



**PATIENT**

Ghost Nunez

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

9 months

**WEIGHT**

7.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Simeonidis

**INVOICE**

47929

**DATE**

6/22/23

**PRESENTING CLINICAL SIGNS**

**History:** Presented as a referral for an urgent abdominal ultrasound. Pt presented to rDVM due to anorexia and lethargy. O noticed lethargy, vomits decrease urination, polydipsia and tremors. Pt improved with hospitalization, but worsen and an abdominal u/s is to further evaluate.  
**Abnormal PE/Chem/CBC/UA Results:** BW: Chem showed severe elevated SDMA, BUN, CRE. Mild elevated GLU, PHOS, TP, GLOB and GGT Radiographs submitted on 6-9-23 were indicative of severe gastric distension.

**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 was noted. Ureteral papillae were normal.

The **kidneys** revealed hyperechoic medullary rim sign noted in the kidney. The right kidney measured 4.37 cm with hyperechoic medullary rim sign. The left kidney measured 4.16 cm with trace pyelectasia.

**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 right adrenal gland measured 1.27 x 0.5 cm. The left adrenal gland measured 1.03 x 0.3 cm.

**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 was 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 wall was empty with minor thickening measuring 0.16 cm.



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**Gastrointestinal**

The **gastrointestinal tract** revealed severe over distension of the upper GI, stomach and duodenum with a 2.0 cm foreign body in the mid duodenum. Reactive mesentery was noted.

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**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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**ULTRASONOGRAPHIC FINDINGS**

Hyperechoic medullary rim sign kidney.

Obstructive GI tract with foreign body.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI exploratory surgery is indicated. I recommend renal biopsy at the time of surgery to rule out latent disease such as FIP, which can represent in this fashion.

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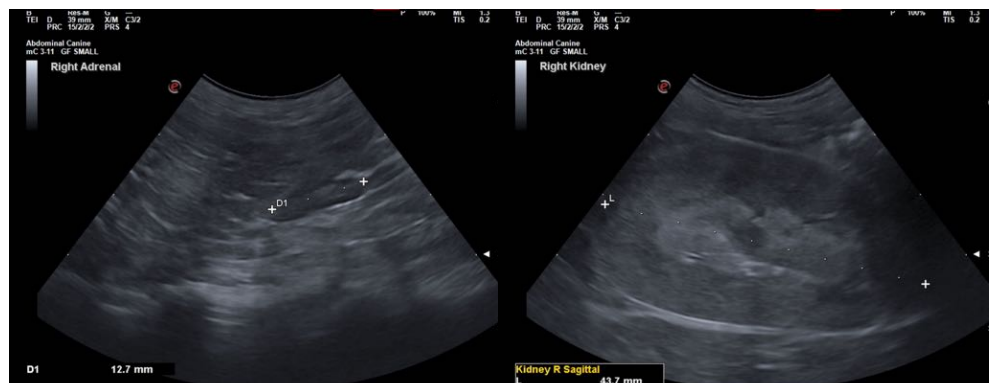


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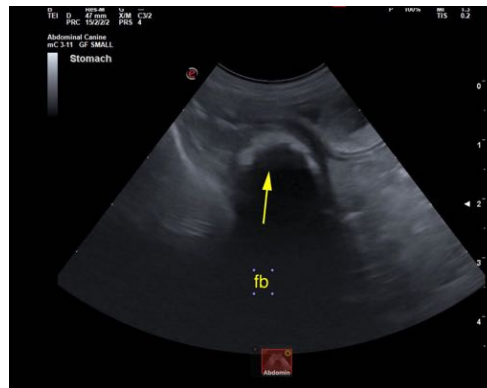
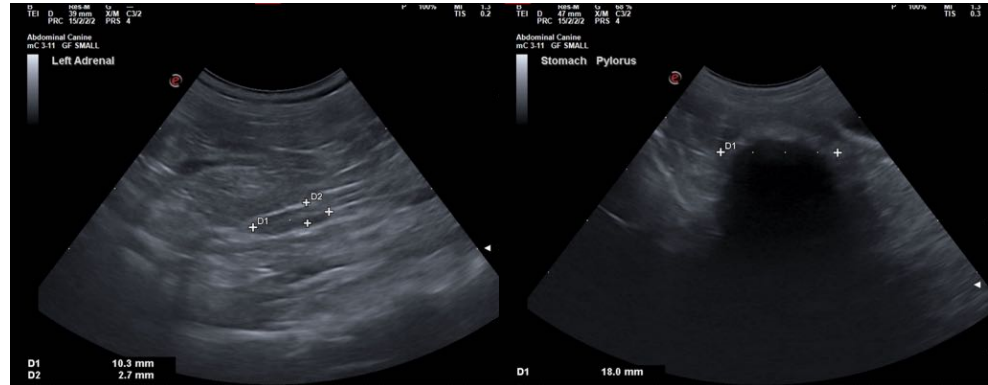
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com