



**PATIENT**

Mesa Kuehne

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

9 ½ years

**WEIGHT**

4.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Turner

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

**REFERRING VET**

Dr. Turner

**INVOICE**

42350

**DATE**

1/13/23

**PRESENTING CLINICAL SIGNS**

Weight loss (6.2 to 4.4kg since September), lethargy, anorexia, vomiting clear fluid last 3 months. Abnormal PE/Chem/CBC/UA Results: PE: Moderate muscle loss with grade 3 pddz. Chems: Cr 4.4mg/dl, BUN 50, SDMA 22. Urine analysis pending, culture negative. Thoracic radiographs unremarkable. TT4 2.0mg/dl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed non-specific, increased cortical echogenicity and thickness. Bilateral pyelectasia was noted. There was some loss of corticomedullary definition. The right kidney measured 4.53 cm. The left kidney measured 4.63 cm. Blood flow to the kidneys appeared to be mildly subnormal on power Doppler assessment.

**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. The left adrenal gland measured 0.54 cm. The right adrenal gland measured 0.57 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.

**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.



**PATIENT**

Mesa Kuehne

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

9 ½ years

**WEIGHT**

4.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Turner

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

**REFERRING VET**

Dr. Turner

**INVOICE**

42350

**DATE**

1/13/23

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**Pancreas**

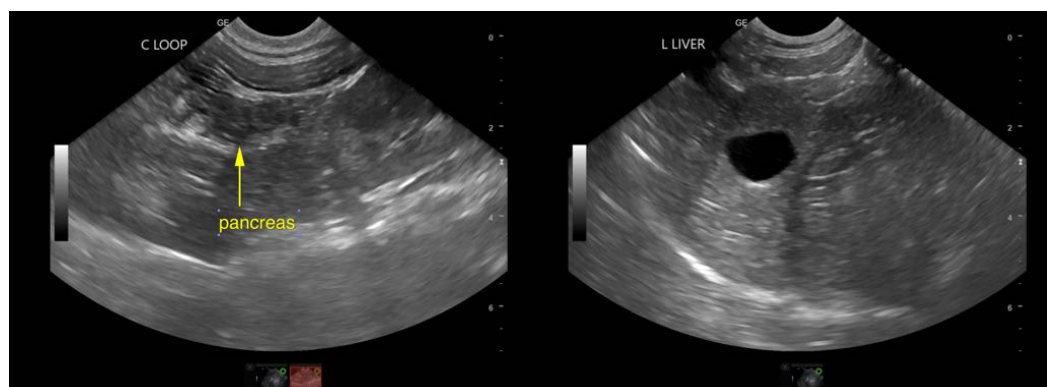
The right limb of the **pancreas** was hypoechoic, irregular and heterogenous.

**ULTRASONOGRAPHIC FINDINGS**

Non-specific mild to moderate degenerative renal changes with pyelectasia and thickened cortices.  
Mild chronic GI changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended in this patient. I suspect both pre renal and renal azotemia in this patient given the GI and pancreatic presentation. 72-hour IV fluid protocol, assessment for infectious agents, UTI or toxin exposure are all indicated. Blood pressure measurements are recommended. Acute on chronic renal failure possibly induced by pre renal disease/inflammatory bowel/low-grade pancreatitis. There was no evidence of neoplasia.





**PATIENT**

Mesa Kuehne

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

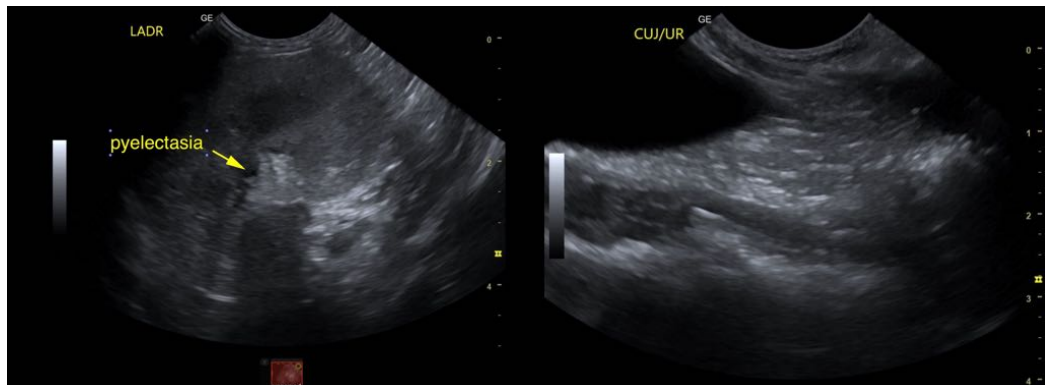
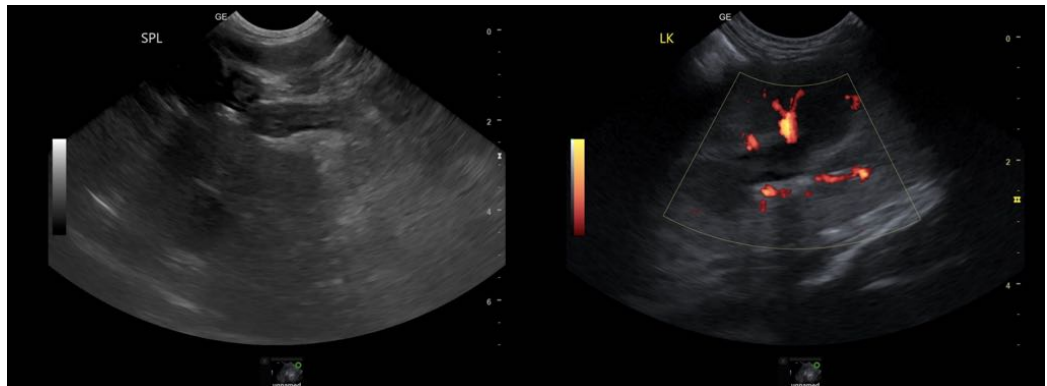
Neutered male

