



## PATIENT

Rikku Spangler

## SPECIES

Feline

## BREED

Balinese

## SEX

Spayed Female

## AGE

12

## WEIGHT

7.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wes Spangler

## HOSPITAL NAME

TotalBond Veterinary  
Hospitals – Paw Creek

## REFERRING VET

Dr. Wes Spangler

## INVOICE

75270

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

12yo FS Balinese with ~4y history of management for IBD. Has usually been well controlled with a hydrolyzed protein diet with infrequent flare ups, treated with transdermal prednisolone during flares over the years. Last flare prior to now was late October 2025. At that time, vomiting was acutely frequent and radiographs suggestive of partial obstruction, so an explore was performed. Ultimately negative explore at that time, intestinal biopsies submitted (attached). Did not start chlorambucil following that procedure, pet is extremely difficult to medicate. Recent ~1 week history of reduced appetite, consistent diarrhea, noticing frank blood in the litter box and on the floor. Uncertain of where the blood is coming from.

Abnormal PE/Chem/CBC/UA Results: CBC, chem, UA, all pending, collected today during same sedation episode.

## 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 2.0 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 3.43 cm. Right kidney measured 3.0 cm.

### Adrenal Glands

The **left 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. Left measured 0.31 cm.

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

### Spleen

The **spleen** measured 0.80 cm. It 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 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



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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.

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## Gastrointestinal

Examination of the **gastrointestinal tract** revealed mild chronic mucosal changes in the pyloric outflow with some remodeling. Curvilinear patterns were maintained. Muscularis thickening was mildly excessive at 0.28 cm. No loss of mural detail nor foreign bodies. Increased submucosal echogenicity and thickened noted in portions of the small intestine, consistent with chronic inflammatory bowel.

## BREED

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## Pancreas

## SEX

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## AGE

12

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

7.5 lbs

- Chronic inflammatory bowel presentation.
- Age related renal and pancreatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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GI protectant protocol indicated. No other evidence of significant disease. If GI biopsies were ever obtained on this patient, recommend reassessing the histopathology associated.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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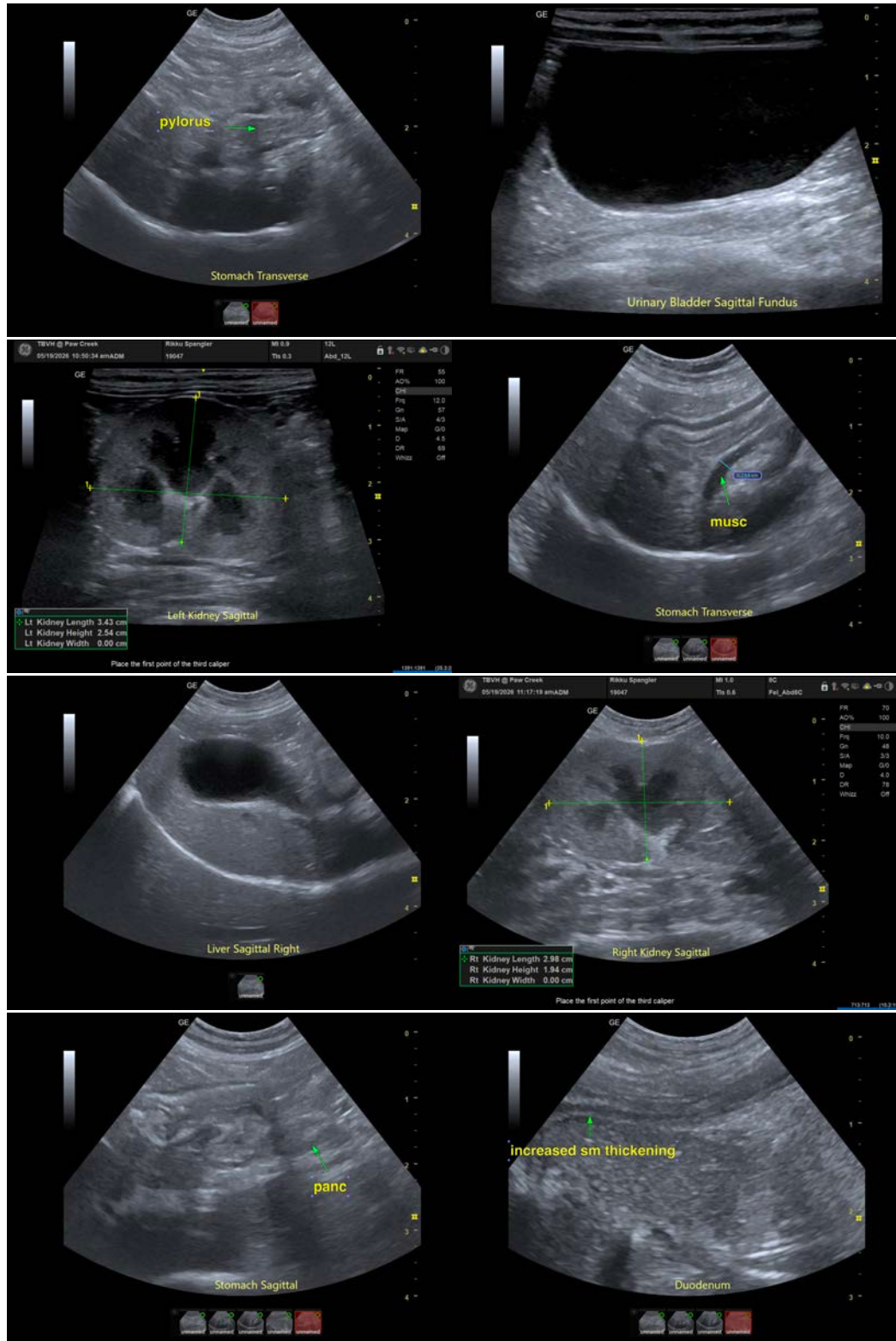
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)