



PATIENT

Shadow Southworth

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14.4 Years

WEIGHT

8.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr. Kylie Fackrell

INVOICE

71558

DATE

11/4/25

PRESENTING CLINICAL SIGNS

wt loss, vomiting, abd discomfort.

Abnormal PE/Chem/CBC/UA Results: PE: suspect mass in caudal abd CBC wnl Chem- Glu 186, Na/K 43 UA 1.038, 6.5 BI +++, prot +++ Rads- suspect mass in region of bladder displacing colon dorsally I aus image- suspect bladder mass so adv comprehensive aus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a concentric mass occupying the cystourethral junction and trigone.

The **right kidney** presented hydronephrosis with moderate degenerative changes and subnormal power doppler signal. The right ureter was dilated up to 0.38 cm. The right kidney measured 3.86 cm with pyelectasia at 0.60 cm.

The **left kidney** 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 his age patient. Medullary structure differed distinctly from that of the cortex. Mild pyelectasia noted. No hydroureter noted.

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 0.37 cm. The left adrenal gland measured 0.30 cm.

Spleen

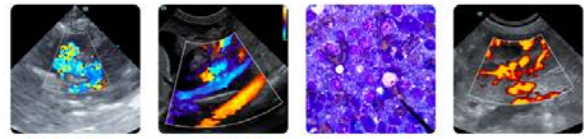
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were 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 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

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



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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 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

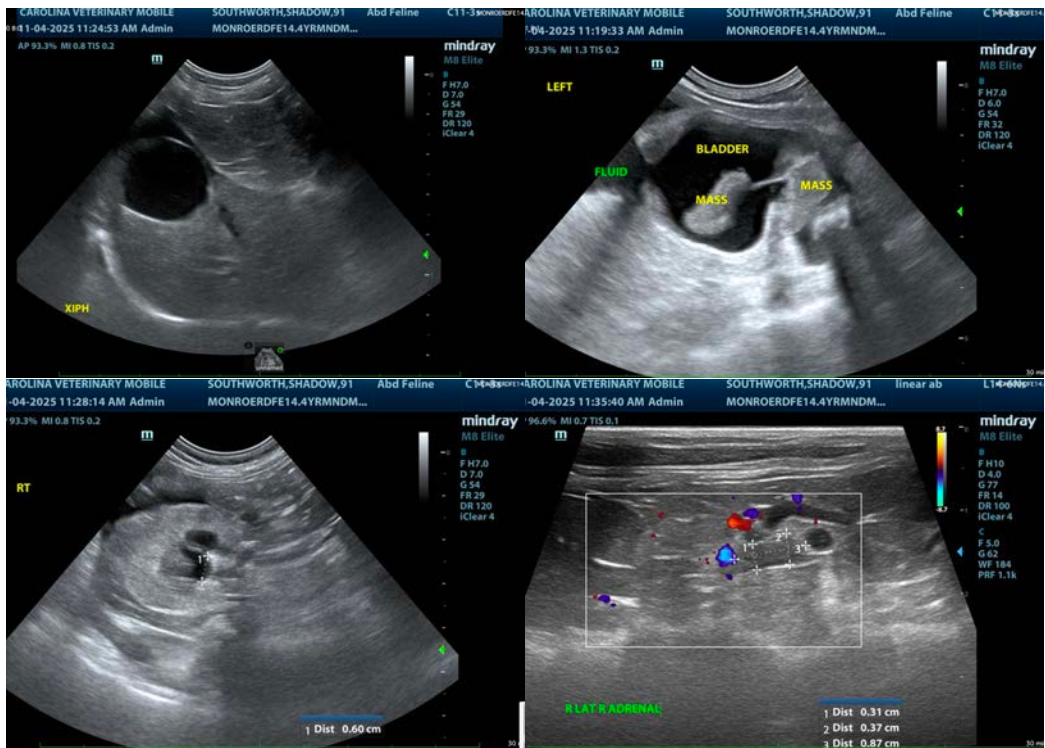
Free fluid noted in the abdomen, likely owing to obstructive hydrostatic pressure from the urinary bladder, yet carcinomatosis type presentation also possible.

