

PATIENT

Sweetie MacMenemy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 7 Months

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat and Dog Hospital
of Portland

REFERRING VET

Dr. Woodside

INVOICE

13153

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Presented 12/29/2025 with hyporexia for 2 week duration. Vomiting and diarrhea on 12/27. No bowel movement between 12/27-12/29. Change in behavior, no longer sleeping with client. No diet changes, no dietary indiscretion. Urinations normal. On exam 12/29: painful (4-5/10) with abdominal palpation of mass effect 2cm diameter in cranio-central abdomen. IH lipase normal IH CHEM, lytes, CBC normal SQ fluids, Cerenia 24mg 1/4 tab PO q 24hr. Doing better at progress exam on 1/2/2026. Seen by different veterinarian. Appetite improved slightly from 12/29. Impression of mass being larger, 3cm diameter. Client declines additional diagnostics. Prednisolone prescribed 5mg q 24hr x 3 days, then 2.5mg q 24h x 30 days. 1/10/2026 Client decided to pursue AUS, scheduled for 1/13/2026.

Abnormal PE/Chem/CBC/UA Results: Exam 1/13/2026: Painful with palpation of abdominal mass. Mass effect 4cm diameter (measured today during sedation), firm, irregular surface, located central abdomen. Weight loss of 1# since August 2025, 0.2# in past 14 days. Moderate dental calculus. UA performed today after AUS. Care taken to collect sample away from mass effect along bladder wall. USG 1.042, pH 6.5, protein 100 mg/dL, Glucose 1,000 mg/dL, WBC 11/hpf, RBC >50/hpf, Non-squamous epithelial cells 6-10/hpf, Squamous epithelial cells none detected, no crystals detected, no bacteria detected.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral polypoid lesion measuring 1.8 cm x 0.80 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 3.13 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

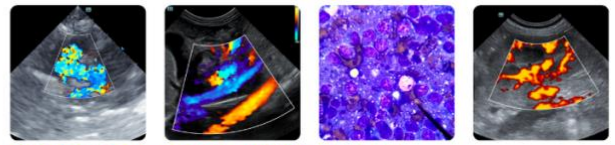
The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.22 cm width.

The **right adrenal gland** was 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

Intestinal wall thickening was noted with loss of detail. Wall thickness measured up to 8.0 mm. A separate ill-defined intestinal mass was noted medial caudal to the right kidney measuring 5.6 cm x 3.4 cm. Separate undifferentiated hypoechoic lesions were noted consistent with lymphadenopathy and reactive mesentery. The colon was unremarkable.

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

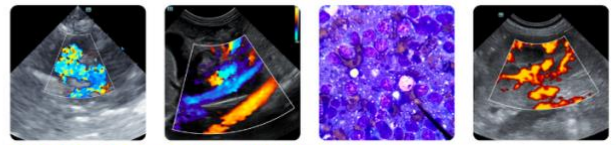
Pleural effusion was noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Ventral bladder polyp/mass- appears resectable.
- Age-related renal changes.
- Pleural effusion- Given the abdominal presentation, metastatic spread to the thorax is a strong potential.
- Multifocal intestinal thickening.
- Multifocal round cell neoplastic pattern involving the lymph nodes, intestine and concurrent bladder mass- suspect carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and pleurocentesis are indicated if accessible with ultrasound guidance. FNA and medical management is indicated. Hospice or chemotherapeutic intervention is recommended based on cytology results.



