



PATIENT

Spike Boulware

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lauren Kuzimski
DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lauren Kuzimski
DVM

INVOICE

12501

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Patient is not wanting to eat or drink as much. no vomiting. he was urinating per owner but unable to say 100% it was him due to other cats in the household. weight loss noted

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** in this patient were subnormal in size with mildly increased cortical echogenicity consistent with interstitial nephrosis. A hyperechoic medullary rim sign was noted without disruption of architecture. Mild degenerative renal changes with idiopathic medullary rim sign, this may be a normal variant or occult FIP. Occasionally lymphoma can present in this fashion, yet this is not suspected. The left kidney measured 3.8 cm in length. The right kidney measured 2.5 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

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

Liver

The **liver** presented with diffusely hyperechoic falciform fat with hypoechoic nodular changes consistent with lipidosis, however, the nodules are concerning.

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 soft stool. 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

- Volume contracted spleen.
- Chronic interstitial nephrosis renal pattern.
- Hepatic lipidosis liver pattern with nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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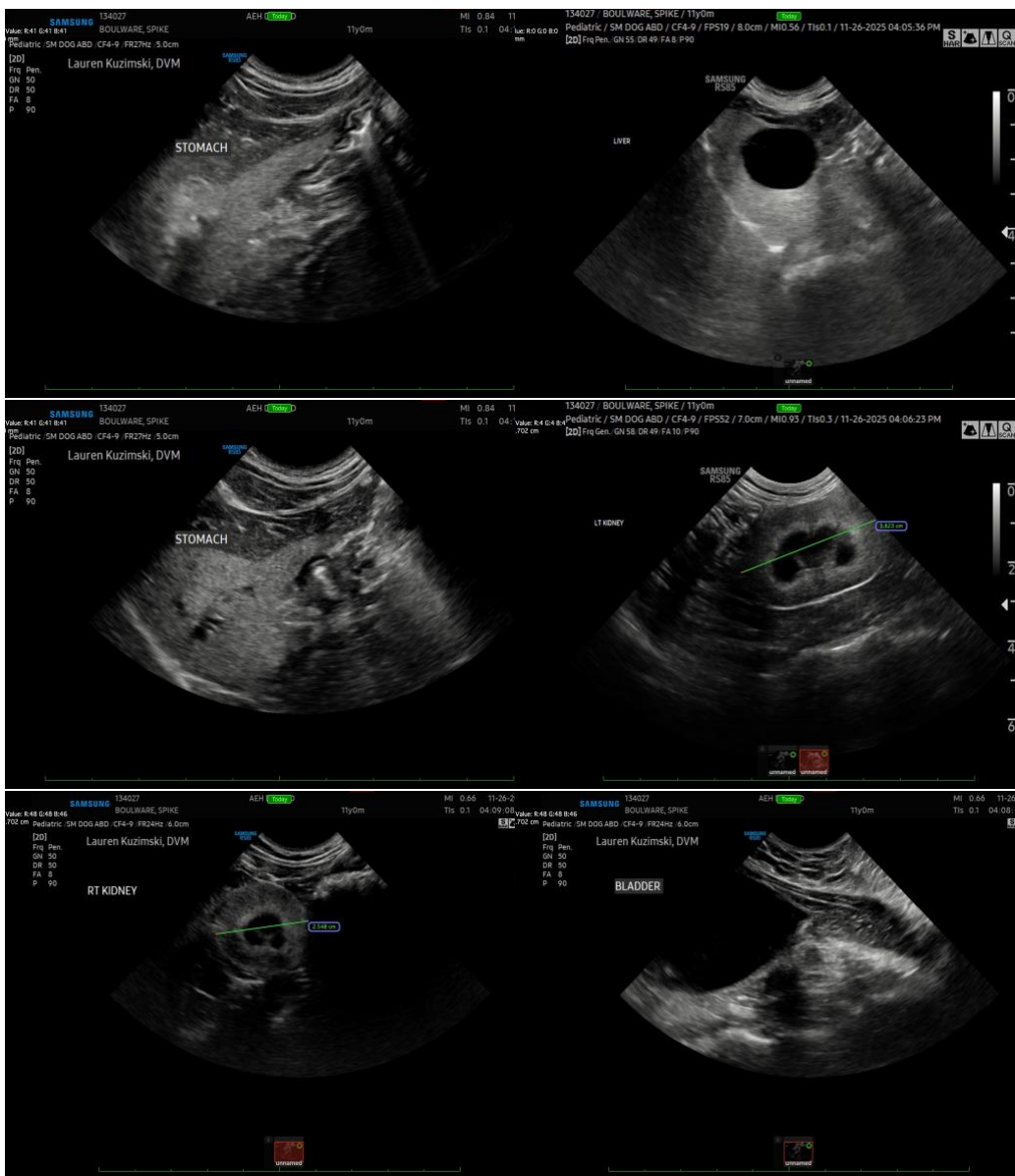
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If liver enzymes are elevated, FNA of the liver is indicated. Full urinary work up is indicated. No overt evidence of neoplasia, however, I am concerned about potential occult neoplasia in the liver. Maldigestion panel, three view chest radiographs 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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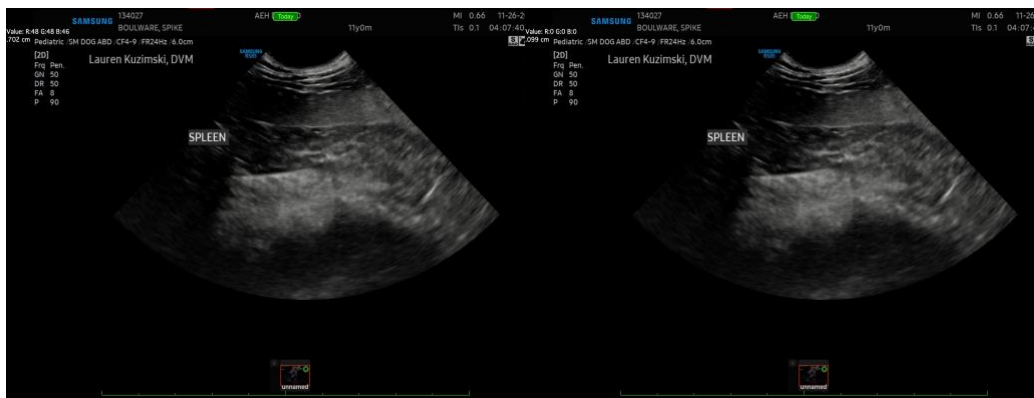
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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