



PATIENT

Reese McKee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

10 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford Animal
 Hospital

REFERRING VET

Dr. Eads

INVOICE

15235

DATE

04/21/26

PRESENTING CLINICAL SIGNS

P presented for US due to decreased appetite, lethargy, weight loss

Abnormal PE/Chem/CBC/UA Results: TP 4.3, ALB 1.9, ALKP 307, Chol 223, PSL 31 Lymph 553 T4 0.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes (measuring up to 0.50 cm) without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.8 cm in length. The right kidney measured 4.24 cm in length.

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 left adrenal gland measured 0.28 cm width. The right adrenal gland measured 0.40 cm width.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** presented with heterogenous subtle nodular changes. The hepatic veins were not dilated. No evidence of passive congestion. The gallbladder and common bile duct were unremarkable.

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 presented with heterogenous nodular changes. Hypoechoic irregular pancreatic changes were present. Nodular omental changes with hyperechoic surrounding irregular omentum.



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Free Abdomen

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Free fluid was present within the cranial abdomen.

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Thyroid

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The thyroid and parathyroid glands were normal in this patient. No evidence of cervical pathology. The mandibular lymph nodes were slightly enlarged, rounded and hypoechoic measuring up to 0.20 cm and appeared reactive. The salivary glands were unremarkable,

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Age-related renal changes.
- Volume contracted spleen.
- Ascites and nodular omentum.
- Polypoid cystitis bladder pattern.
- Unremarkable cervical images- no evidence of primary pathology.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10 pounds

Strong concern for lymphomatosis, carcinomatosis, FIP is a remote potential. Abdominocentesis and cytospin is recommended if not already performed. Recommend focusing on abdominal fluid. If cytospin was not performed upon abdominocentesis, I recommend utilizing this technique for optimal interpretation of exfoliating cells.

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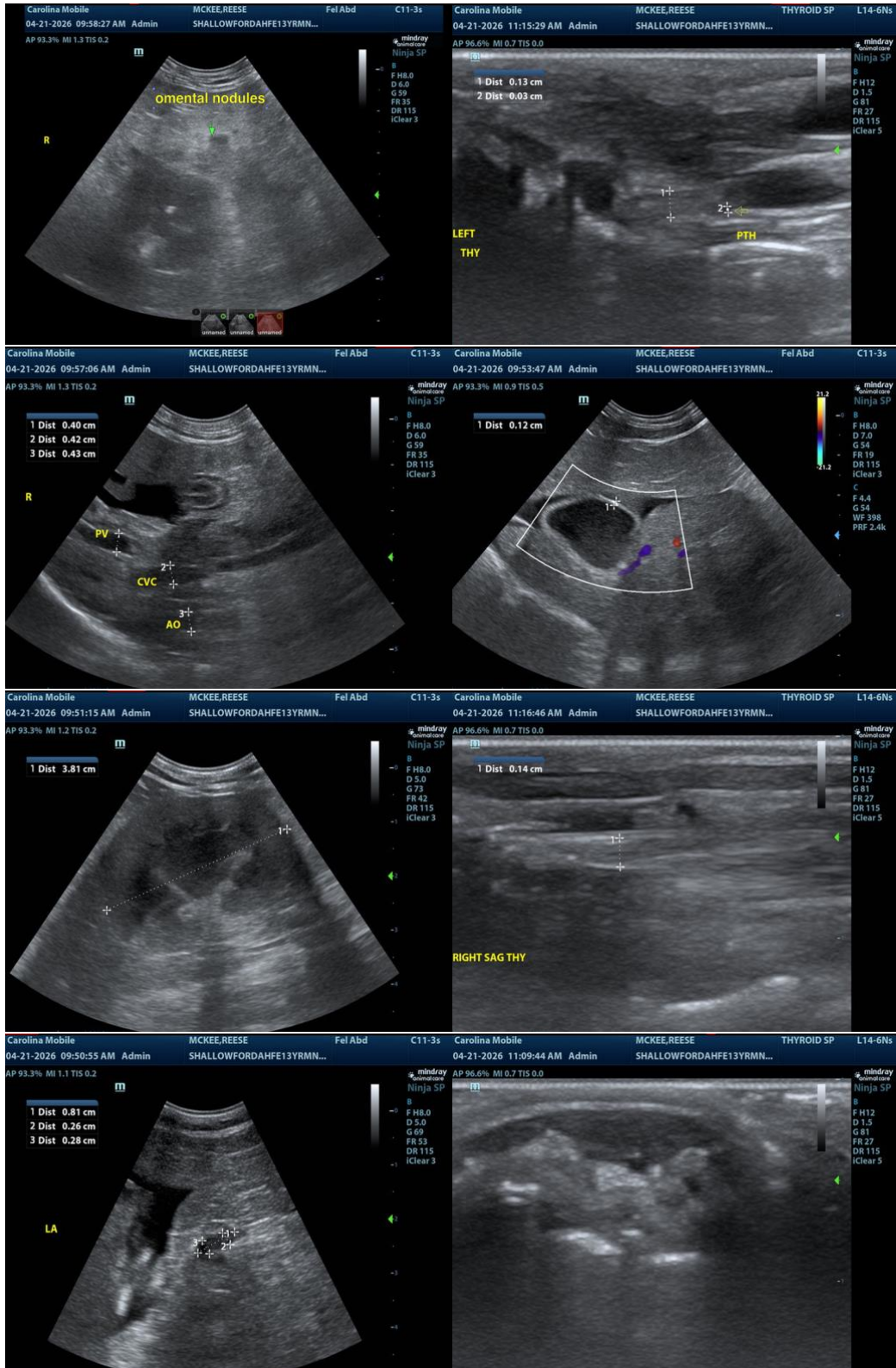
Dr. Eads

