



**PATIENT**

Lucky McCabe

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Neutered Male

**AGE**

20 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

All Creatures Great  
and Small, Fairfield

**REFERRING VET**

Dr. Ruiz

**INVOICE**

35982

**DATE**

5/7/26

**PRESENTING CLINICAL SIGNS**

History: Hematuria

Abnormal PE/Chem/CBC/UA Results: BUN 70, USG - 1.008

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	10	NM	0.4	1.5	0.4	--	--
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL (m/s)	RVOT VEL (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	2.0	2.0	--		--	.90	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

TR Vmax: 3.0 m/s, MR Vmax: >4.0 m/s

**Cardiac Presentation**

The cardiac presentation presented mitral insufficiency and moderate left atrial enlargement. Tricuspid insufficiency was noted. A large amount of pleural effusion was noted through the diaphragm.

**Urinary System**

The urinary bladder presented multiple polypoid irregular parenchymal changes with transmural penetration. Minor polypoid changes were noted at the cystourethral junction were noted and in the proximal urethra. Echogenic urine was present.

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 this age patient. Medullary structure differed distinctly from that of the cortex. Minor pyelectasia was noted in the right kidney. The kidneys measured 4.0 cm each.

**Adrenal Glands**

The right adrenal gland was enlarged, hypoechoic and irregular, measuring 1.5 cm, strongly suggestive for neoplastic process.

The left adrenal gland revealed no evident pathology.



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## *Spleen*

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are mild and consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

## *Liver*

The **liver** was enlarged and irregular with passive congestion pattern. Multifocal hypoechoic nodular changes were noted in the liver.

## *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. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Left and right sided heart failure
- Pleural effusion
- Polypoid bladder changes, strong concern for carcinoma
- Right adrenal mass, consistent with carcinoma- possible Conn's syndrome is hypokalemia is an issue.
- Ascites
- Enlarged irregular liver with passive congestion pattern and multifocal hypoechoic nodular changes.
- Age-related renal, splenic and pancreatic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion may be deriving from left sided heart failure or concurrent neoplastic process. Palliative management with Lasix (6.25 mg BID) and pimobendan (0.3 mg/kg BID) could be considered. Further work up for the right adrenal tumor and cytospin of a free catch urine sample are recommended to assess for carcinoma cells. Prognosis is poor long term depending upon clinical management of the multiple issues.



