



**PATIENT PRESENTING CLINICAL SIGNS**

Nala Haynes

History: History of chronic kidney disease and weight loss. Screening for intestinal disease and kidney status. BPR=140mmHg average.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: decreased RBC=6.10(6.54-12.20), HCT=29.9%(30.3-52.3), Lym=0.68(0.92-6.88), nucleated RBC suspected increased BUN=41(16-36), SDMA=17(0-14), Creat=3.1(0.8-2.4), Ca=12.4(7.8-11.3) above results from today

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

**Urinary System**

**SEX**

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 was noted. Ureteral papillae were normal.

Spayed Female

**AGE**

The **kidneys** revealed largely normal 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Corticomedullary mineralization was noted. The left kidney was normal in size and measured 3.06 cm. The right kidney was subnormal in size and measured 2.8 cm.

18 years

**WEIGHT**

5.04 lbs

**INTERPRETED BY**

**Adrenal Glands**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

M Kermendy CVT

**Spleen**

**HOSPITAL NAME**

Wauwautosa VC

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.6 cm.

**REFERRING VET**

Dr. Haynes

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

93159

**DATE**

11/16/21



**PATIENT** *Gastrointestinal*

Nala Haynes 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 malassimilation of nutrients if any weight loss is present. Some mucosal fogging was noted in the small intestine. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Domestic Shorthair

**SEX**

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**HOSPITAL NAME**

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**Pancreas**

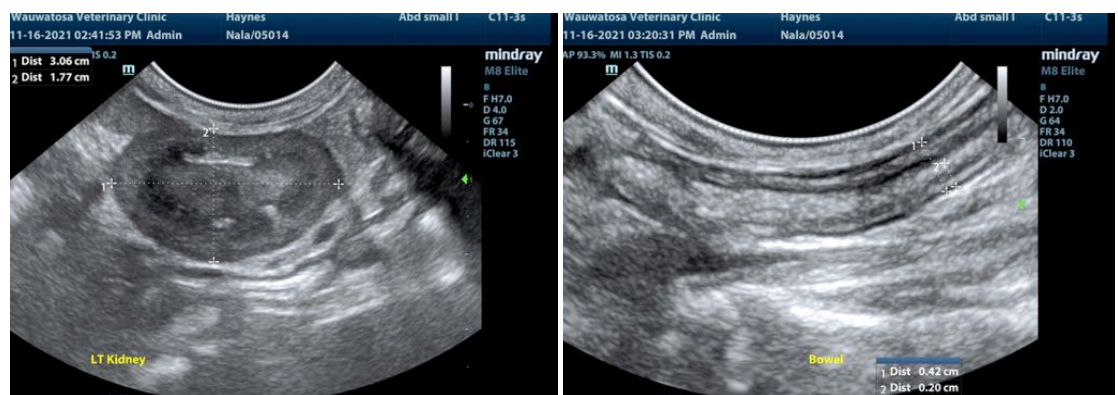
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

**ULTRASONOGRAPHIC FINDINGS**

Moderate degenerative renal changes.  
Chronic GI changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia. Malassimilation of nutrients is likely. Prerenal effect upon the azotemia may be playing a role in this patient. 72 hour IV fluid protocol, and assessment for malassimilation of nutrients is all indicated if weight loss is a persistent issue. CBC path review is recommended to assess the cause of anemia; however, this is likely owing to chronic disease and/or emerging renal failure. The kidneys appear 50-60% compromised. The patient may be ingesting litter.





**PATIENT**

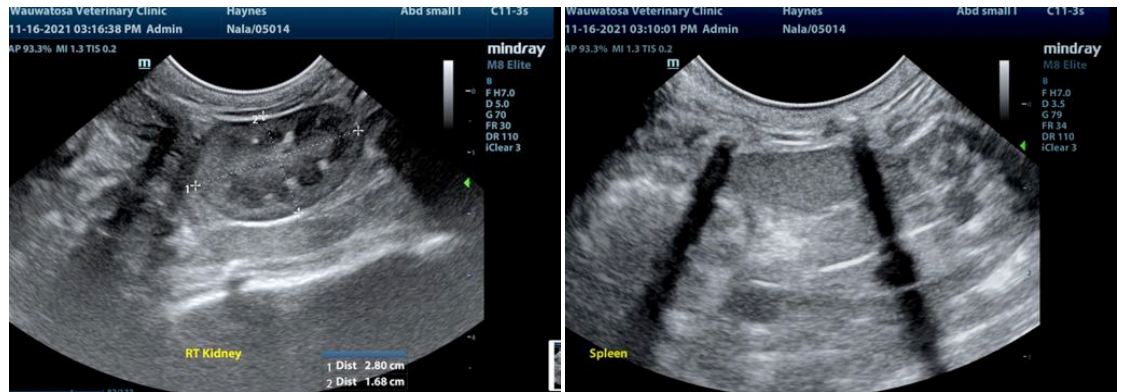
Nala Haynes

**SPECIES**

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**BREED**

Domestic Shorthair



**SEX**

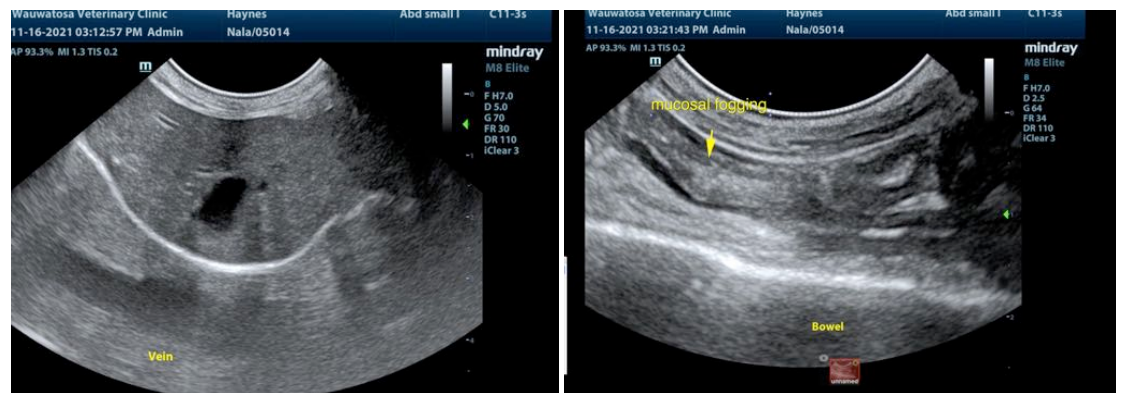
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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