



PATIENT

Leo Gerber

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

17.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten island
Veterinary Service

REFERRING VET

Dr. Gabriella Iannuzzi

INVOICE

14408

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- PU/PD x 1-2 weeks - most notable the last 3 days
- E/def normally
- No c/s - diarrhea for 3 days
- Tends to vomit (mostly hairballs) 2-3x/week for the last couple months
- Indoor only
- Not UTD on vaccinations
- No HW/F/T prevention
- No CM
- 17.5 lbs

Abnormal PE/Chem/CBC/UA Results: BAR, CRT < 2 sec, sub clinically dehydrated Body weight: 17.48 lbs. 7.95 kgs Body temp: 100 F EENT: mm pink and moist, clear OU/AU, cough on thyroid/tracheal palpation PLN: no enlargement H/L: HR 240 bpm - no murmur noted, suspect gallop noted, PSS; R 78 - clear BV sounds, no c/w noted, tachypneic with no effort Abd: SNP - difficult to deeply palpate given BCS U/G: MN; enlarged, soft bladder - patent stoma MS/I: BCS 9/9, large hair matts on caudo dorsum, dandruff diffusely, N: ambulatory x 4, mentally appropriate Rectal: not performed Pain Score: 0/4 Diagnostics: CBC: Lym 0.82 (0.92-6.88) Chemistry: within normal limits TT4: 1.4 (0.8-4.7) Pancreatic Lipase: 2.9 (0.0-4.4) Pro-BNP SNAP: normal UA (cystocentesis): pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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 **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. Slight pinpoint mineralizations were noted bilaterally and appear nonobstructive. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length. Minor nonobstructive nephrolithiasis was present.

Adrenal Glands

Both **adrenal glands** were not visualized.

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



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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 **gastrointestinal tract** revealed mild 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. Some reactive mesentery was noted associated with the GI tract. A rounded enlarged slight epigastric lymph node was noted measuring 5.0 mm.

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.

Free Abdomen

Mildly enlarged mesenteric lymph nodes were present with the largest lymph node measuring 2.1 cm x 1.07 cm.

ULTRASONOGRAPHIC FINDINGS

- Minor degenerative renal changes.
- IBD/enteritis pattern.
- Mesenteric lymphadenopathy- lymphadenitis versus emerging round cell neoplasia, dry form FIP are all potentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the accessible lymph nodes would be recommended, however, they do encompass the mesenteric artery. Full thickness lymph node and intestinal biopsies are an option in this patient from a surgical perspective. Prognosis is guarded.



