



PATIENT

Shasta Rees

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kaitlyn Rudie DVM

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Leticia Wustenberg
DVM

INVOICE

15645

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Recent dramatic weight loss from October 2025 (2 lbs). Shasta presents for eating and drinking less than normal over last 4 days- Shasta is awake all night and not resting at night and then is sleeping a lot during the day. He won't drink water or eating much, he is urinating less to and bowel movements are much less, he has small little nuggets. He is lethargic. He has only had a little bit of food (pieces over the last 4 days). No vomiting noted. A lot of different stressors at home currently. UTI managed at ER on 4/6 Currently eating RC Feline Urinary and Hydrolyzed Protein

Abnormal PE/Chem/CBC/UA Results: Drooling on presentation, mild dental calculus, overweight despite weight loss Low ALT (<10), ALP WNL; remainder of chem 10 WNL. Creatinine WNL but slightly higher than historic (2.1 vs 1.8) UA 10.24, 2+ RBC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight mineralizations were noted bilaterally. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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. The spleen measured 0.70 cm width.

Liver

The **liver** revealed lobar biliary calculi. The gallbladder revealed calculi as well with a grouping measuring 1.0 cm. Common bile duct and cystic duct were riddled with multiple calculi.

Gastrointestinal

The **stomach** presented with a trace amount of hair-type density yet nonobstructive. The small intestine and colon were unremarkable.

Pancreas



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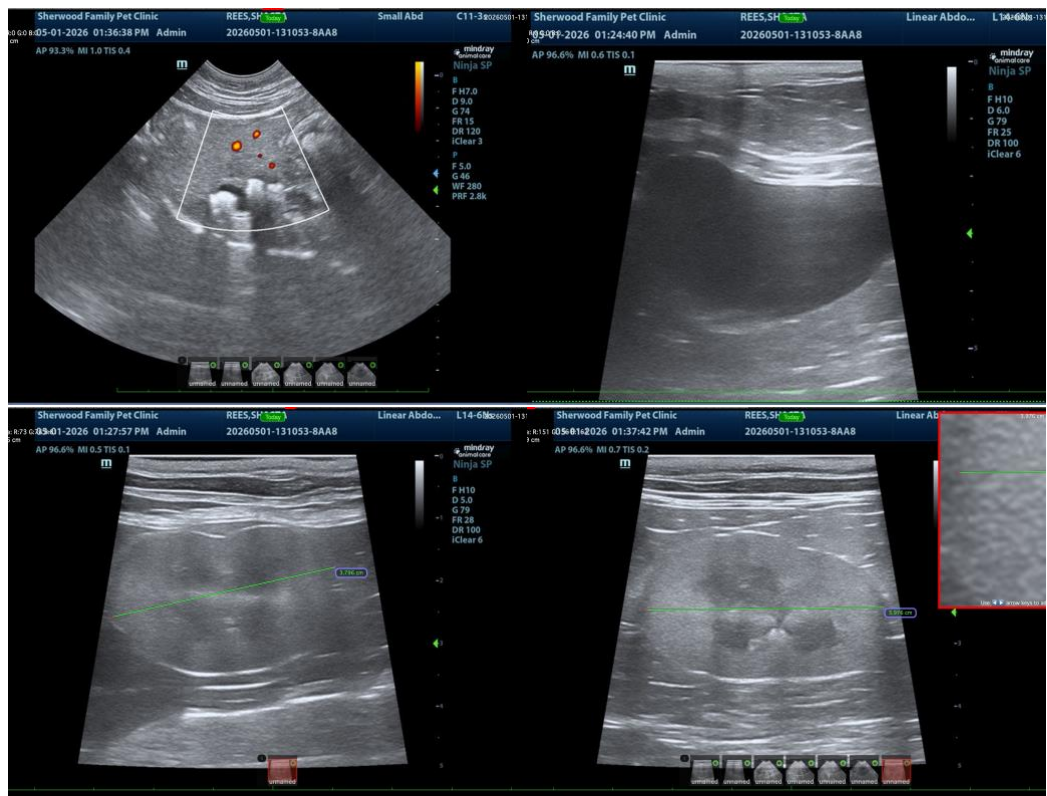
The left limb of the **pancreas** was unremarkable with isoechoic curvilinear patterns compared to surrounding falciform, however, the right pancreatic base appeared to be hypoechoic and mildly irregular. Low-grade pancreatitis is suspected.

