



PATIENT

Jumbalaya Lowe

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14

WEIGHT

5.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wes Spangler

HOSPITAL NAME

TotalBond Veterinary
Hospitals (Paw Creek)

REFERRING VET

Dr. Wes Spangler

INVOICE

74394

DATE

4/10/26

PRESENTING CLINICAL SIGNS

14yo FS DSH with 2lbs weight loss (7lbs -> 5.1lbs) since late 2024. Previously detect azotemia in 2024, has not progressed on renal diet and naraquin. No v/d/c/s reported from home. Mild hypercalcemia is new.

Abnormal PE/Chem/CBC/UA Results:H IDEXX SDMA a 15 (0 - 14) ug/dL Creatinine 1.4 (0.9 - 2.3) mg/dL H BUN 44 (16 - 37) mg/dL H Neutrophils 17316 (2620 - 15170) /uL H Calcium 11.5 (8.2 - 11.2) mg/dL

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. Loss of corticomedullary definition and areas of mineralizations noted. 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. Slight pyelectasia noted in both kidneys. Right kidney measured 3.3 cm. Left kidney measured 3.4 cm.

Adrenal Glands

The **right adrenal gland** was 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. Right measured 0.23 cm.

The region of the **left adrenal gland** was unremarkable.

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** presented increased portal markings, with slight free fluid noted between liver lobes. The gallbladder was thickened and echogenic with tortuous cystic duct.

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 pancreas was prominent, hypoechoic and irregular with undulating contour. Dilated duct noted.

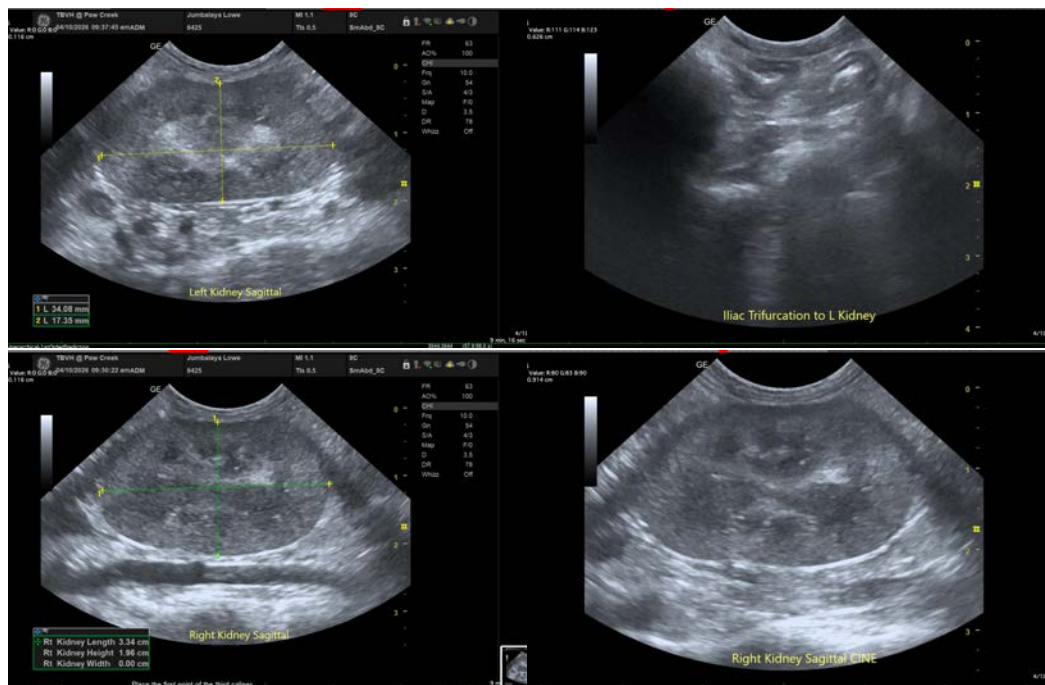
ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis.
- Likely active inflammation in the pancreas.
- Age related GI changes.
- Moderate chronic degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic triad presentation. Both prerenal and renal disease likely playing a role in this patient. No overt evidence of neoplasia. However, I cannot rule out an emerging event. 72-hour IV fluid support, broad-spectrum antibiotics, pain management all indicated, and assessment for other causes of weight loss.

