

PATIENT

Misty Aishehab

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Spayed female

AGE

9 years

WEIGHT

-

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

71753

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Possible mass near urinary bladder- confirmation if mass is candidate for surgical removal
- rads show increased density of urinary bladder, small sharp stones seen in urinary bladder
- Meds: Clavamox 62.5 mg susp 1.4 ml every 12 hr, Gaba 50mg susp. 1.2 ml every 8 hours.
- AST 521[^], Urea nitrogen 118[^], Creatine 10.6[^], SDMA 44.3[^], Calcium 7.7 Low, Potassium 6.2[^], Na/K 24 low, CPK 121912[^], WBC 17[^], Neutrophils 94[^], Lymphocytes 4 low, Eosinophils 1 low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder** revealed concentric wall thickening with attached mucous and debris measuring 0.64 cm with a small calculus that measured 0.64 cm. This is most consistent with interstitial cystitis or possible bladder lymphoma. The thickening continued into the pelvic urethra. The bladder wall thickness of the pelvic urethra measured 0.5 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. The right kidney measured 3.76 cm. The left kidney measured 3.77 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

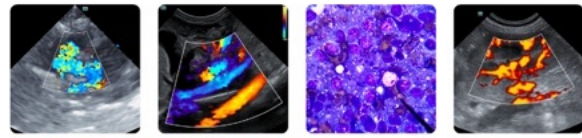
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.39 cm.

Spleen

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

Liver

The **liver** revealed slight, irregular swelling with excessive hypoechogenicity. The changes were subtle. 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. 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 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.

Free Abdomen

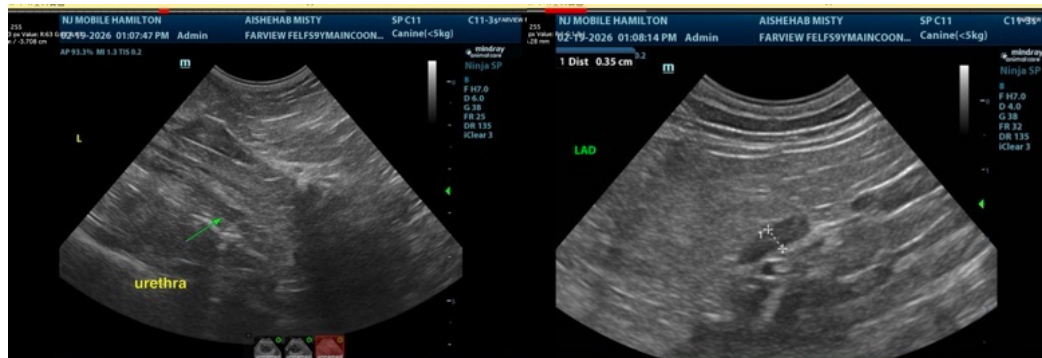
A trace amount of free fluid was noted.

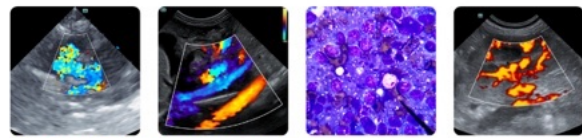
ULTRASONOGRAPHIC FINDINGS

Interstitial cystitis pattern with bladder calculus. Cystitis, urethritis pattern. Liver swelling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, bladder wall biopsy and culture are indicated. There is a possibility of bladder lymphoma in this patient. Stone culture and bladder wall biopsy is indicated. Screening FNA of the liver may be appropriate given the subtle swelling. I cannot rule out an early round cell neoplasia. Alternatively a liver biopsy can be obtained at the time of surgery. There are no overt masses in this patient, yet I cannot rule out an emerging neoplastic process involving the bladder and liver.