ULTRASONOGRAPHIC FINDINGS

- Obstructive bladder mass.
- Right kidney hydronephrosis and moderate to near end stage degenerative changes.
- Age related left kidney changes with mild pyelectasia.
- Free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis recommended with cytopsin, yet the bladder mass appears to be non-resectable, occupying the cystourethral junction, trigone, and obstructing the ureters. Prognosis is poor. Likely carcinoma, possible carcinomatosis given the free fluid noted.





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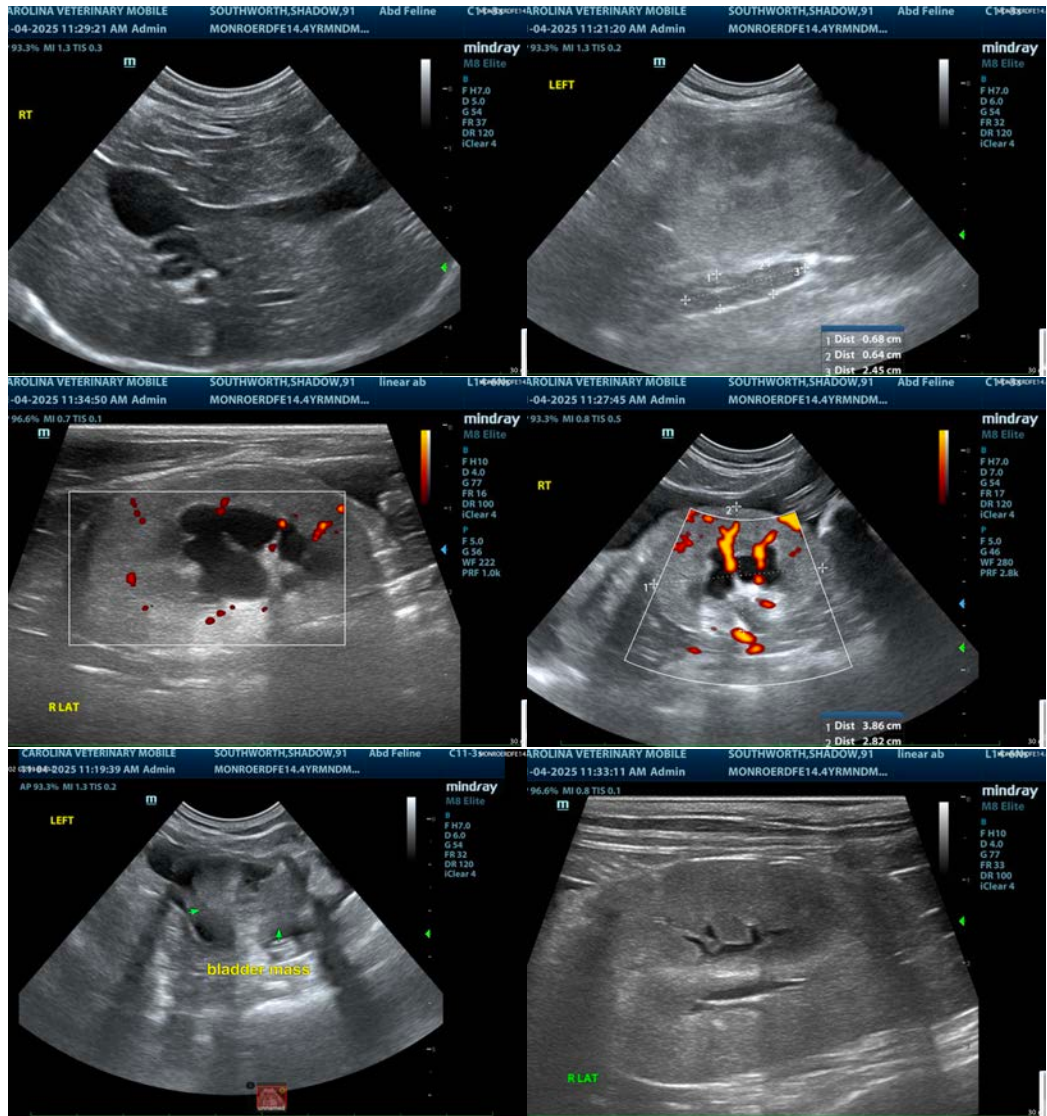
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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