**AGE**

9 ½ years

**WEIGHT**

4.4 kg



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Turner

**HOSPITAL NAME**

Pennsauken Animal Hospital and Urgent Care

**REFERRING VET**

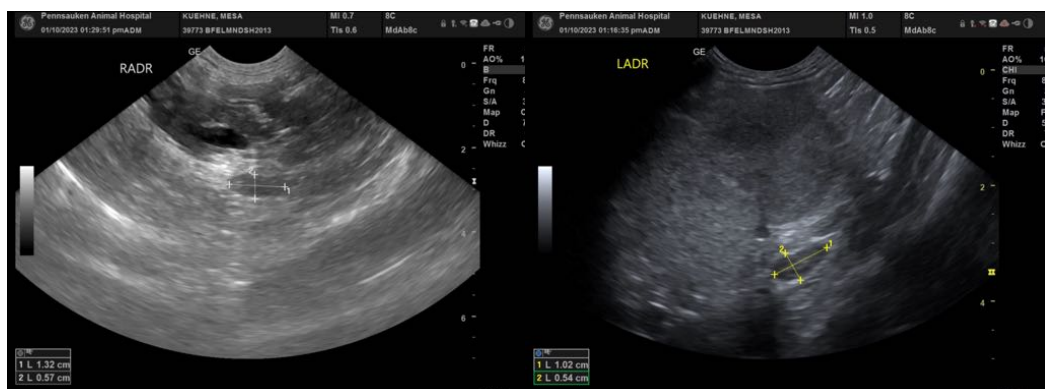
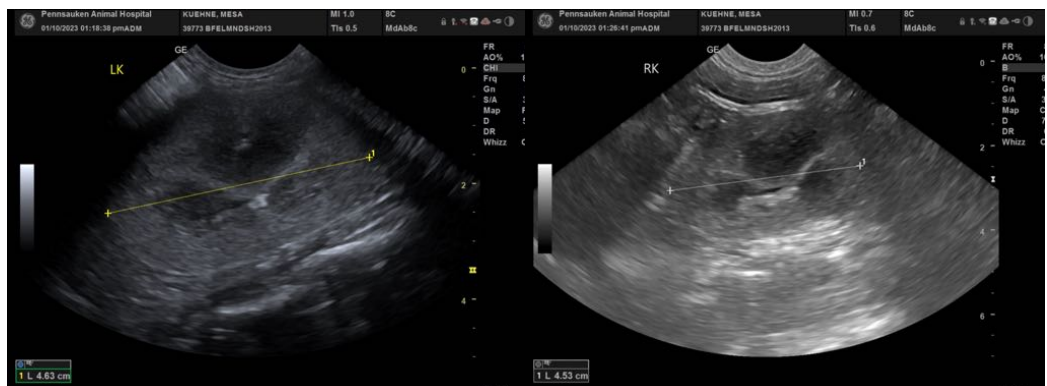
Dr. Turner

**INVOICE**

42350

**DATE**

1/13/23





#### PATIENT

Mesa Kuehne

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.

#### SPECIES

Feline

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.

#### BREED

Domestic Shorthair

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

#### SEX

Neutered male

#### AGE

9 ½ years

#### WEIGHT

4.4 kg

#### INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

#### IMAGING PERFORMED BY

Dr. Turner

#### HOSPITAL NAME

Pennsauken Animal  
Hospital and Urgent  
Care

#### REFERRING VET

Dr. Turner

#### INVOICE

42350

#### DATE

1/13/23