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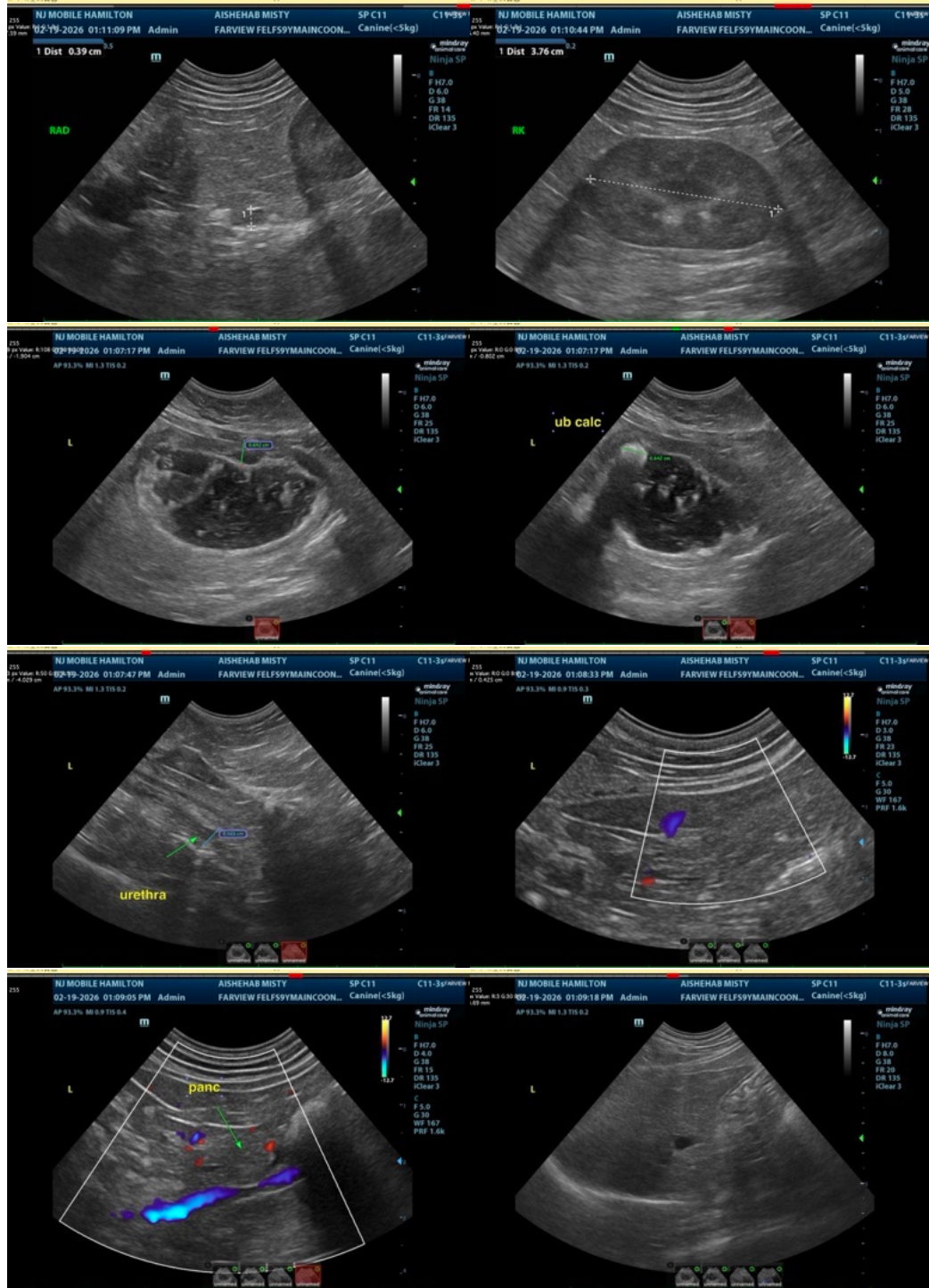
Dr. Mosaad

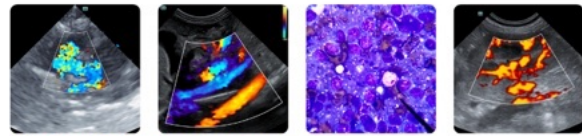
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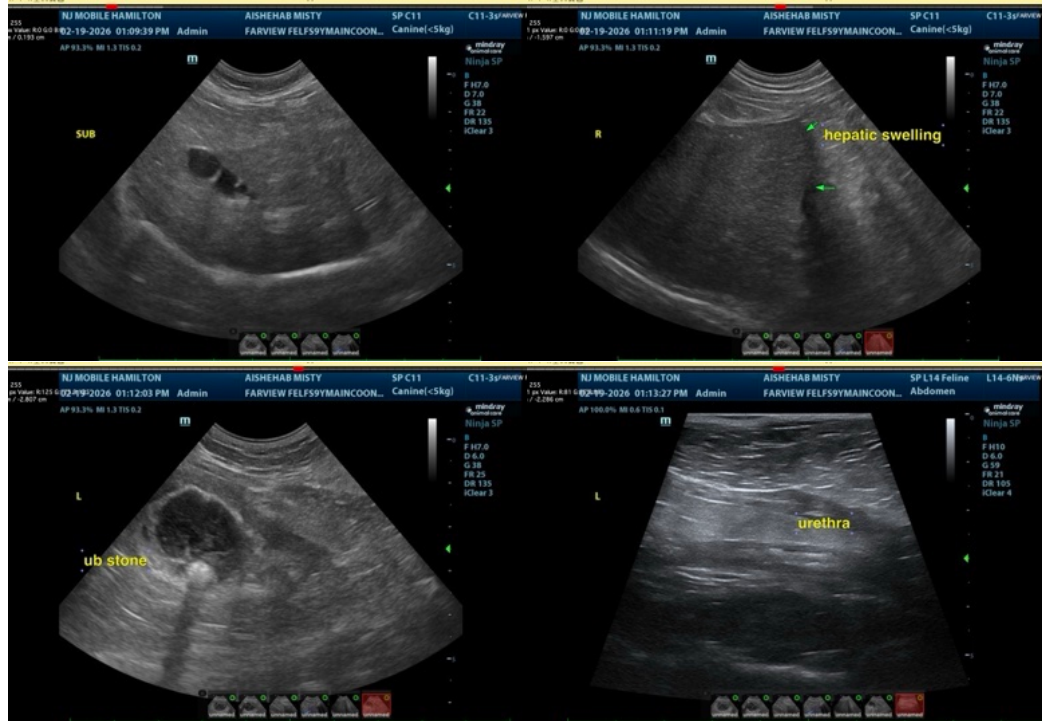
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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