



**PATIENT**

Mac Guenther

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

10.46 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Tudini

**HOSPITAL NAME**

East Aurora VH

**REFERRING VET**

Dr. Guenther

**INVOICE**

42804

**DATE**

2/14/23

**PRESENTING CLINICAL SIGNS**

**History:** Patient has a history of weight loss and PU/PD that has worsened over the past 12 months, with mild elevations in renal values. He has well managed hyperthyroidism and previous diabetes mellitus that is in remission. There was concern on survey radiographs that there appeared to be renomegaly and a rounded appearance to both kidneys

**Abnormal PE/Chem/CBC/UA Results:** Bloodwork performed 01/31/23: CBC - WNL Biochem - SDMA 15 (0 - 14) µg/dL - BUN 55 (16 - 37) mg/dL U/a: SG 1.014 Rare epithelial cells (0-1)/HPF Culture NEGATIVE T4/FT4 - WNL

**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 was noted. Ureteral papillae were normal.

The **kidneys** in this patient revealed chronic interstitial nephrosis pattern. The right kidney measured 4.27 cm. The left kidney measured 3.87 cm with pyelectasia and irregular contour.

**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 right and left adrenal gland measured 0.4 cm. Slight areas of mineralization were noted.

**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 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.



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**Gastrointestinal**

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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.

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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.

**AGE**

15 years

**ULTRASONOGRAPHIC FINDINGS**

Moderate, degenerative left renal changes with minor pyelectasia.

Interstitial nephrosis pattern.

**WEIGHT**

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Minor right renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

There was no evidence or suspicion of neoplasia. Full urinary work-up, culture and sensitivity and geriatric diet are all indicated. Underlying embedded infection with medullary washout is likely playing a role in this patient.

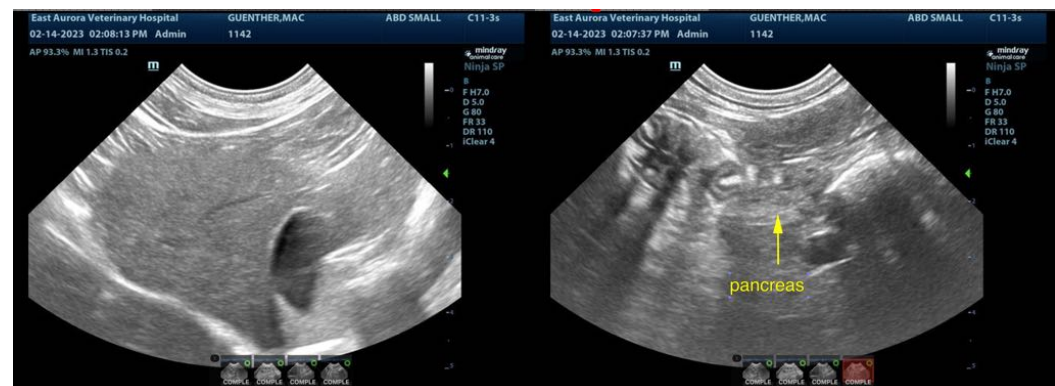
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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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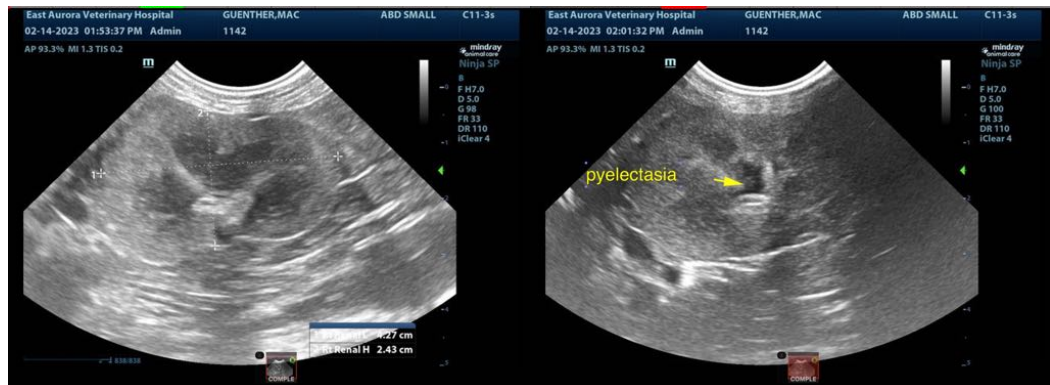
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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