



**PATIENT**

Winx Attanasi

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

14.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Attanasi

**INVOICE**

70981

**DATE**

1/27/26

**PRESENTING CLINICAL SIGNS**

- Hematuria
- Bloody Diarrhea
- ADR for past 2 months
- no weight loss
- UA 1/19/26 - WBC 4/hpf RBC 11/hpf Cocci suspect presence Struvite 6-20/hpf Unclassified crystals 6-20/hpf

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.9 cm. The left kidney measured 3.5 cm.

**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 0.4 cm. The left adrenal gland measured 0.3 cm.

**Spleen**

The **spleen** revealed multi-focal, hyperechoic nodular changes. This is consistent with lipid plaques and are not pathological.

**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,



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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 **stomach** revealed progressively shadowing luminal material. Variable small intestinal thickening was noted without loss of mural detail. However, muscularis hypertrophy was noted. This is consistent with an IBD GI type presentation with hairball type density in the stomach.

**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.

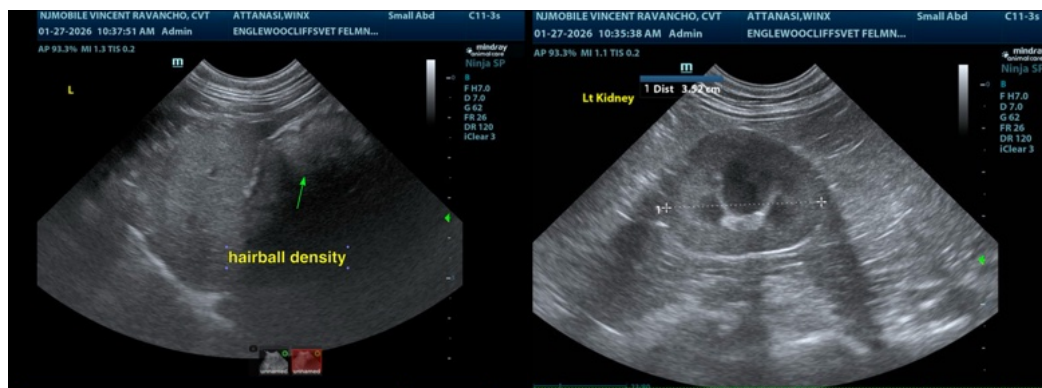
**ULTRASONOGRAPHIC FINDINGS**

IBD GI type presentation with hairball type density in the stomach.

Otherwise, unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hematuria is likely UTI related. Urine culture and sensitivity as well as empirical treatment for UTI is indicated. Inflammatory bowel type protocol is recommended with hairball dissolution protocol.