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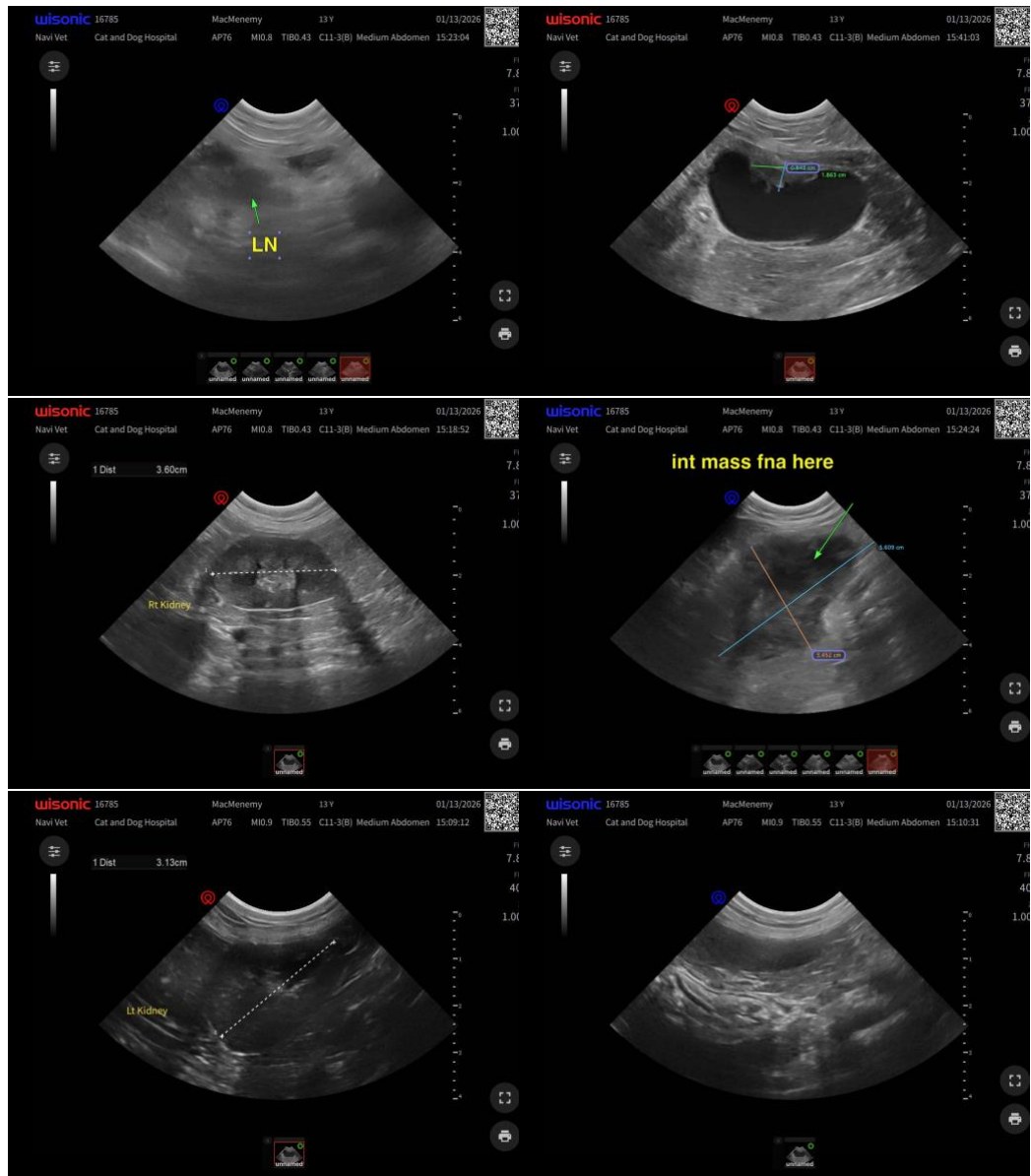
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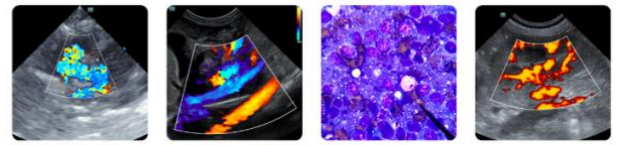
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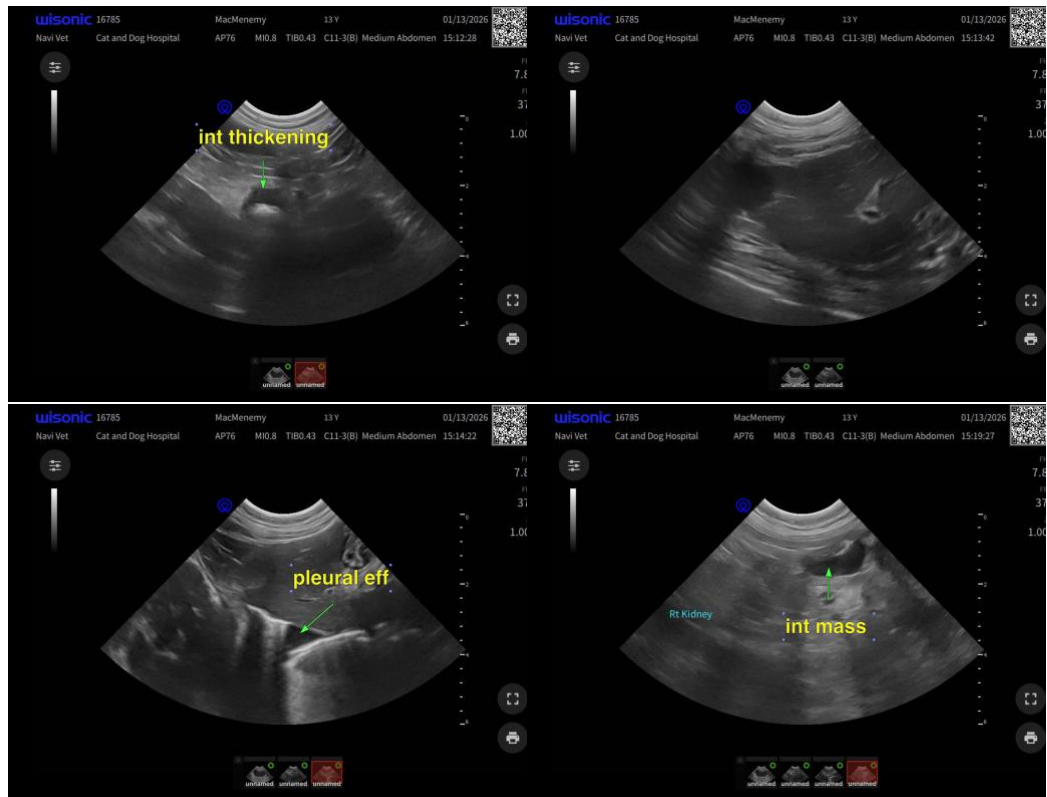
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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