



PATIENT

Nimbus Russell

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

6.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

15888

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Presenting complaint: 3 day anorexia and halitosis. 1.5 years old MN Maine Coon. Previous normal renal values from neuter 2024. New marked azotemia with renomegaly noted from rDVM, presented as transfer. Bilateral marked renomegaly. Grade 3 heart murmur. Uremic ulcers with uremic breath

Abnormal PE/Chem/CBC/UA Results: rDVM 5/7: CBC: WNL, Hct 38, WBC 11.19 Chem15: BG 117 H, BUN >130 H, Creat 12.6 H, Phos > 16.1 H, Ca 6.8 L, Cl 111 L, Glob 5.3 H, A:G 0.6 Rads: marked bilateral renomegaly Intake HAEC EPOC: K 3.3 L, Na 1.35 L, BUN >120 H, Creat > 15 H Snap triple (HW/FeLV/FIV): negative BP: 160 PCV/TS: 38/8.8 UA w/ Sedivue: pending +/- FIP mRNA

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 severe renomegaly with loss of structural detail. Pyelectasia measuring 0.60 cm was present with cortical nodular changes. The left kidney measured 8.5 cm in length.

The **right kidney** presented with similar changes to the left and measured 7.5 cm in length. Regional inflammation was noted around both kidneys.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** presented mildly enlarged measuring 1.1 cm.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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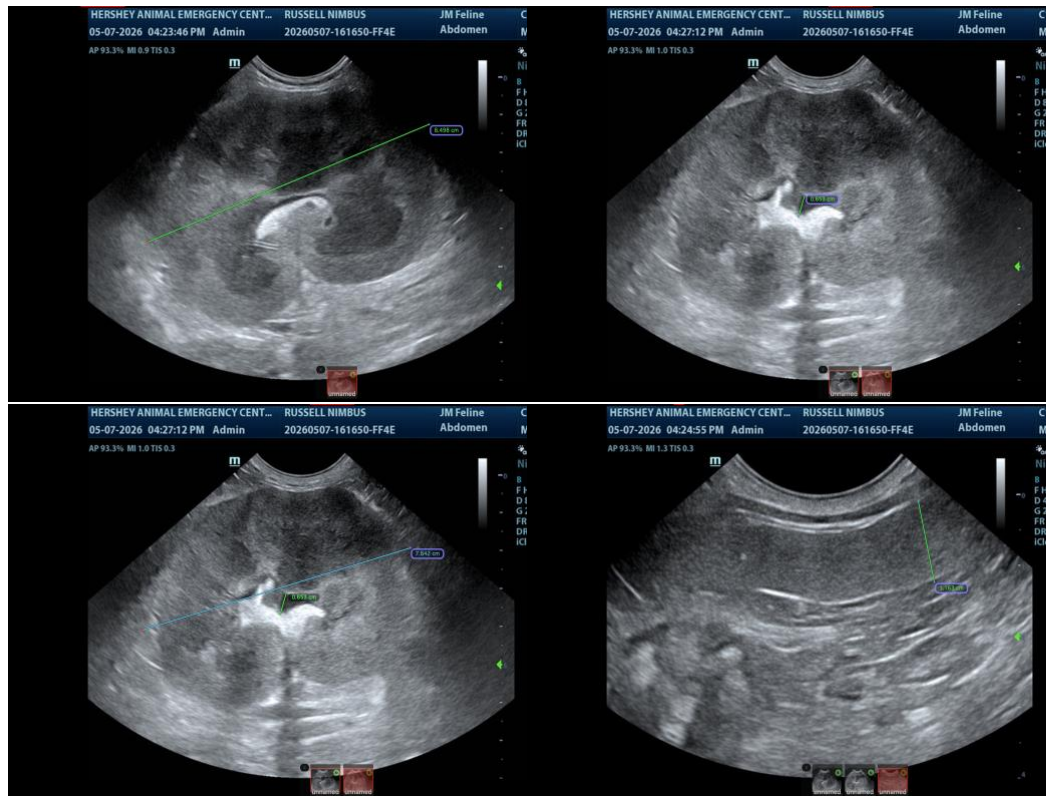
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Severe bilateral renomegaly- strong indication for renal lymphoma.
- Splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FIP is a remote potential with early splenic involvement possible. Ultrasound guided 25-gauge FNA of the either renal cortex and spleen is recommended. prognosis is guarded to poor depending upon cytology results.





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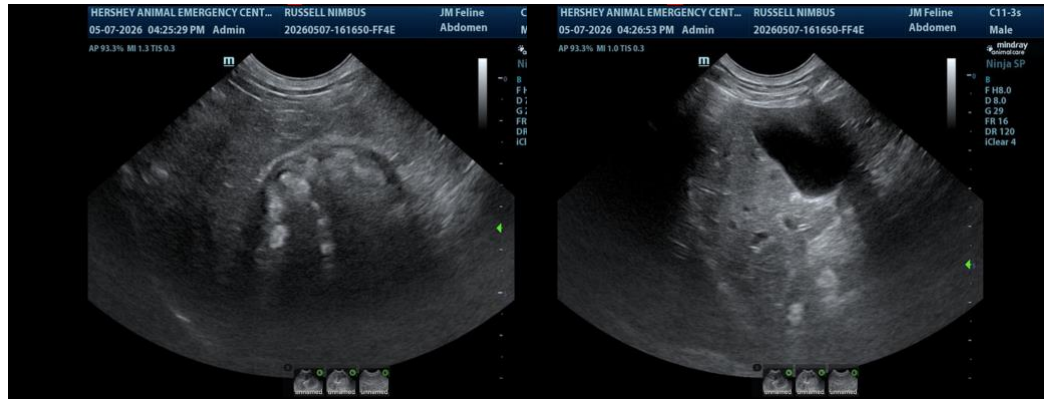
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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