



PATIENT

Chester Michalski

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

1 Year 7 Months

WEIGHT

16.19 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Connie Kellog
DVM

INVOICE

12500

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Radiology consultation report from referring vet for x-rays taken yesterday stated moderate peritoneal effusion of unknown definitive cause. Recommendation was an abdominal ultrasound to assess for cause of hypoproteinemia. CLINICAL SIGNS: none: he is eating, drinking and urinating and defecating normally per O. no vomit or diarrhea, MM pink, eupneic Indoor only, no injuries, no exposure to rodenticide or other toxins No history or urinary or GI pathology MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: Abnormal Blood Work Results (from RDVM) History of increased ALT but not on 11/24/25 - BUN: 43 mg/dL - Calcium: 7.3 mg/dL - Total Protein: 4.4 g/dL - Albumin: 1.5 g/dL Pleural fluid from thorax = clear like water (consistent with hypoalbuminemia) and sample brought to RDVM. Pleural effusion does not have the typical FIP appearance but RDVM has the sample to send out for FIP testing if they decide to do so. Blood pressure is not known Urinalysis by cysto +/- UPC pending

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.

Subcutaneous tissue noted with hyperechoic surrounding fat consistent with proliferative tissue or possible cellulitis. This is ventral to the urinary bladder in the body wall in the subcutaneous space. The margins were ill-defined in the pathology.

The **kidneys** were slightly irregular with normal size and corticomedullary definition maintained. The left kidney measured 4.34 cm in length. The right kidney measured 4.38 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 0.41 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

The **liver** was swollen with hypoechoic to falciform fat. The gallbladder and common bile duct were unremarkable.



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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

The **pancreas** was hypochoic, irregular exhibiting underlying contour with hyperechoic surrounding fat.

Free Abdomen

Enhanced fat was noted throughout the mid abdomen.

Echocardiogram

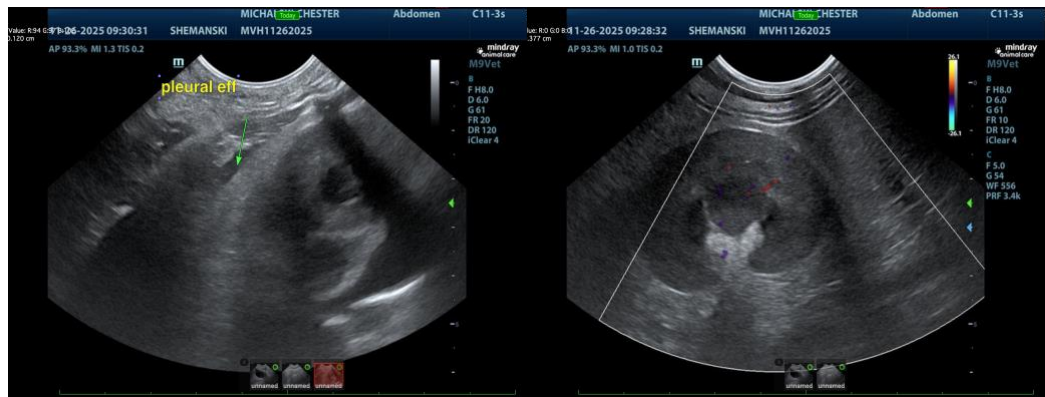
Noncardiogenic pleural effusion with normal cardiac volume was noted.

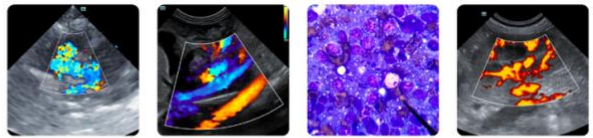
ULTRASONOGRAPHIC FINDINGS

- Steatitis, cellulitis or infiltrative pattern in the subcutaneous space ventral to the urinary bladder- strong concern for lymphomatosis, mastocytosis or similar.
- Irregular kidneys.
- Swollen liver.
- Hypochoic pancreas.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low albumin may be associated with a paraneoplastic manifestation. Strong concern for dual cavity neoplasia in this patient. Immediate cytospin and pleurocentesis are warranted to assess any exfoliating neoplastic cells. FNA of the hypochoic areas in the body wall are indicated. Mastocytosis, lymphomatosis, FIP are all potentials. Aggressive infectious agents, infectious bacterial or other agents are possible. Next steps are based on sampling results.





