



## PATIENT

Jasper Venegas

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

14 Years 1 Month

## WEIGHT

8.18

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Cathleen Whitcraft

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

James Quintana, DVM

## INVOICE

35468

## DATE

1/18/26

## PRESENTING CLINICAL SIGNS

History: P is a 14yr 1mo old MN mixed breed feline presented 1/5/2026 to follow up on BW. O states that P has a history of pancreatitis that has been managed per O. Recently, O noted P has had a little decrease in our appetite but P is still eating at this time. O states that overall P is doing well. Drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/ medication. P has no recent travel history. Indoor only. Patient re-presented today for signs of ADR but still eating some salmon wet food and drinking well. Today is when he was showing worsening signs of not interested in any food, lapped up a small amount food early afternoon. He does seem to have a hard swallow and he smells like vomitus, but o did not witness nausea/vomiting. No coughing, sneezing, diarrhea noted by owner.

## 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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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. This is a moderate change. The left kidney measured 3.53 cm. The right kidney measured 3.98 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 right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.4 cm in width.

### *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 were noted.

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume, and no evidence of congestion was noted. The gallbladder was echogenic without overdistention.

### *Gastrointestinal*



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The **gastrointestinal tract** was structurally unremarkable, yet some hyperperistalsis was present consistent with irritability or inflammation. The stomach revealed a minor amount of chyme and progressively shadowing luminal material, likely hairball accumulation.

## Pancreas

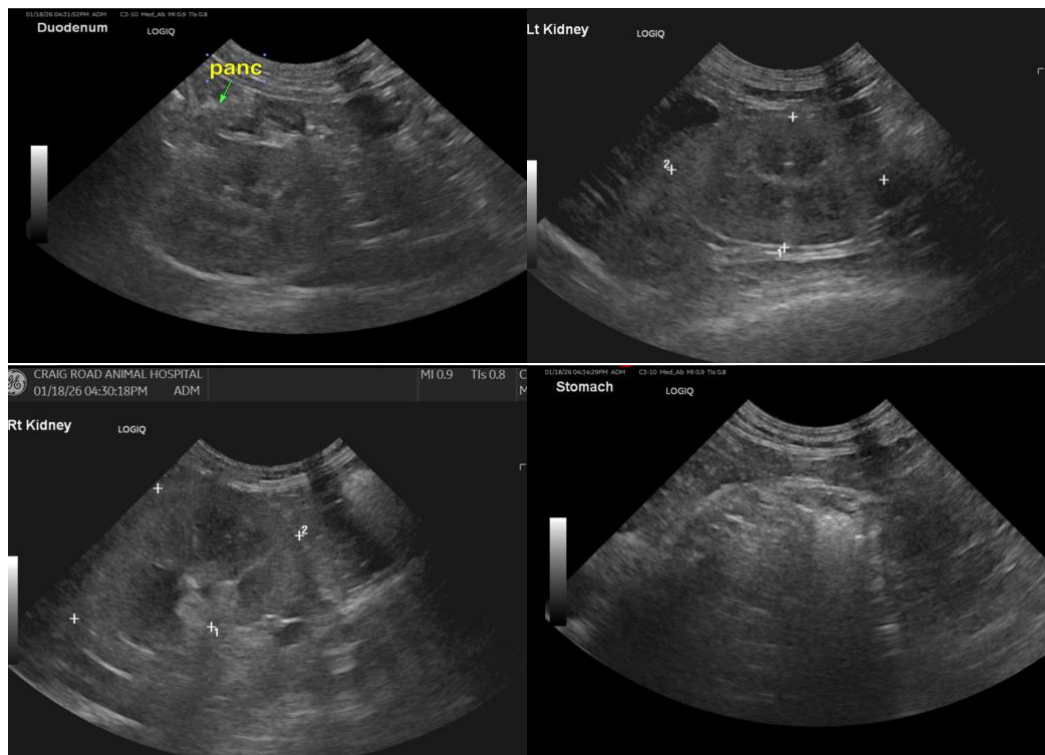
Minor **pancreatic** remodeling was noted. No evidence of any significantly active inflammation, however, low grade inflammation cannot be ruled out.

## ULTRASONOGRAPHIC FINDINGS

- Unremarkable geriatric abdomen with hepatic, renal, and pancreatic remodeling
- Possible hair accumulation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective, however, the poor appetite could also be related to other issues, such as orthopedic pain, CNS, or thoracic disease, all of which should be ruled out.





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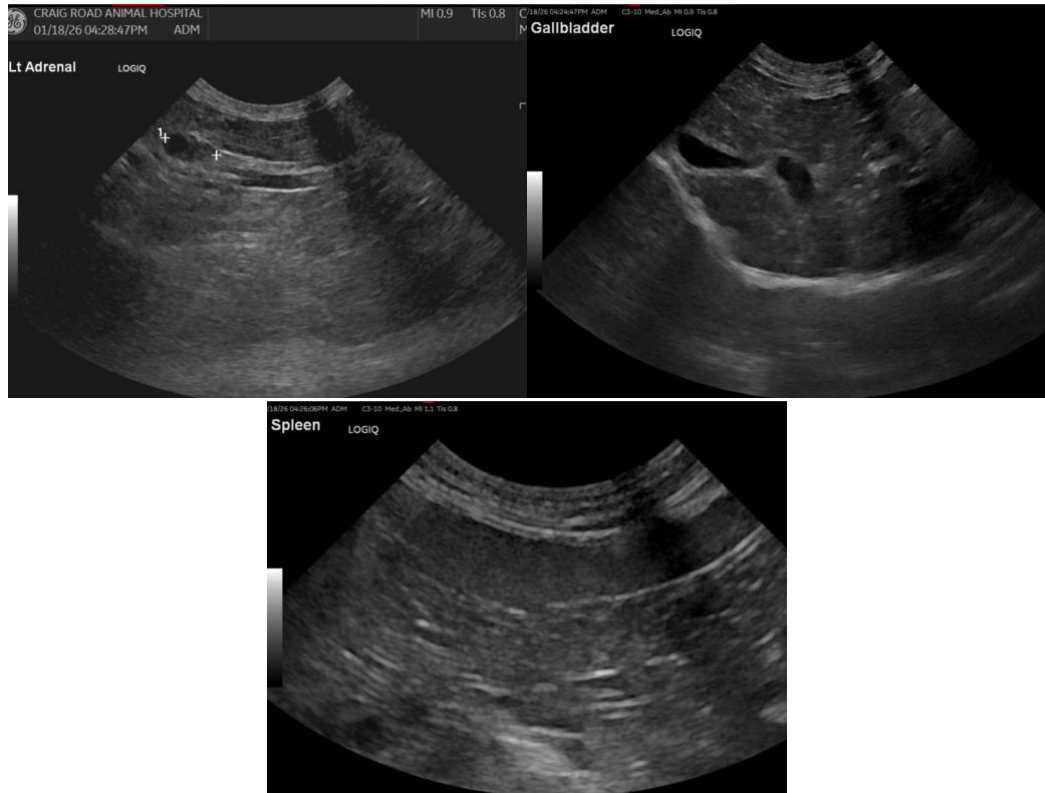
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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