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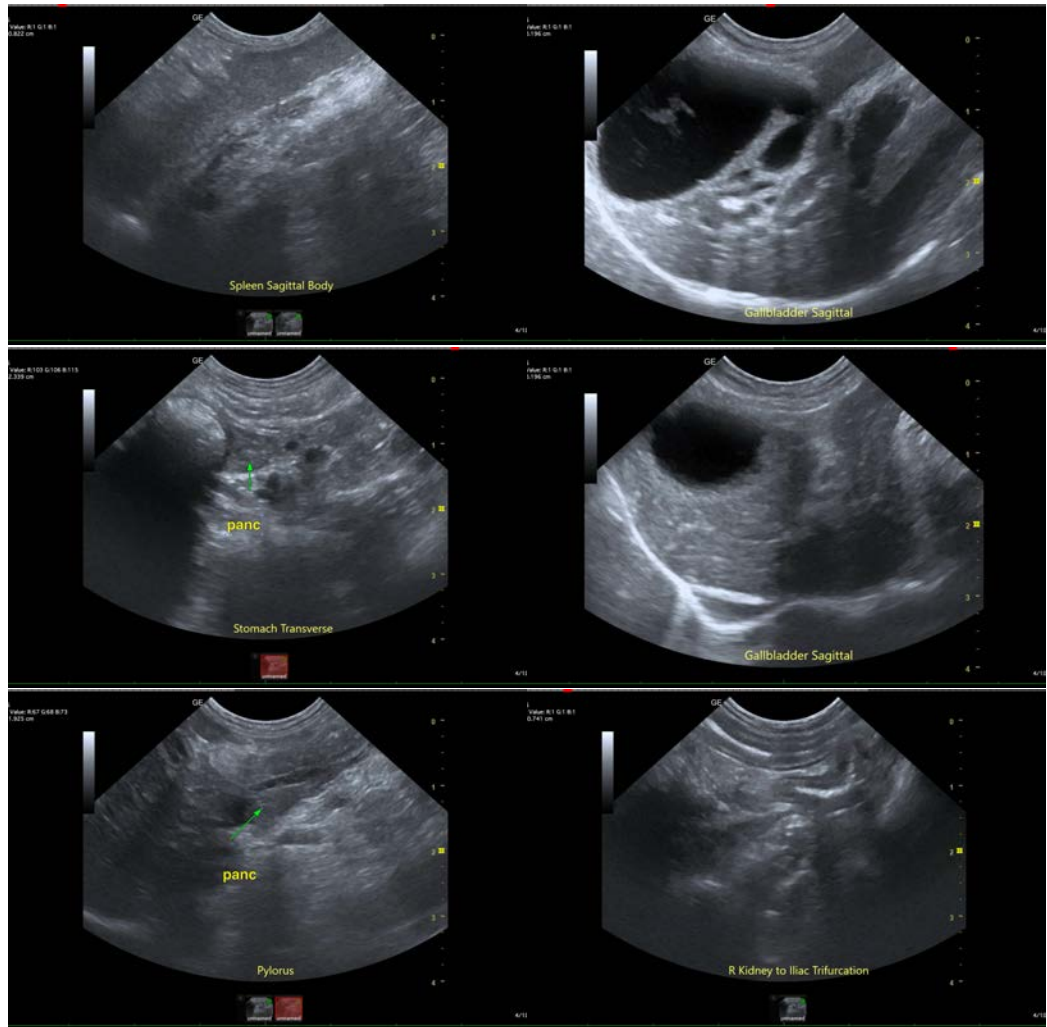
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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