



PATIENT

Midnight McCoy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Agnes Rupley

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Rupley

INVOICE

74981

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Presented for bloody urine and inappropriate urination.

REPORTED SYMPTOMS: Diarrhea has been going on and off for about 10 years, stool is always runny. Vomits up 2-3 x/day, mucus and food. Eats trash, ribbons, paper, etc. Has tried different foods (wet v. dry) over the years and nothing seems to help control the vomiting; she doesn't think they are hair balls. Always hungry.

Mild reaction on abdominal palpation, however no mass palpated. B/S 2/9. Painful with ultrasound probe over left limb of the pancreas.

Intestinal Parasite Screens (Fecal Direct and float) reveals no evidence of intestinal parasites. Feline leukemia and FIV tests negative. SAA is normal at <5.00. The fPLI is normal at 2.7. Chemistry 24 panel revealed elevated creatinine at 1.9 with normal other results. Normal electrolyte 14 panel. CBC results reveal a mild lymphopenia. Fecal gram stain revealed abundant large gram positive spore forming rod bacteria consistent with clostridium. Urinalysis results reveal rare white blood cells, pH 6.0 and sp gr 1.036. T4 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. A moderate amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.03 cm. The right kidney measured 4.7 cm.

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 0.29 cm. The right adrenal gland measured 0.41 cm.

Spleen

The **spleen** was mildly enlarged and folded upon itself and measured up to 1.4 cm.

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

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. The colonic wall was mildly thickened.

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

Unremarkable geriatric abdomen with splenomegaly.

Slight colonic thickening. Unremarkable upper gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen is indicated for further definition. I recommend reassessment of the clinical signs as to straining to defecate versus straining to urinate. There was no evidence of significant lower urinary tract disease present other than debris. Fecal test and full urinary work-up is warranted. Coverage for occult UTI and management for colitis with potential diet change, colonic scraping and fecal test are all valid.



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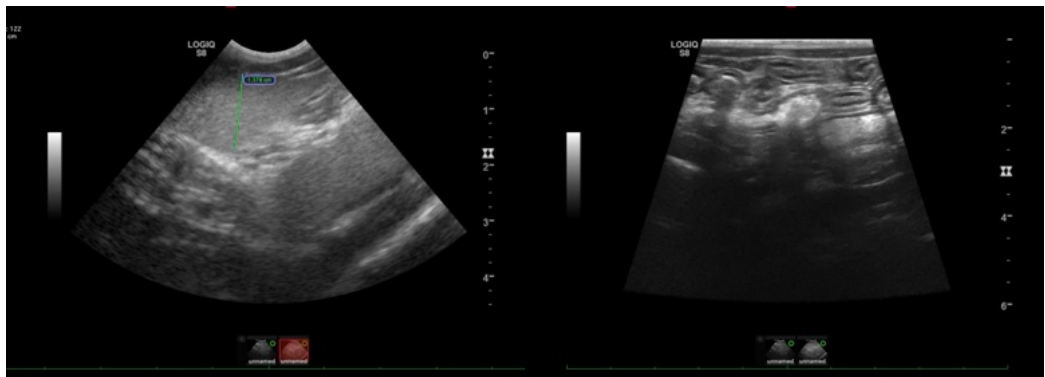
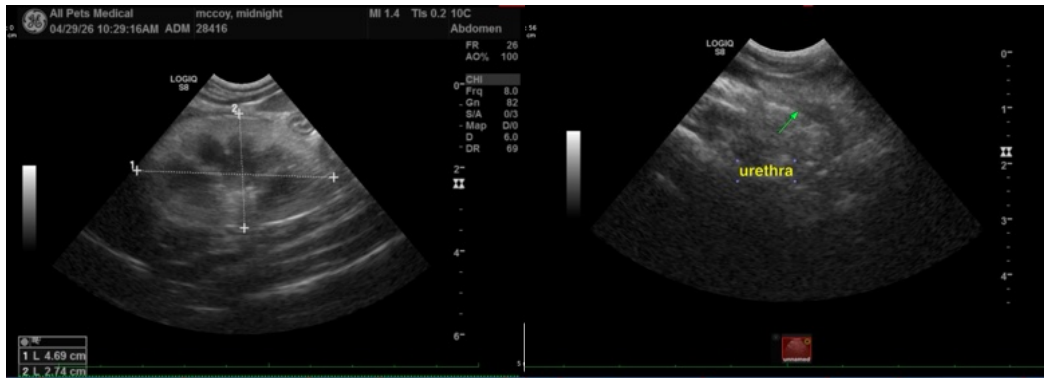
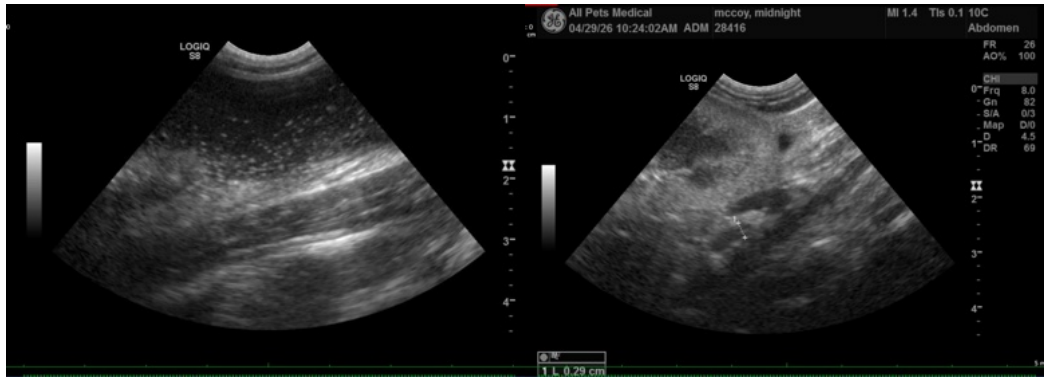
Dr. Rupley

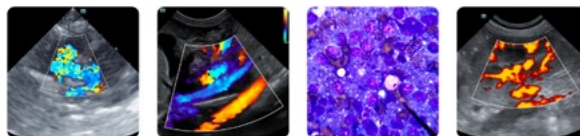
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com