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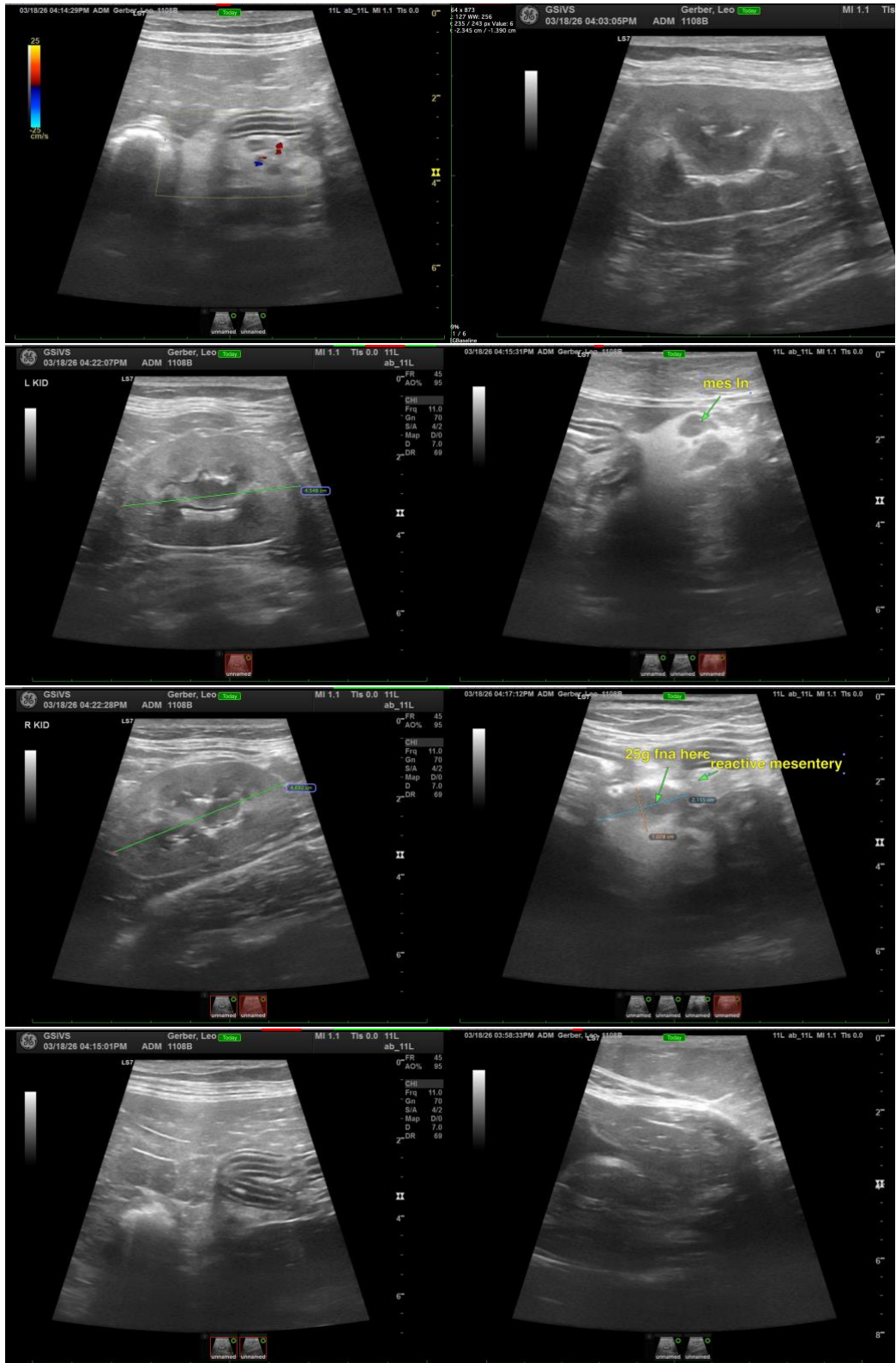
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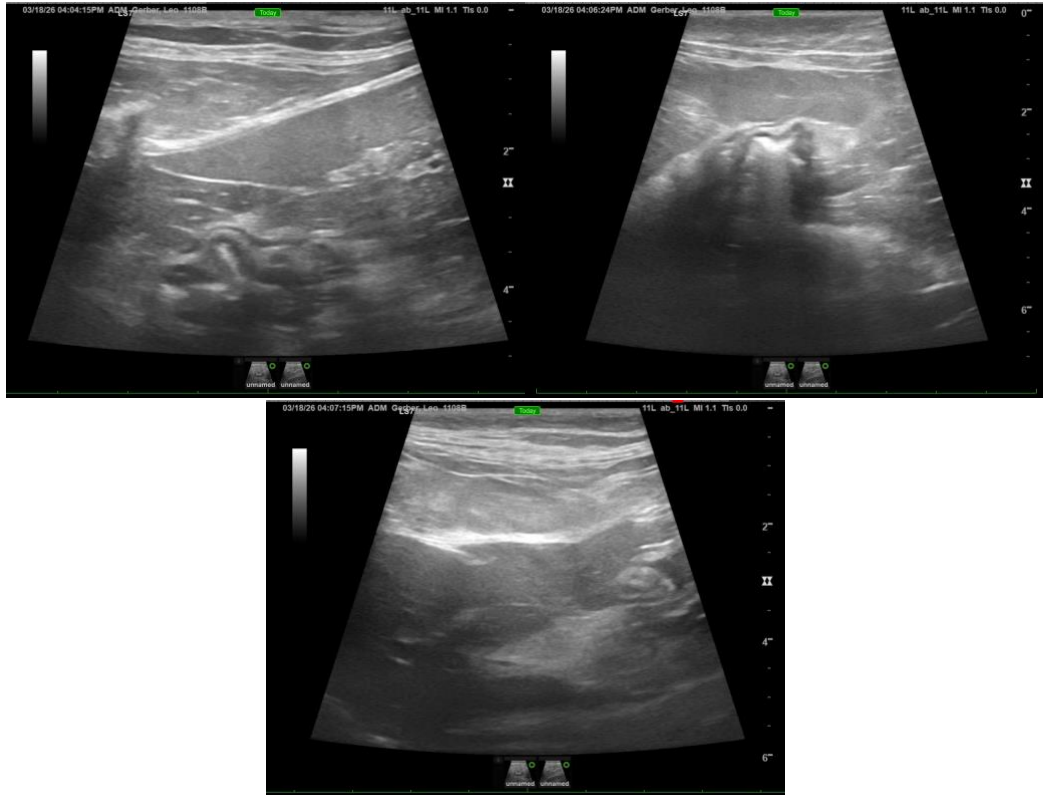
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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