



PATIENT

Jasmine Rempel

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 3 Months

WEIGHT

9.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

North Jersey Animal
Hospital

REFERRING VET

Dr. Chiu

INVOICE

73627

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, hx of CKD

Abnormal PE/Chem/CBC/UA Results: SDMA 15, Creat 1.9, cobalamin 672mg/L, folate 21.1mg/L USG 1.052

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 3.2 cm. Right kidney measured 3.35 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. Left measured 0.29 cm. Right measured 0.37 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 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 age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The right base of the **pancreas** was hypoechoic and irregular in a region of approximately 1.5 cm with hyperechoic surrounding fat. A reactive pancreatic lymph node noted measuring 0.50 cm.

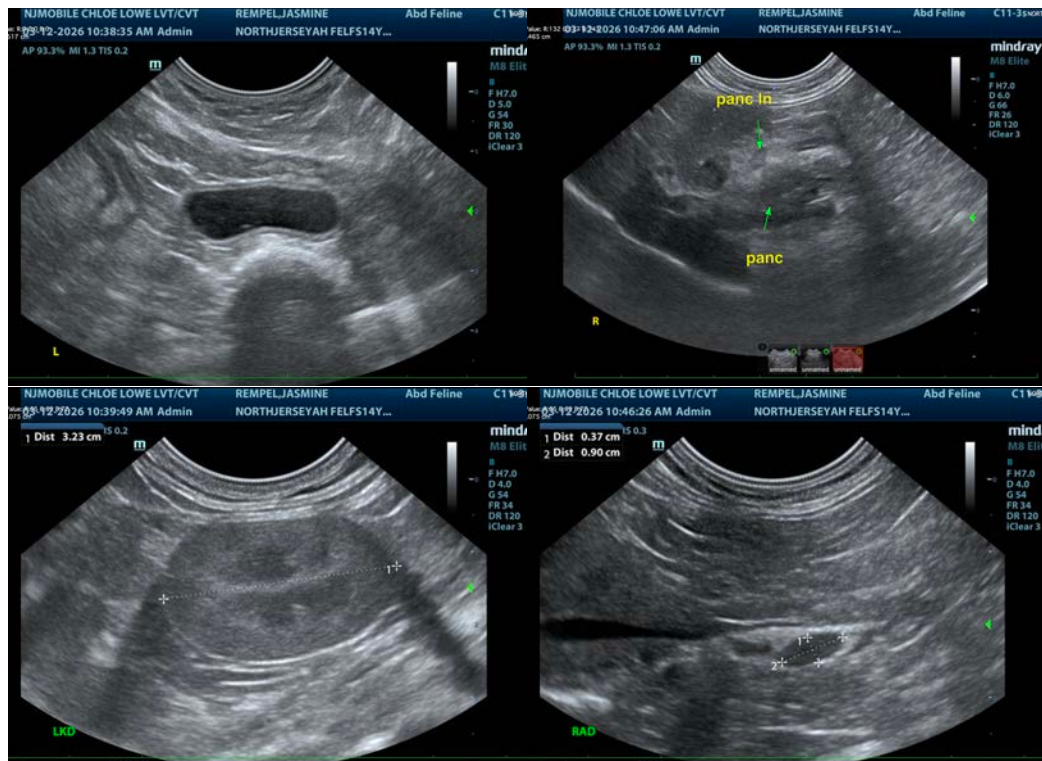
ULTRASONOGRAPHIC FINDINGS

- Right base pancreatitis pattern, chronic active form.
- Minor intestinal thickening.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Hydrolyzed diet, broad-spectrum antibiotics, pain management all indicated. Depending upon the clinical status of the patient, IV fluid support and injectable antibiotics may be necessary. The SDMA may be secondary to pancreatic inflammation affecting the kidneys, theoretically. No overt evidence of neoplasia. Recheck sonogram ideally in one week to ensure adequate resolution.

