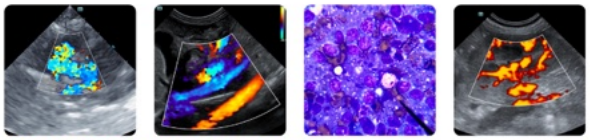


PATIENT

Chula Keyworth

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

5.1 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

DVM Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

DVM Huntington

INVOICE

69608

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: History: loss of uninterested in food since Thursday. Pt has not been drinking either. O saw pt today and noticed she was lethargic and lost weight.
Abnormal PE/Chem/CBC/UA Results: General Appearance: Lethargic Eyes: Abnormal: sunken in eyes OU Hydration: Severe dehydration Cardiovascular: Abnormal: patient purring heavily, no murmur auscultated Abdomen: Painful upon palpation of abdomen Musculoskeletal: Sarcopenia along epaxial muscles FAST scan: mildly small irregular kidneys bilaterally, normal echogenicity in liver and kidneys, no free abdominal fluid noted. CBC: WBC 17.85, Neut 11.63, mono 2.08, all other wnl Chem 10: Glob 6.6, Tot protein 9.2, BUN 78, Gluc 331, all other wnl EPOC: HCT 30, Glu 342, Crea 2.19, BUN 75, Cl 130, BEb -7, all other wnl SDMA-29 T4-Total 1.4µg/dL urinalysis: WBC 4, RBC >50, cocci suspected, USG 1.030, pH 6.0, urine protein 500, glucose 50, blood 250 all other wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

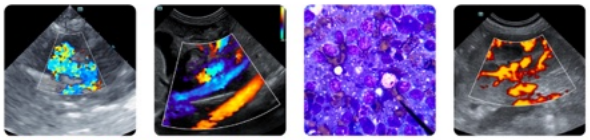
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Blood flow to the kidneys appeared to be adequate on power Doppler assessment. The left kidney measured 3.7 cm. The right kidney measured 3.8 cm.

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 and right adrenal gland measured 0.4 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



PATIENT

Chula Keyworth

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

5.1 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

DVM Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

DVM Huntington

INVOICE

69608

DATE

12/30/25

congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Slight amount of free fluid was noted between the liver lobes and diaphragm of unknown origin. If the patient was sedated this may be secondary to sedation or if aggressive IV fluid therapy this may be secondary to fluid support.

ULTRASONOGRAPHIC FINDINGS

Non-specific, minor, age related renal changes, suspect acute insult.

Slight amount of free fluid.

PATIENT

Chula Keyworth

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

5.1 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

DVM Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

DVM Huntington

INVOICE

69608

DATE

12/30/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity, 72-hour IV fluid protocol and blood pressure measurements are all indicated. The kidneys do not appear end stage from a structural standpoint and blood flow appears to be solid. I suspect insult owing to the diabetic state playing a role. I cannot rule out an occult neoplastic event, yet no obvious. A recheck sonogram is recommended in 3-5 days depending upon clinical progression or regression as the trace amount of free fluid needs to be monitored for any progression as the origin is unclear.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

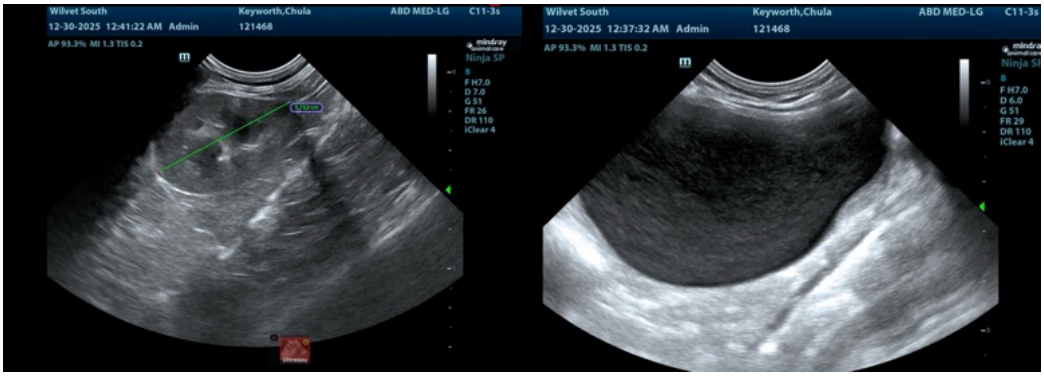
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease