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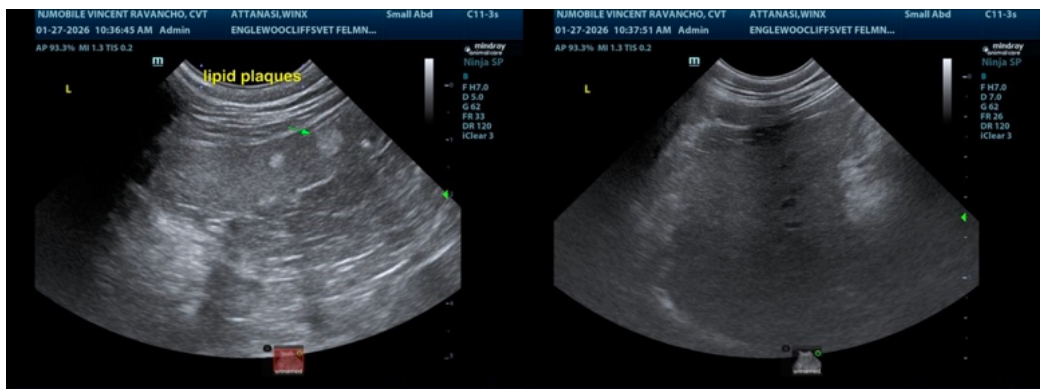
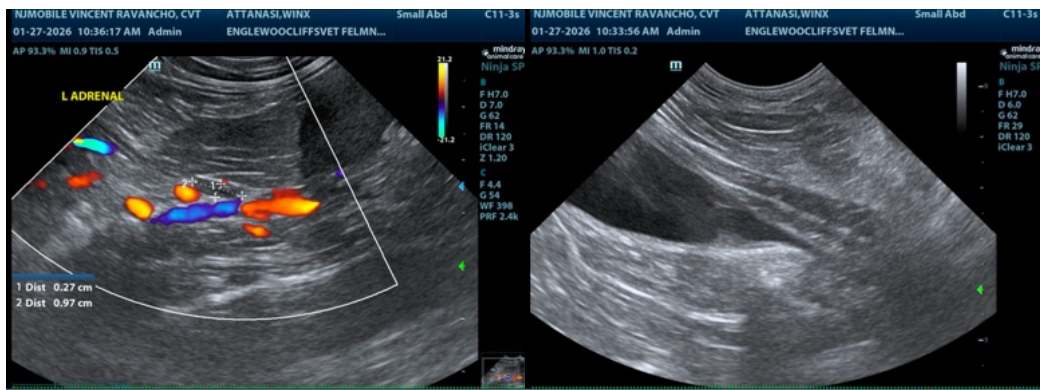
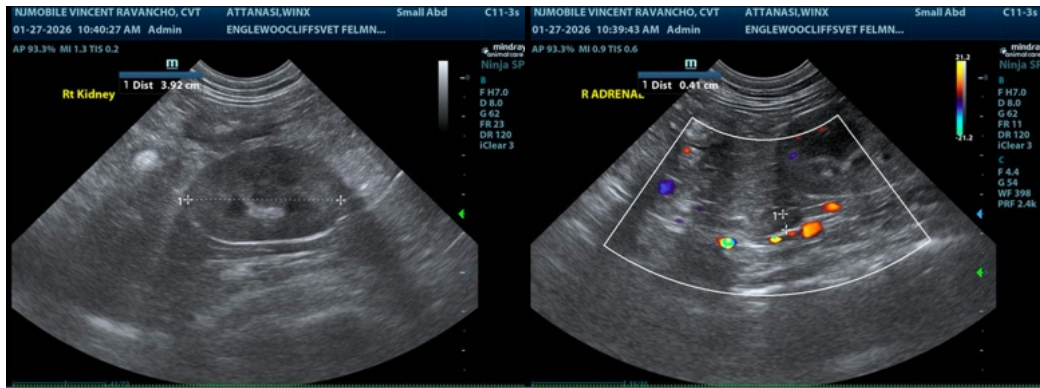
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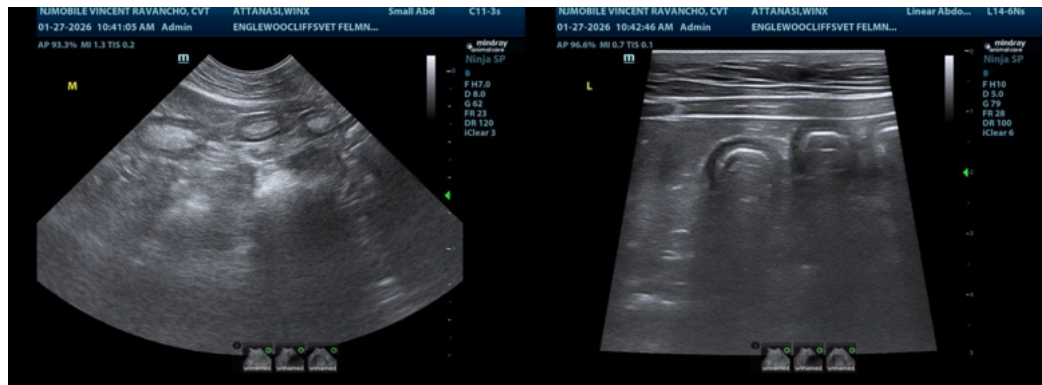
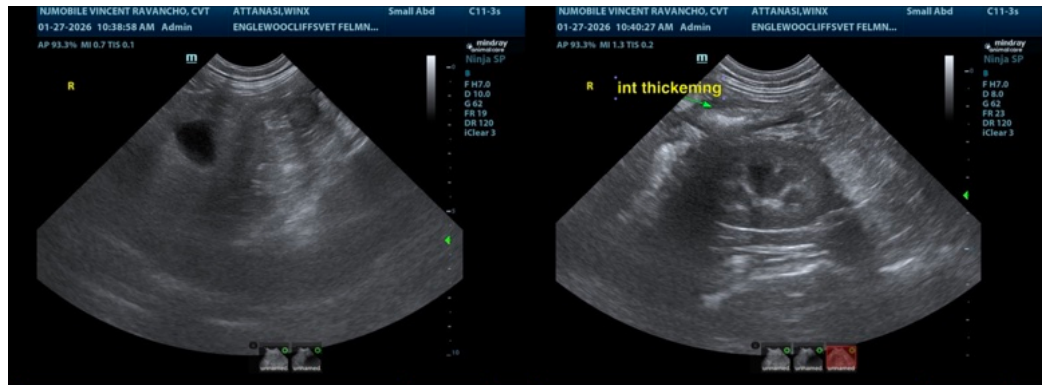
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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