

## PATIENT

McNulty Luna

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

2 years

## WEIGHT

11.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA AVH AH

## REFERRING VET

Dr. Case

## INVOICE

68575

## DATE

11/11/25

## PRESENTING CLINICAL SIGNS

History: Weight loss, increased water consumption. Currently 11.3 lbs but O states should be/usually is closer to 13 lbs. Licking inguinal region. No current medications.  
Creat 1.8; UA: 3+ blood, WBC 4-10; RBC >50; PH 7; USG 1.033. (urine culture-Neg)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed wall thickening measuring 0.5 cm with shadowing sand. Suspended debris was noted. The ventral apical portion of the bladder wall presented a mural defect of approximately 0.4 cm.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.26 cm. The right kidney measured 4.2 cm.

### *Adrenal Glands*

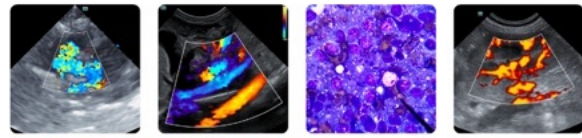
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 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 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.



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**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 mesenteric lymph nodes were reactive and measured up to 1.5 x 0.5 cm.

**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**

Cystitis pattern. Pseudomembranous cystitis is suspected, bacterial cystitis is possible.

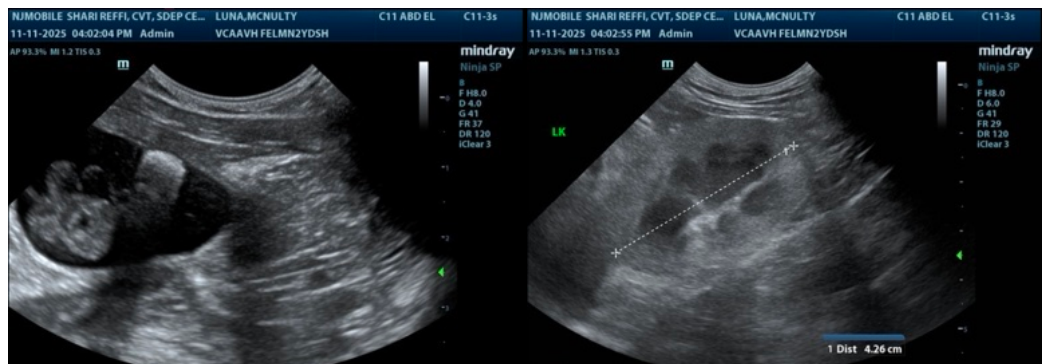
Mesenteric lymphadenopathy, likely reactive.

