



## PATIENT

Marshall Beatty

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

2.86 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carlie Koltek, RVT

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Luke Pura

## INVOICE

71661

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

-Not doing well. - 2 nights ago seemed like he had a cold/upper resp. infection, yesterday became lethargic and listless -Ate 1 can of recovery food and owner did 50ml of SQ fluids (0.9%NaCl) at home. - This morning very weak and lethargic -Stumbles and falls when trying to walk - No vomiting or diarrhea noted. -No change in thirst or urination noted. -Indoor only. -No history of toxin/plant ingestion. -Not on any medications.

Abnormal PE/Chem/CBC/UA Results: PE:T - 38.4C (rectal), HR - 190bpm, RR 24, mm - pink and mildly tacky, CRT 2s. Very weak, dull mentation. BCS 3/9. CBC: RBC  $6.59 \times 10^{12}/L$  (6.54-12.20) HCT 31.8% (30.3-52.3) Neut -  $13.44 \times 10^9/L$  CHEM: CREA 70umol/L (71-212) UREA 13.9 mmol/L (5.7-12.9) GLOB 54 g/L (28-51) Na 170mmol/L (150-165) \*confirmed twice FIV/ FeLV snap negative Thoracic rads: thorax - cardiac silhouette normal in shape, size, and position. Lung fields appear clear. NSF otherwise. Abdomen - Stomach very full of ingesta and distended. Poor serosal detail in cranial abdomen surrounding stomach. SI/LI displaced caudally from enlarged stomach, NSF otherwise.

## 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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented thickened, hypoechoic cortical changes with hyperechoic medullary rim sign, which could be an idiopathic finding or related to FIP. The left kidney measured 4.0 cm. The right kidney measured 4.5 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### 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 and hypoechoic. Trace free fluid noted between liver lobes. The gallbladder was unremarkable.

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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 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

- Mild hepatomegaly.
- Idiopathic medullary rim kidney.
- Slight free fluid.
- Partially full stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and renal cortex indicated. Potential for underlying FIP or round cell neoplasia/lymphoma. The slight free fluid is concerning for potential lymphatic obstruction. Otherwise, unremarkable abdomen.





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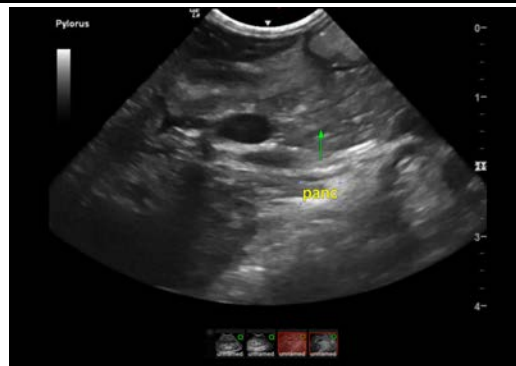
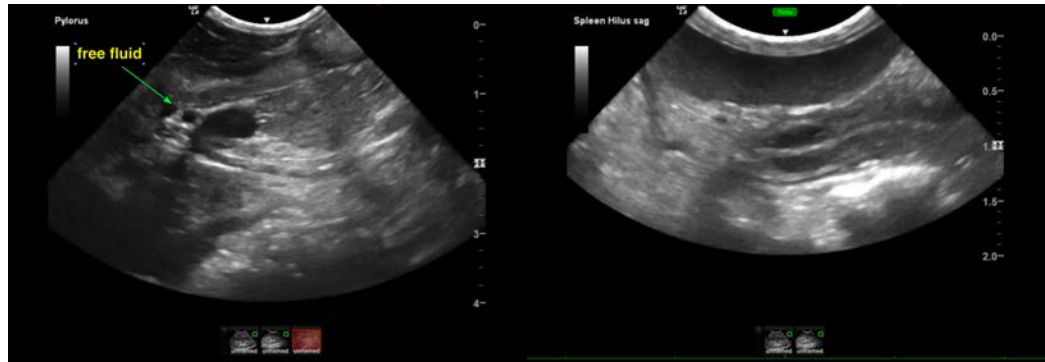
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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