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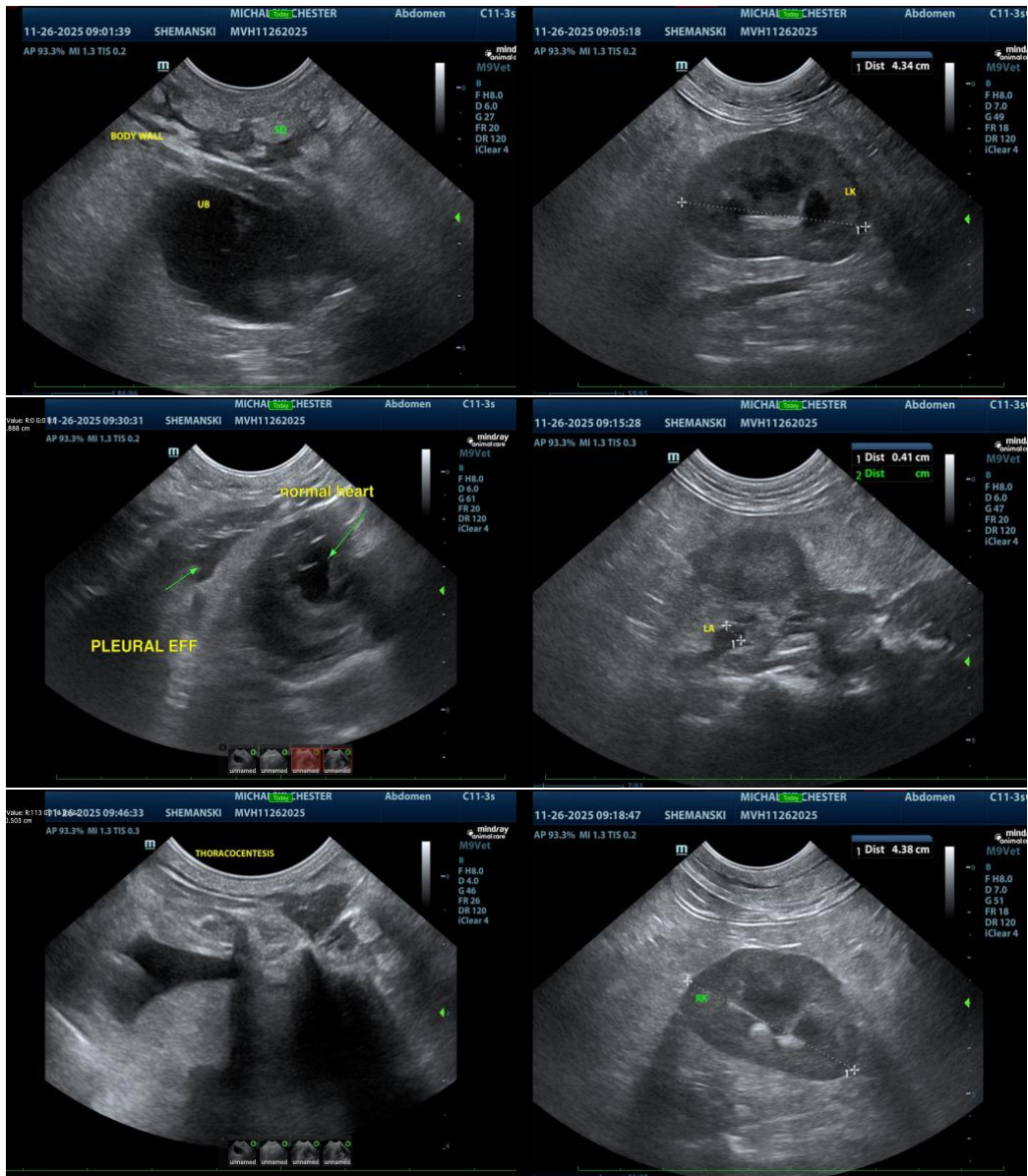
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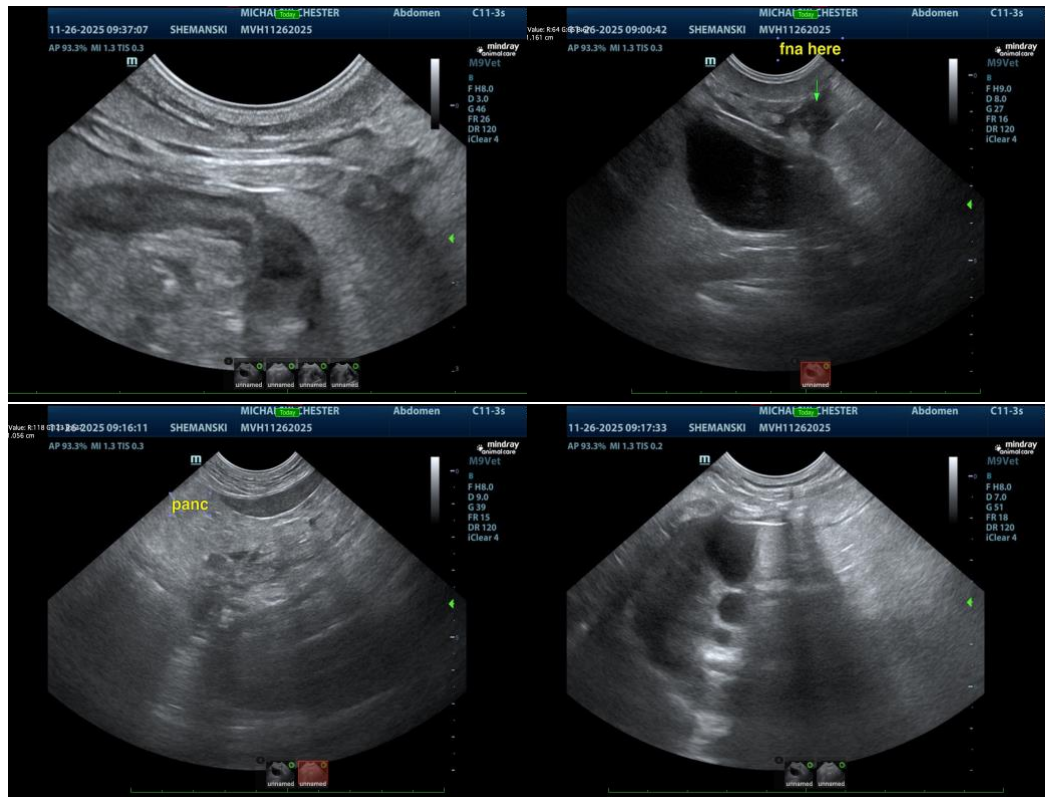
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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