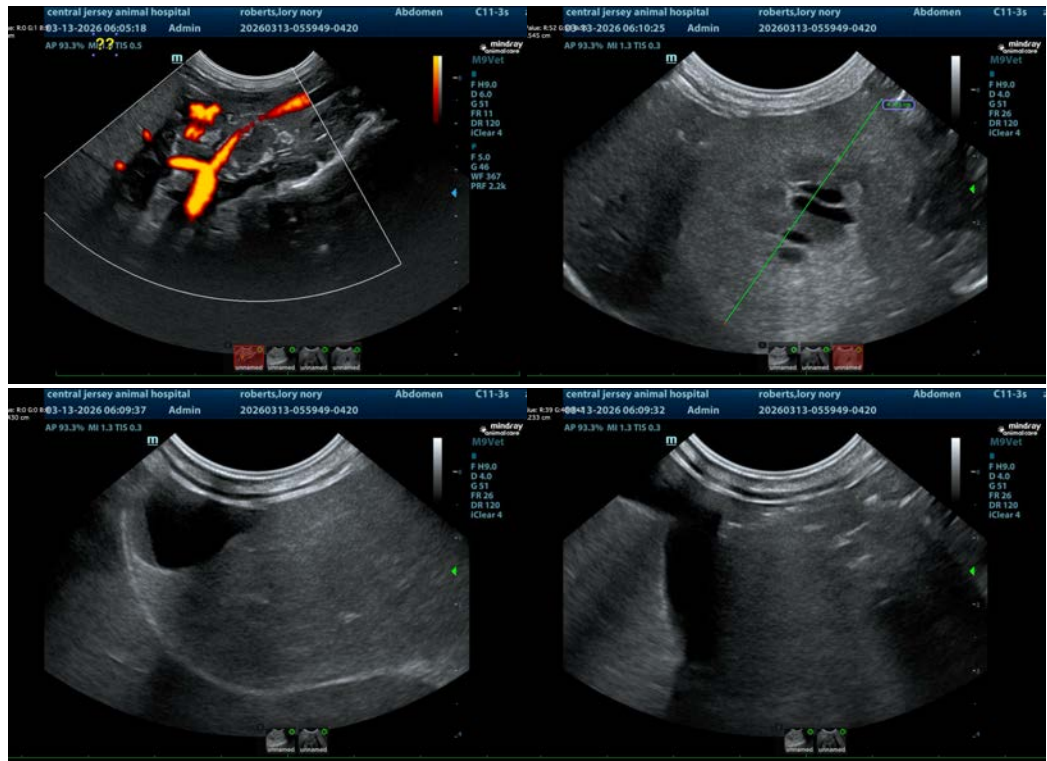
The sublumber space revealed an irregular, mineralized, moderately vascularized structure measuring approximately 3.0 cm. Exact source of the structure is unclear.

ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular kidneys with pyelectasia and mineralization, possible bilateral enlargement.
- Age related hepatic and GI changes.
- Irregular, mineralized, moderately vascularized structure in the sublumber space.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying renal neoplasia such as a lymphoma is a potential in this patient. Full coagulation panel and 25-guage FNA indicated. However, further imaging at increased depth warranted to have global perspective of the organs.





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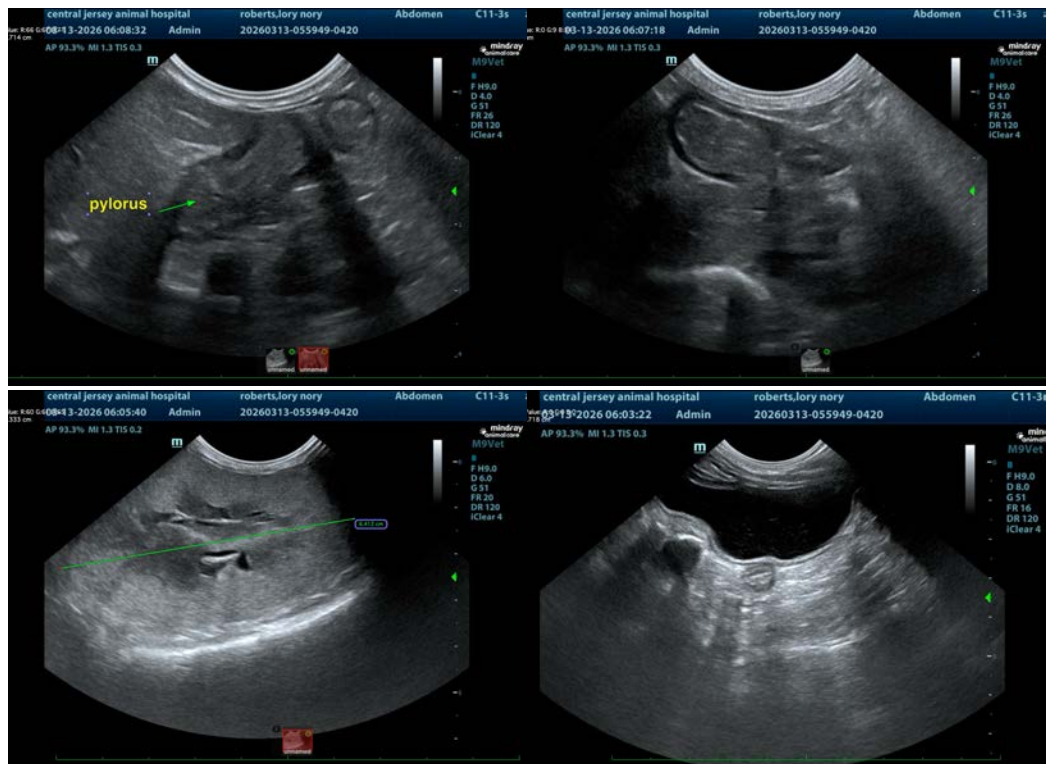
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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