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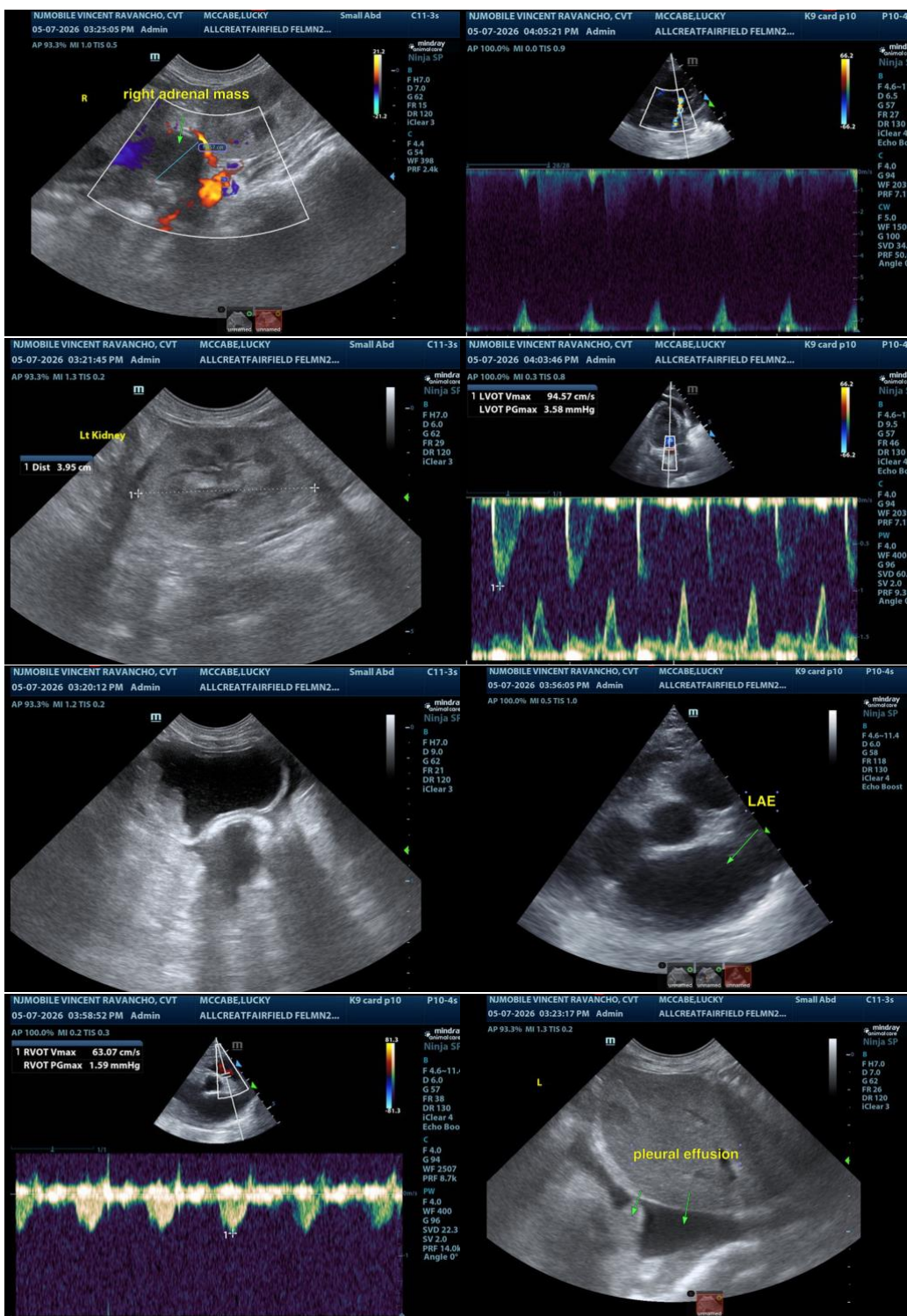
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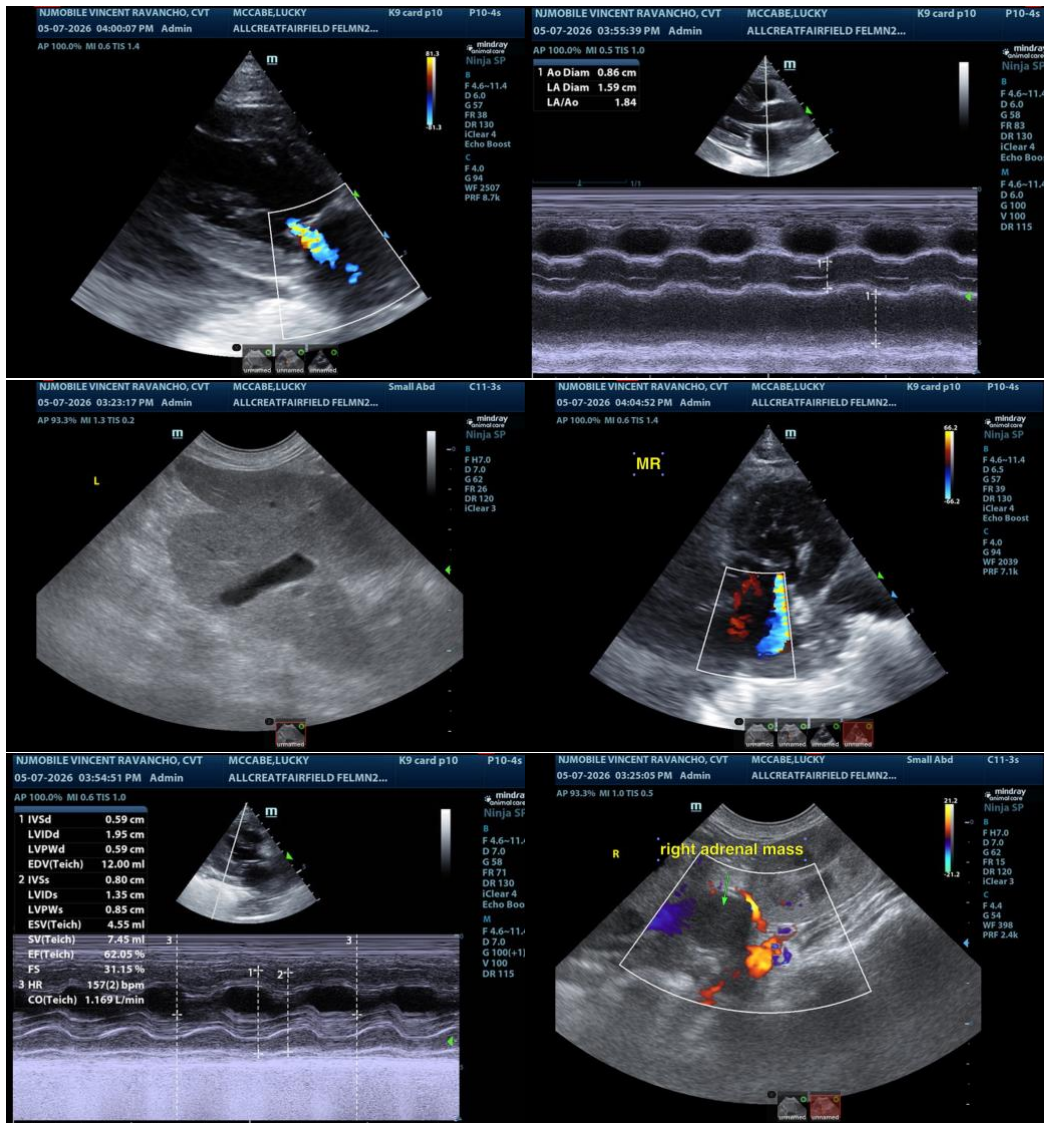
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)