



## PATIENT

Lucy Bowers

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

15 years

## WEIGHT

7.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Alex McFeely, DVM

## HOSPITAL NAME

Centre AH

## REFERRING VET

Dr. McFeely

## INVOICE

75561

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

History: Lucy presented today for a referral appointment for an abdominal ultrasound exam.  
Concerns:

-Hematuria of at least 4 weeks duration

-Abnormal appearing bladder on survey radiographs recently.

-Hypercalcemia diagnosed in late summer 2025, unresponsive to fiber-rich diet and prednisolone therapy

Hypercalcemia, rest of CBC, chem and T4 normal Hematuria

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed an apical mass that measured 2.5 x 2.2 cm. This appears potentially resectable. The cystourethral junction was unremarkable. The mass presented a positive signal on color flow.

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. Hyperechoic medullary rim was noted. This is an idiopathic finding. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.2 cm. The right kidney measured 3.2 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 and right adrenal gland measured 0.3 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 was noted.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Lobar biliary mineralization was noted. Vascular and biliary tracts were



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of normal volume and no evidence of congestion was noted. The gallbladder was echogenic, but empty and mineralized. This is consistent with porcelain gallbladder.

## *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 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.

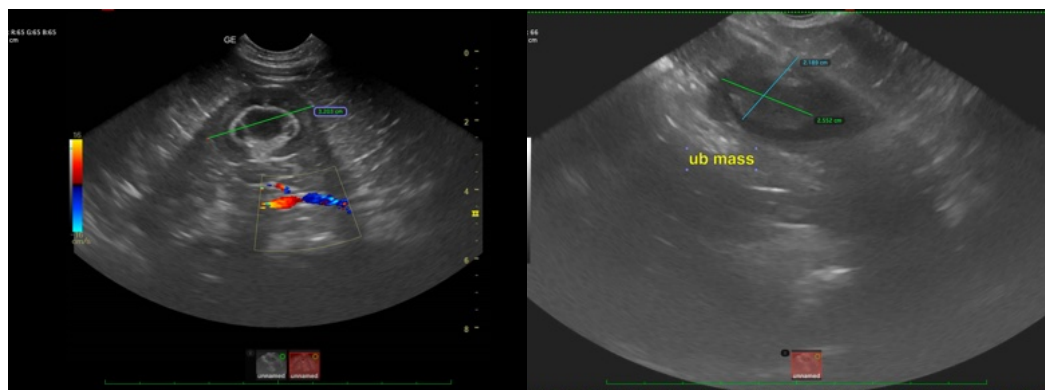
## ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with medullary rim kidney and lobar biliary mineralization.

Apical bladder mass. Strongly consistent with carcinoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bladder mass was noted, appears resectable. The cause of hypercalcemia is not evident. The prednisone therapy may be suppressing a more significant presentation. Apical bladder wall resection is recommended in this patient. I cannot rule out metastasis in the deep pelvic urethra; however, the cystourethral junction was free of evident pathology.





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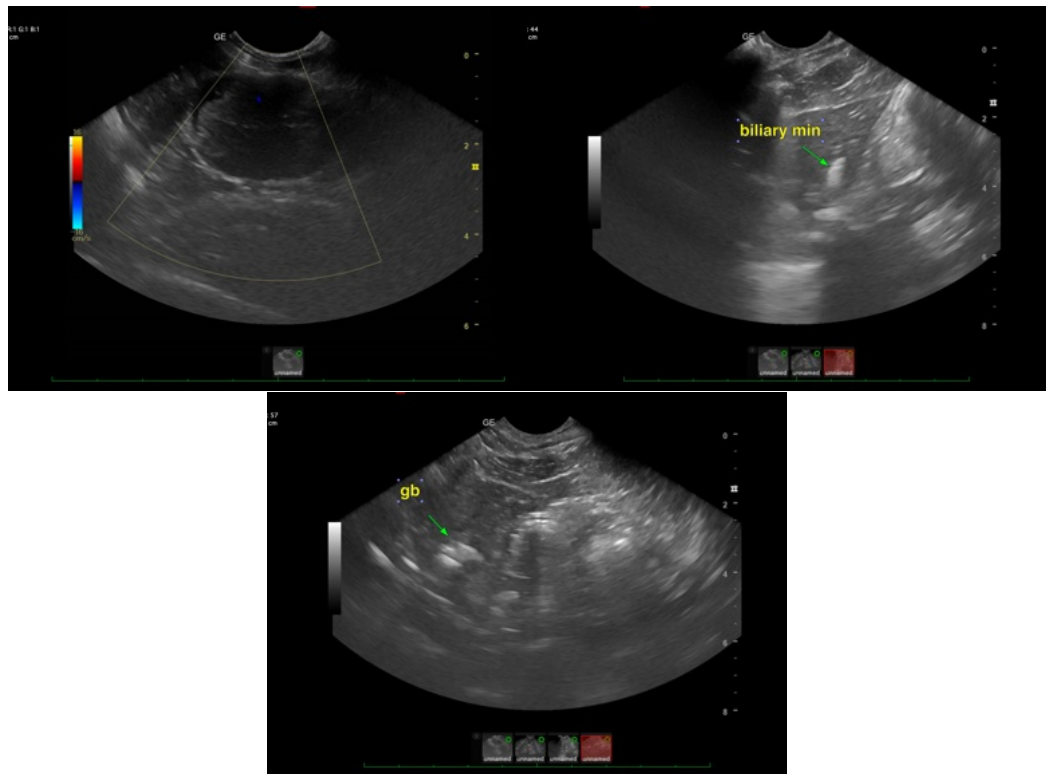
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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