



PATIENT

Alondra Ortiz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Months

WEIGHT

7.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Miguel Fernandez

INVOICE

16060

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to lethargy and anorexia. Px is currently hospitalized in an emergency clinic due to the aforementioned symptoms. Px is UTD on Vx and FeLV/FIV negative, is indoor only, but resides with another cat (currently asymptomatic). No coughing, sneezing, vomiting, or diarrhea reported by rDVM. Owner reports that no bowel movement has been observed in approximately 3 days. No recent changes in diet, Px's current diet consists of Friskies and Royal Canin's Indoor Cat mixed together. Px presented with slight jaundice.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

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 **kidneys** 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 4.0 cm in length. The right kidney measured 3.53 cm in length. A slight hyperechoic medullary rim was present.

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 0.34 cm width. The right adrenal gland measured 0.36 cm width.

Spleen

The **spleen** presented enlarged with multifocal hypoechoic nodular changes. The spleen measured 0.92 cm width. The spleen was folded upon itself cranially.

Liver

The **liver** revealed multifocal hypoechoic nodular changes and generalized enlargement. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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



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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

Free fluid was noted in the caudal abdomen.

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The mesenteric lymph nodes were enlarged, hypoechoic and irregular measuring up to 2.6 cm.

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ULTRASONOGRAPHIC FINDINGS

- Nodular splenohepatic presentation with free fluid- strong concern for FIP, round cell neoplasia or other neoplastic event.
- Hyperechoic medullary rim sign.
- Mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver, particularly of the nodular changes with abdominocentesis and cytospin is strongly recommended.