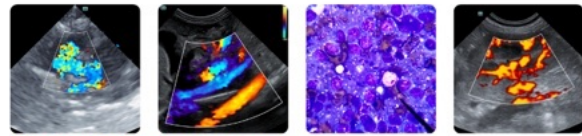
Otherwise, unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary work-up is warranted. Dissolution protocol or cystotomy, bladder lavage and bladder wall biopsy is indicated. The shadowing material in the bladder could be sand, adhered mucous debris or calculus all of which can present in this fashion. However, the bladder wall is not normal. Histopathology and culture of the bladder wall would be ideal for long term management. Bladder wall resection may be appropriate depending upon findings at the time of surgery. There is a very mild potential for bladder wall lymphoma. If surgery is to be performed, mesenteric lymph node biopsy and culture could also be considered.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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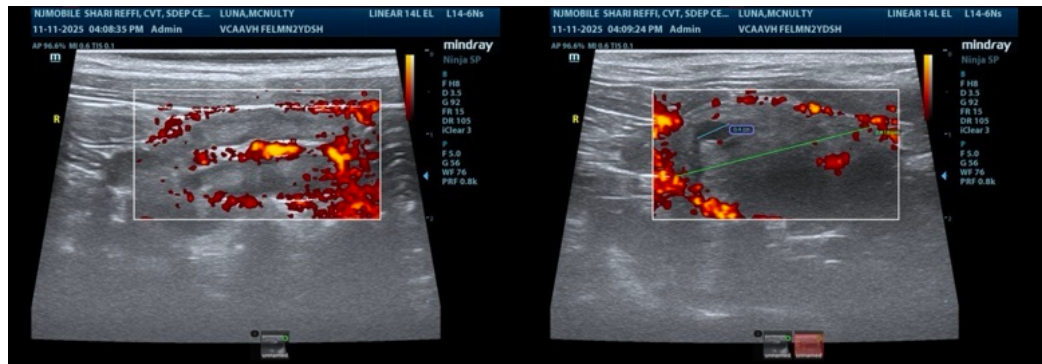
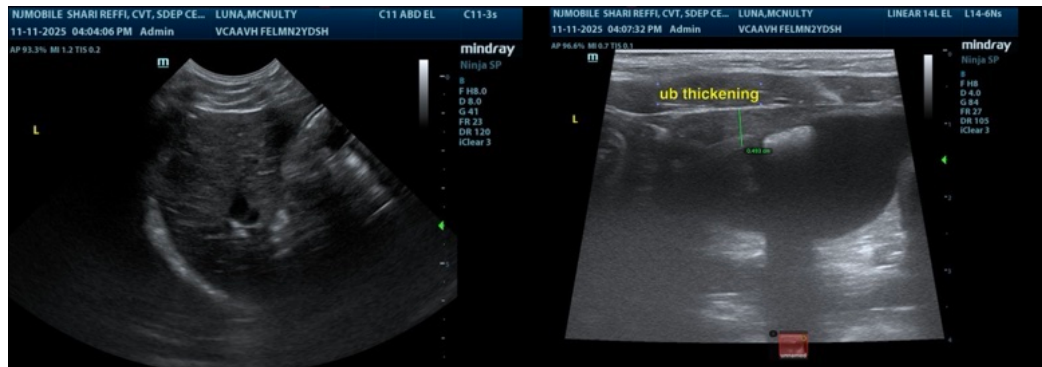
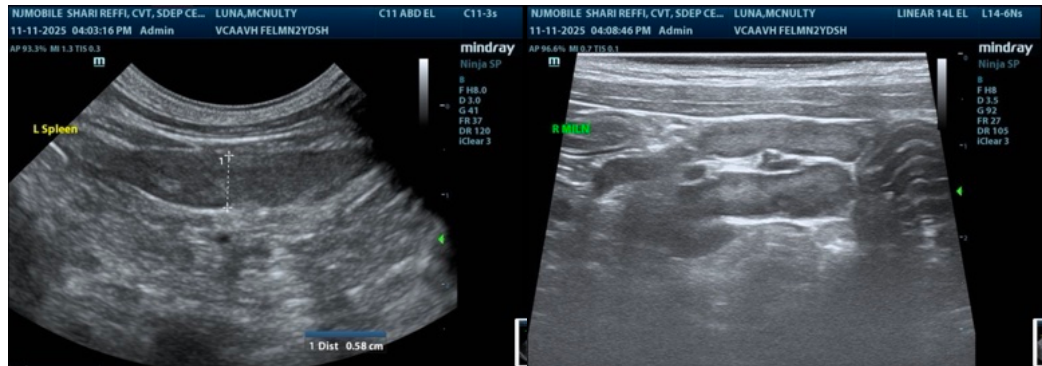
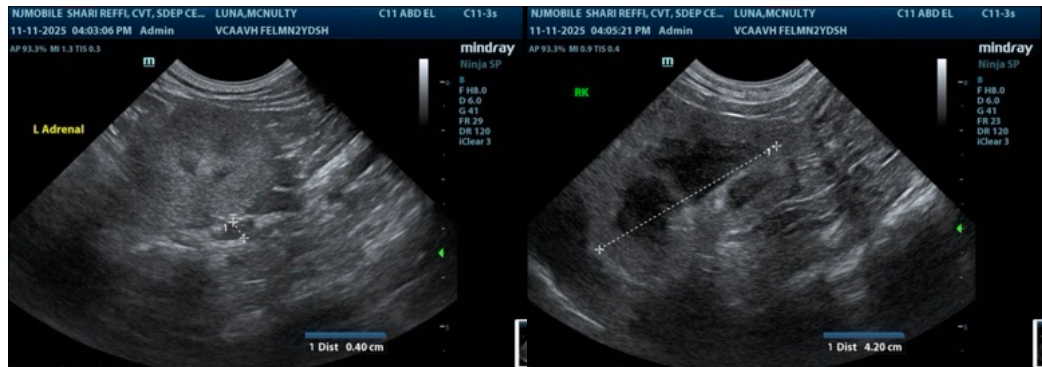
Dr. Case

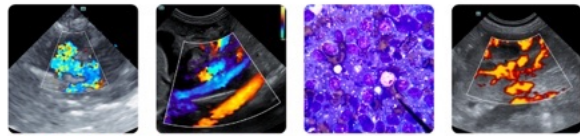
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

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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.

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