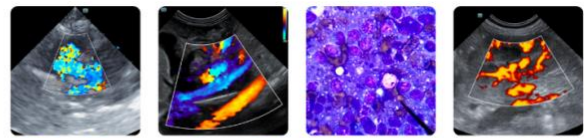
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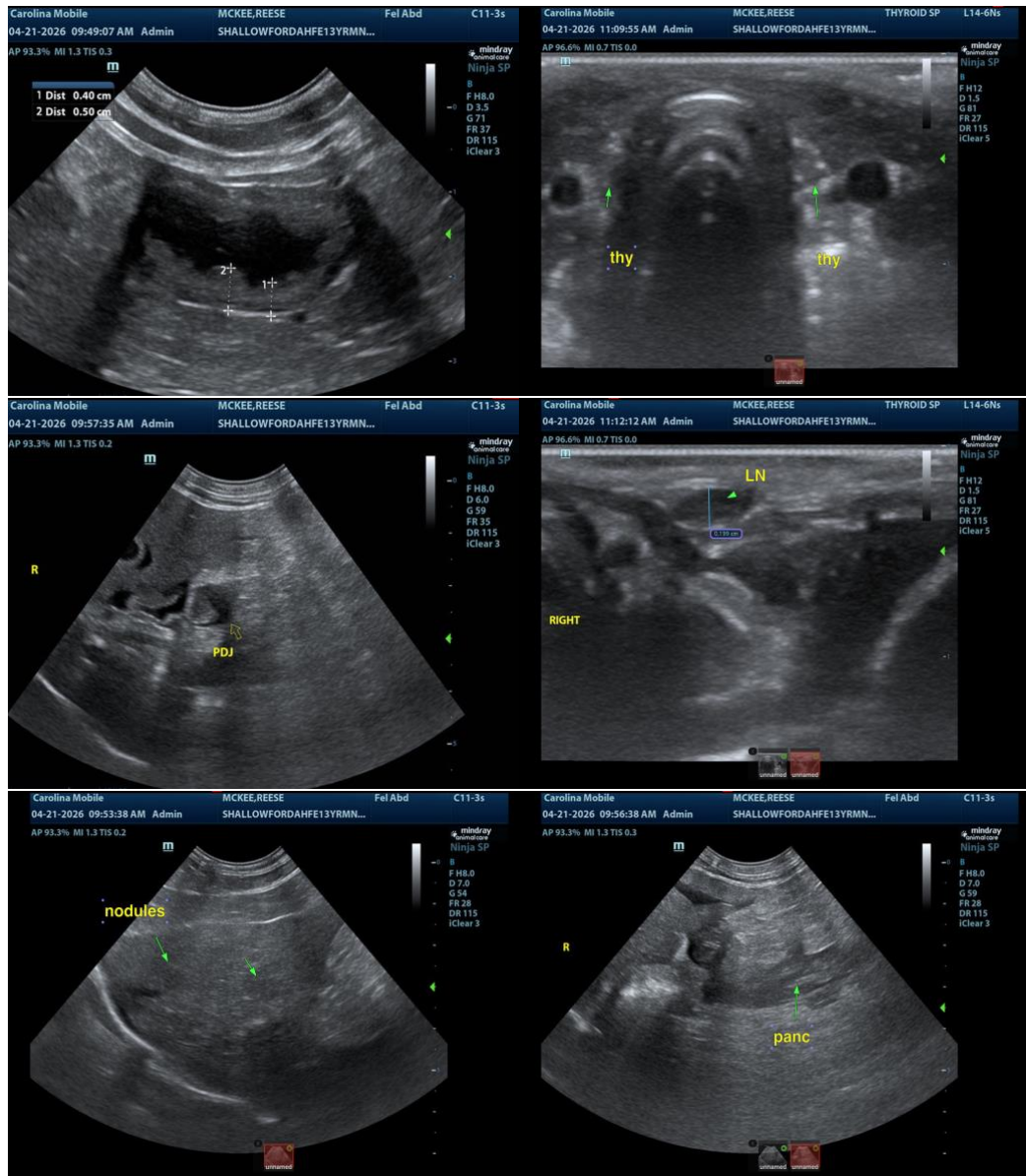
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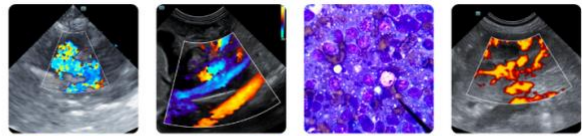
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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