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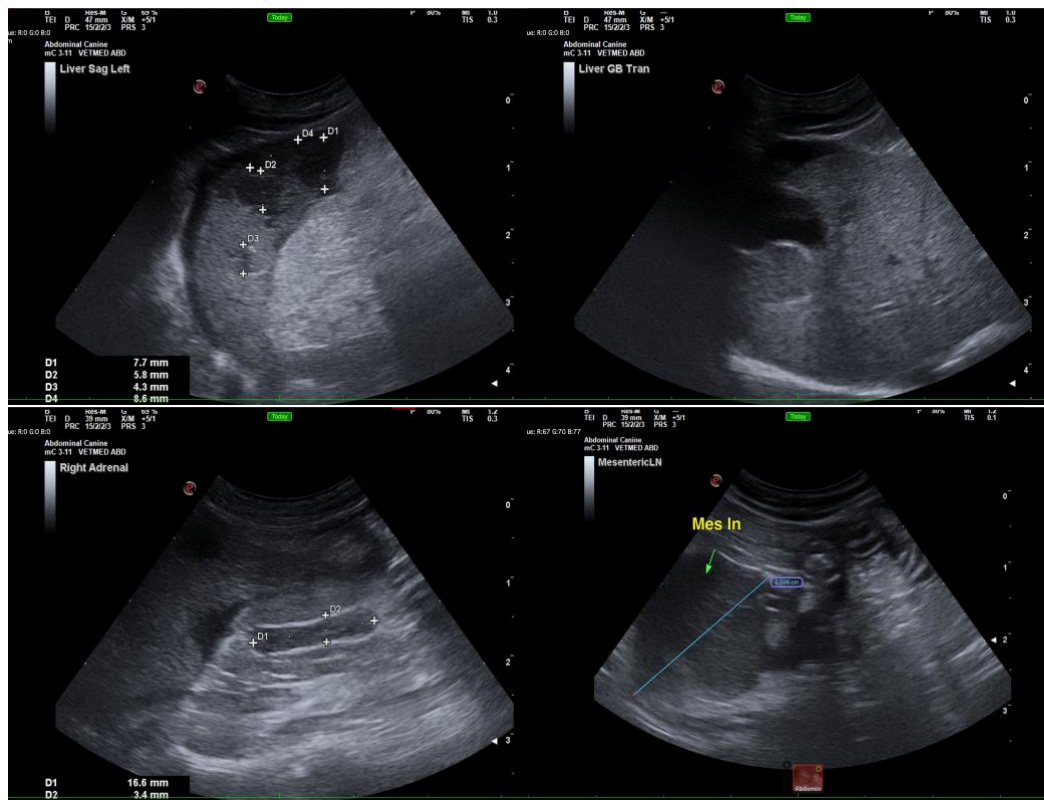
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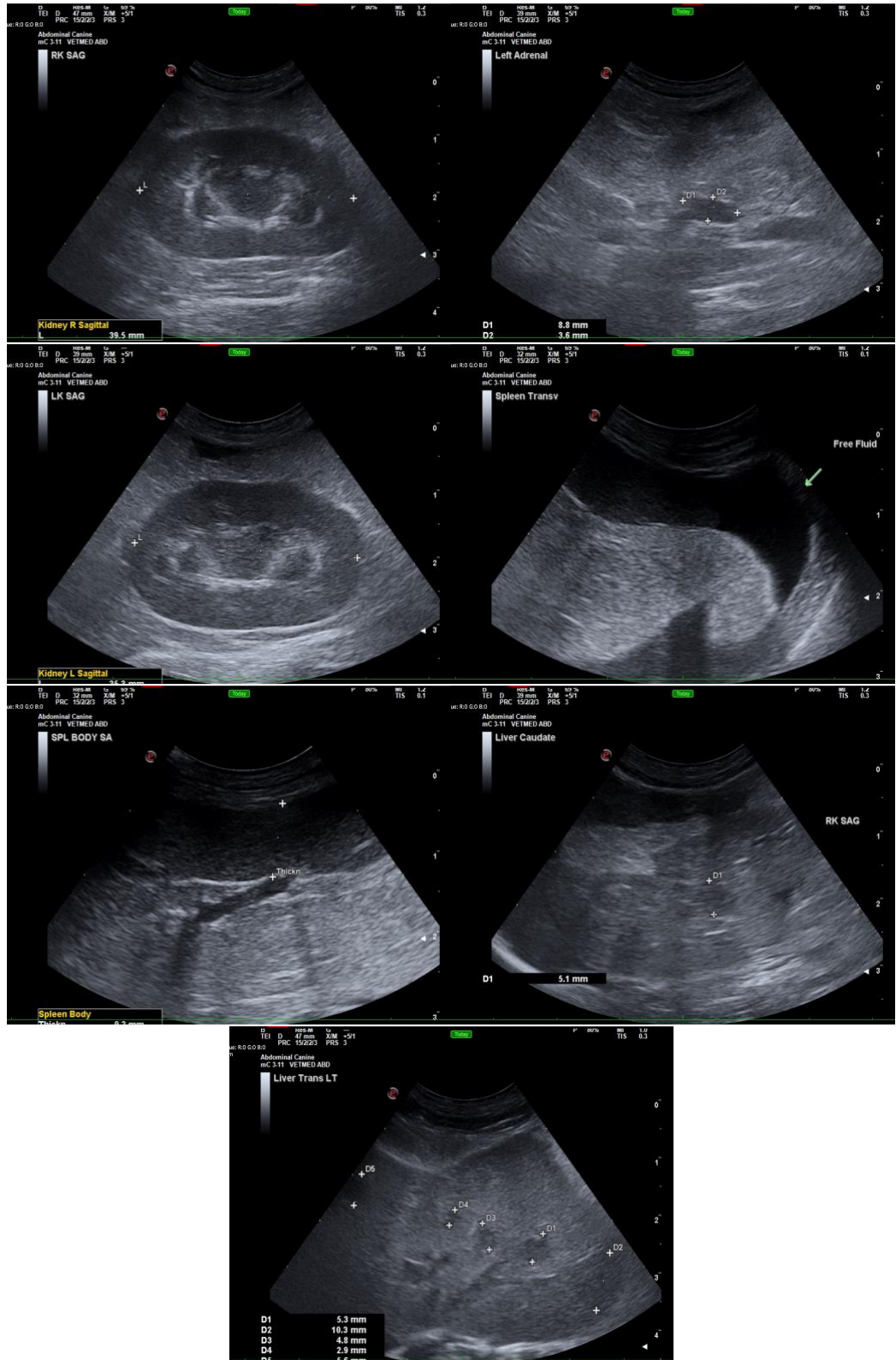
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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