ULTRASONOGRAPHIC FINDINGS

- Cholelithiasis-not overtly obstructive.
- Age-related renal changes.
- Hairball type gastric density.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Digital subxiphoid palpation is recommended to assess for any discomfort in the portal hilus and right pancreatic base. If bilirubin elevations and alkaline phosphatase occur, then cholecystotomy and a common bile duct lavage may be appropriate with liver biopsy. The degenerative changes in the liver are moderate with no evidence of neoplasia. 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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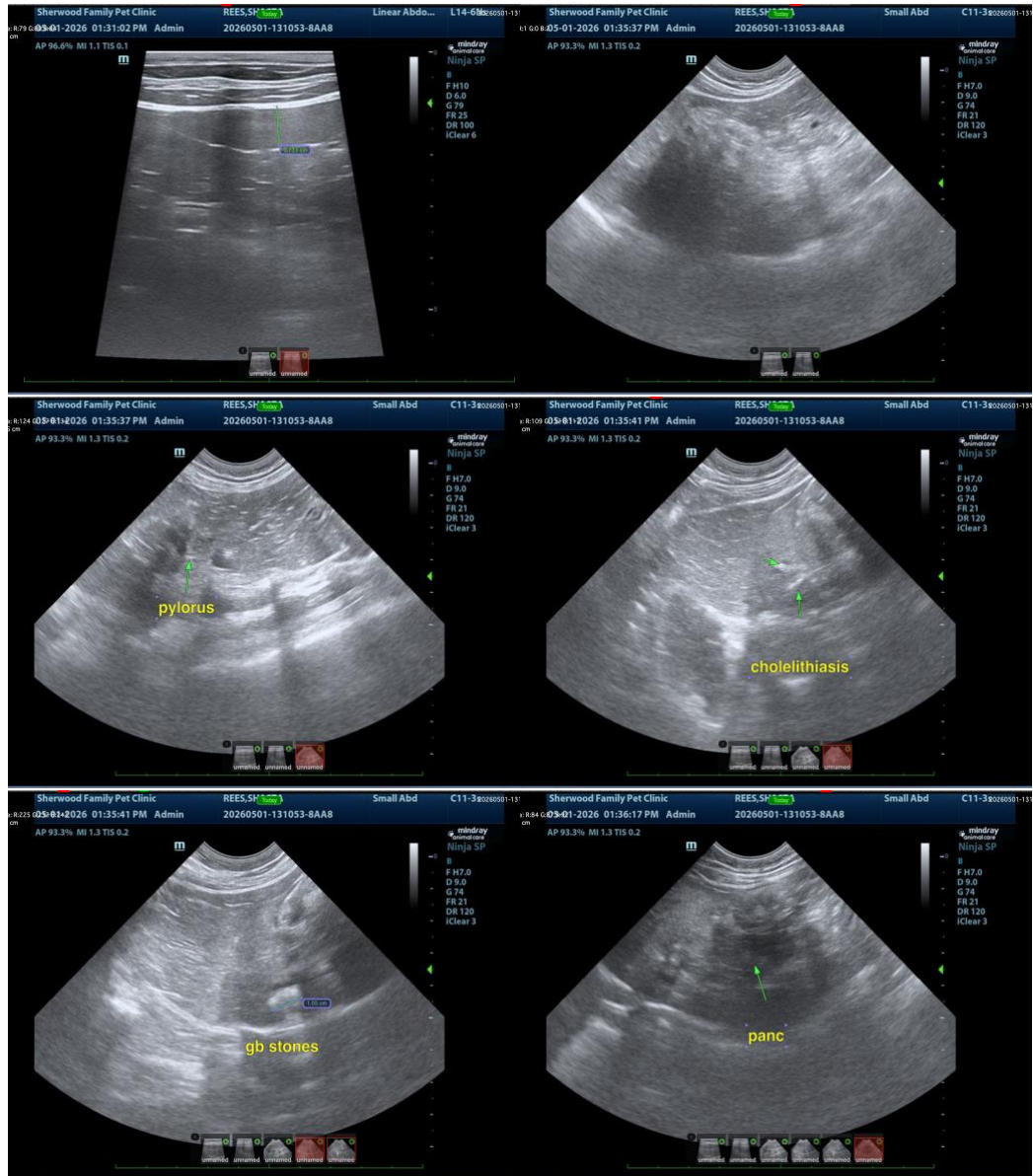
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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