PATIENT

Chula Keyworth

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

5.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

DVM Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

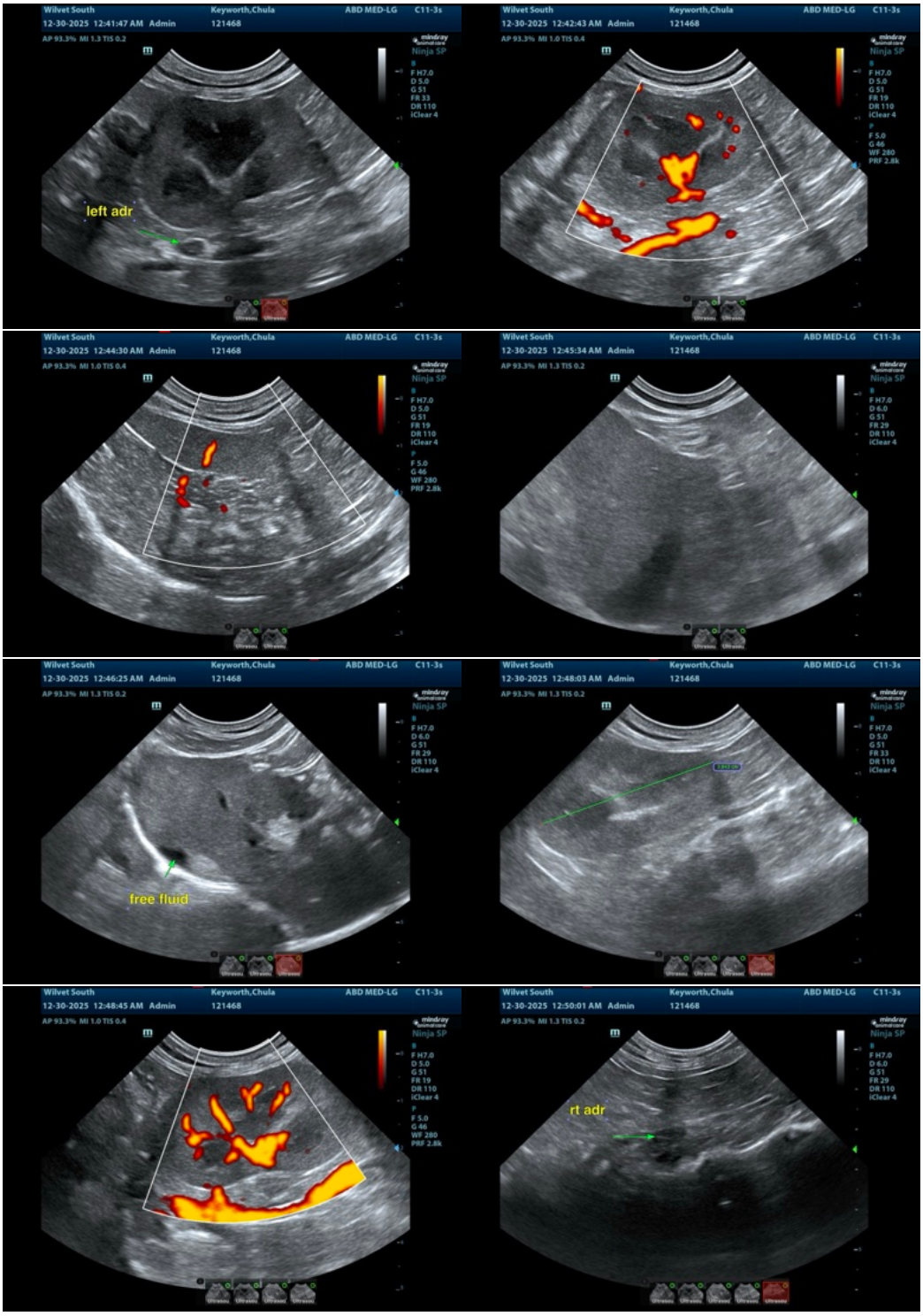
DVM Huntington

INVOICE

69608

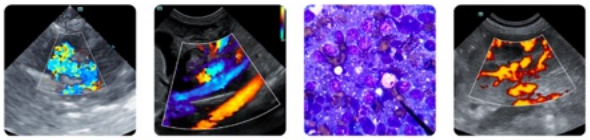
DATE

12/30/25



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.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chula Keyworth

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

5.1 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

DVM Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

DVM Huntington

INVOICE

69608

DATE

12/30/25

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 of SonoPath.com

info@SonoPath.com