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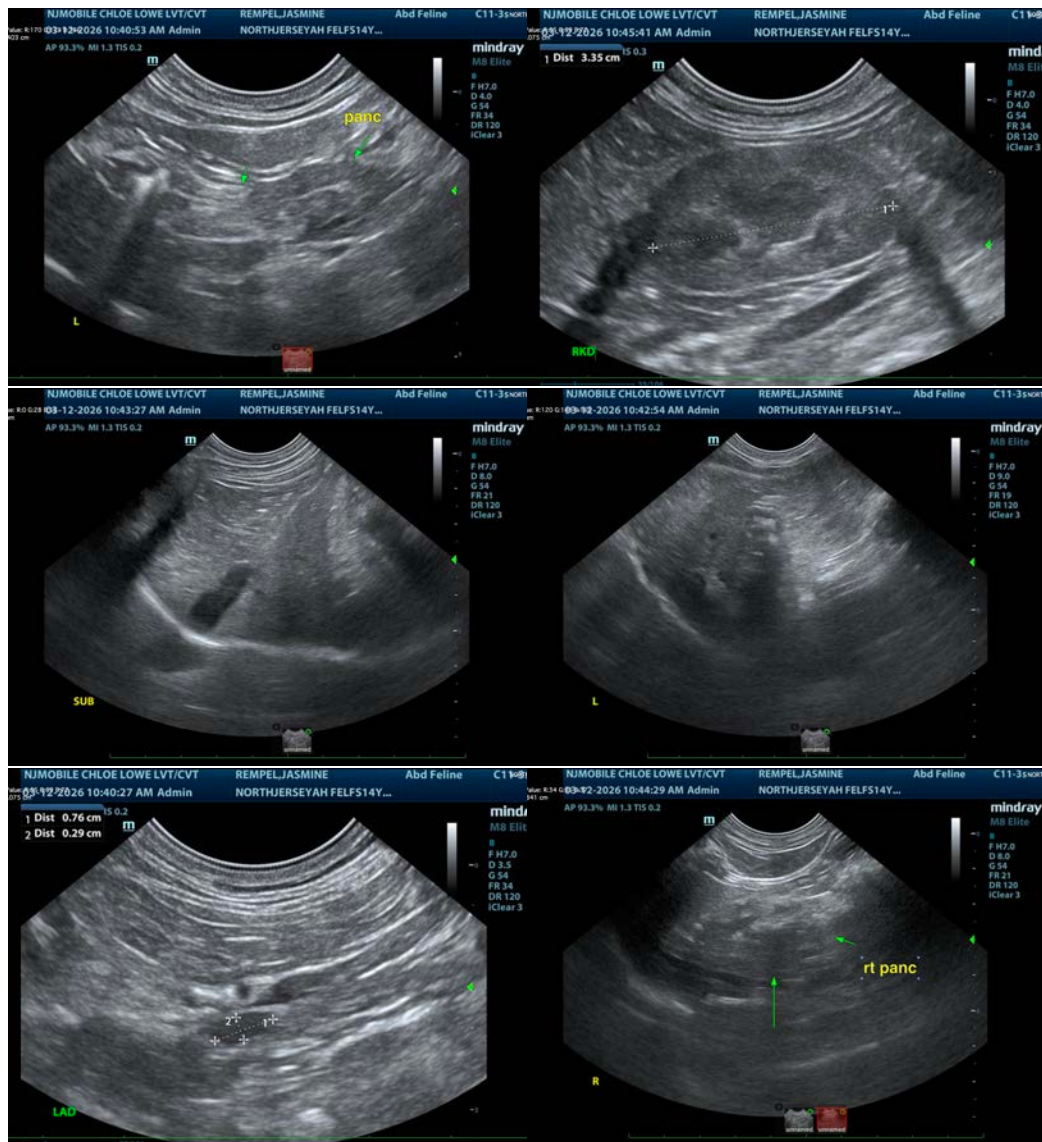
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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