



**PATIENT PRESENTING CLINICAL SIGNS**

Willow Quantz

History: 14 yo MN DSH cat. Presenting for chronic diarrhea. P has a history of hyperthyroidism that is well controlled with methimazole. P also has CKD that appears to be unchanging via renal values. P has a voracious appetite and great energy but is losing weight and has chronic diarrhea (suspect small bowel based off description).

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Azotemia: BUN of 69 (14-36), Cr of 2.6, SDMA of 34.2  
Hyperkalemia: 6.2 (3.4-5.6) HCT of 30% Lymphopenia: 960 (1200-8000) USG: 1.019 Hematuria: RBCs >50 Pyuria: WBCs 4-10/hpf (0-3/hpf) T4 of 2.5 in February 2023

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered male

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.

**AGE**

14 years

The **kidneys** revealed moderate degenerative changes with thickened irregular cortices and subnormal blood flow. Pyelectasia and cortical infarcts were noted. Loss of corticomedullary definition was noted in the kidneys. The left kidney measured 3.0 cm. The right kidney measured 3.5 cm.

**WEIGHT**

6.98 lbs

**Adrenal Glands**

**INTERPRETED BY**

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**

Dr. Deml

**Spleen**

**HOSPITAL NAME**

Craig Road AH

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.

**REFERRING VET**

Dr. Deml

**Liver**

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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 was mildly over distended.

**DATE**

4/21/23



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14 years

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**Gastrointestinal**

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. The mesenteric lymph node was rounded, hypoechoic and measured 0.65 cm.

**Pancreas**

The **pancreas** was hypoechoic and irregular.

**ULTRASONOGRAPHIC FINDINGS**

Chronic GI and pancreatic changes.

Moderate chronic degenerative renal changes.

Diffuse intestinal thickening without loss of mural detail.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am concerned for acute on chronic renal disease in this patient. Both prerenal and renal issues may be playing a role. Blood pressure measurements, urine culture and sensitivity as well as 72 hour IV fluid protocol and treatment for pyelonephritis is all indicated along with reassessment of the clinical signs. There was no overt evidence of neoplasia. However, I cannot rule out emerging round cell neoplasia given the mesenteric lymphadenopathy.





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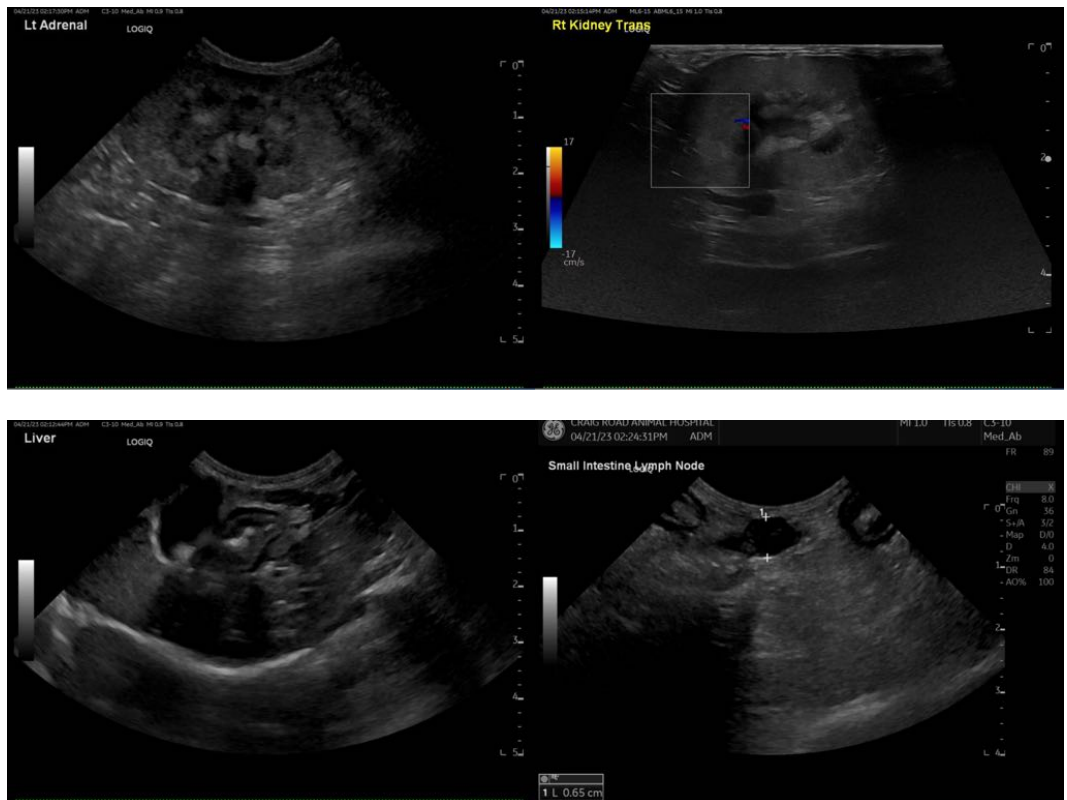
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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