



## PATIENT

Scooter Haley

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

13 years

## WEIGHT

8.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Wes Spangler

## HOSPITAL NAME

TotalBond VH Paw  
Creek

## REFERRING VET

Dr. Spangler

## INVOICE

74006

## DATE

4/1/26

## PRESENTING CLINICAL SIGNS

- 13yo MN DSH with approximately 2lbs weight loss since summer 2025
- No v/d/c/s reported from owner
- Recent bout of FLUTD, stranguria and inappropriate urination on 3/16/26. Labwork at that time (attached) included UA collected via cystocentesis, appeared to show UTI.
- Labs also showed elevated pancreatic enzymes though no clinical signs consistent with pancreatitis were present.
- Responded positively to Tx with onsiar, gabapentin, Clavamox, environmental Tx for FLUTD
- UA Specific Gravity 1.028 (1.035 - 1.098) pH 6.0 (6.0 - 7.5) Urine Protein 3+ Glucose NEGATIVE Ketones NEGATIVE Blood /Hemoglobin 3+ Bilirubin 1+ Urobilinogen NORMAL White Blood Cells 6-10 HPF Red Blood Cells 75-100 HPF Bacteria MODERATE RODS 9-40/HPF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a minimal amount of repletion with thickened, slightly irregular and remodeled wall measuring 0.4 cm. Polypoid bladder changes were noted. This is consistent with pseudomembranous cystitis.

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 right kidney measured 4.45 cm. The left kidney measured 3.84 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. The adrenal glands were mineralized. The left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.35 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.



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## 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.

## 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. Soft stool was noted in the colon. 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

Polypoid bladder changes, consistent with pseudomembranous cystitis. I cannot completely rule out potential underlying carcinoma.

Interstitial nephrosis renal pattern.

Mineralized adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear. Traumatic catheterization of the urinary bladder would be ideal and/or cytospin of the urinary sample to assess for any neoplastic cells or predominant inflammatory cell type. Urine culture and sensitivity is indicated. Three week antibiotic therapy trial can be considered. The cause of weight loss is unclear. 25-gauge FNA of the kidneys can be considered to ensure that an emerging round cell neoplasia is not developing as this can be a potential in early phase with this presentation.

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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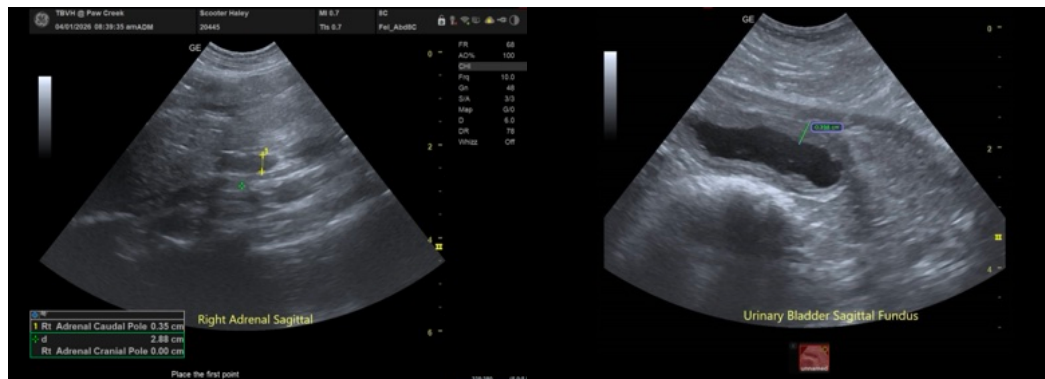
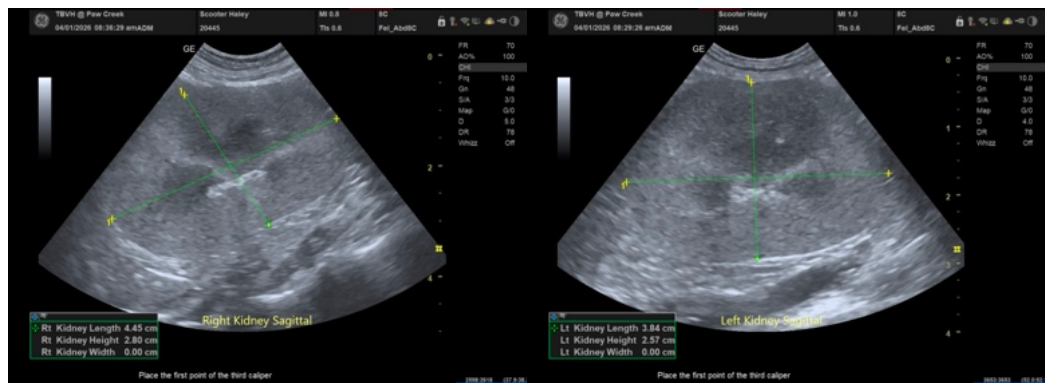
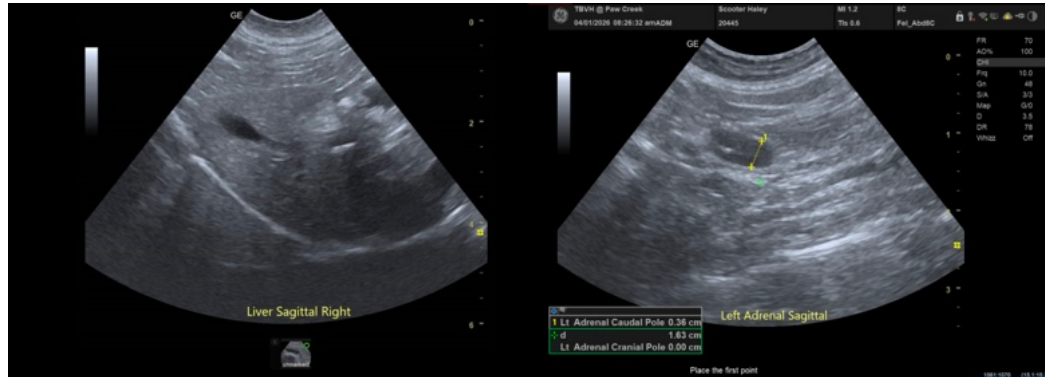
Dr. Spangler

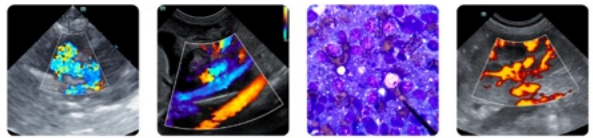
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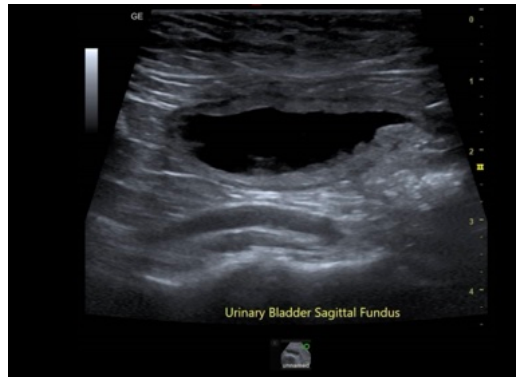
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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