



**PATIENT**

Chubby Stephan

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

8.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Todd

**HOSPITAL NAME**

Lambs Gap AH

**REFERRING VET**

Dr. Knouse

**INVOICE**

30116

**DATE**

5/3/22

**PRESENTING CLINICAL SIGNS**

Chubby is an eleven year old, MN, DSH cat with a history of CKD (stage 3) and pancreatitis. He was presented most recently on 4/13/22 for urinalysis. Chubby has declined a prescription renal diet and is on Epakitin and Cerenia. Bloodwork on 4/14/22 is included below. Abdominal US and cystocentesis was advised

Abnormal PE/Chem/CBC/UA Results: 4/14/22: HCT=23.2, Lymphs=576. SDMA=21, Creat=7.7, BUN=110, Phos=7.6, fPL=11.7 5/3/22: USG=1.016, no evidence of UTI, trace protein

**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 **left kidney** is subnormal in size and measures 2.5 cm with a chronic interstitial nephrosis pattern. Moderate to severe degenerative changes were noted. The right kidney measured 2.84 cm and was subnormal in size similar to the left kidney with a chronic interstitial nephrosis pattern and areas of cortical collapse owing to infarcts. Blood flow to the kidneys was subnormal on color flow assessment. The right kidney had better vascularity compared to the left. Slight pyelectasia was noted.

**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 0.4 cm. The 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 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.



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**Gastrointestinal**

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The **gastrointestinal tract** was largely unremarkable with minor spastic bowel and slight lymphadenopathy. There was no loss of mural detail. The lymph nodes measured up to 0.8 cm.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

End stage interstitial nephrosis renal pattern.

Otherwise, unremarkable abdomen.

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11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the renal values and the sonographic appearance this is most consistent with end stage degenerative renal disease. The prognosis is poor long term depending upon response to therapy.

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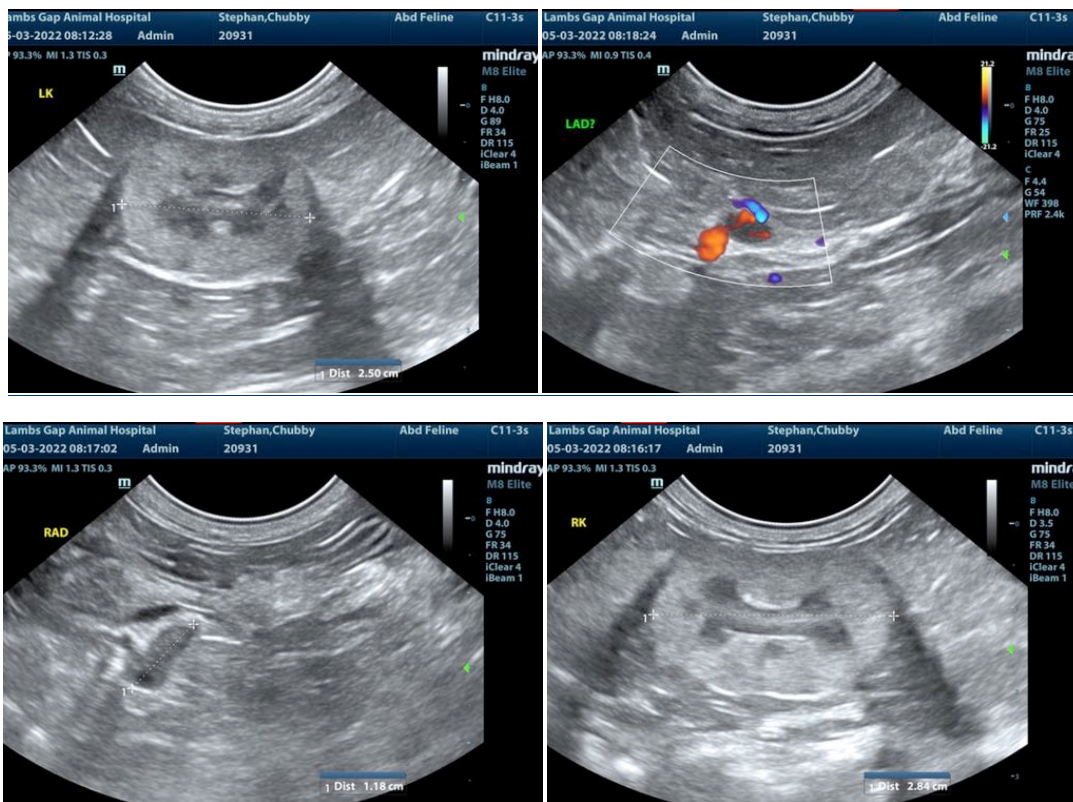
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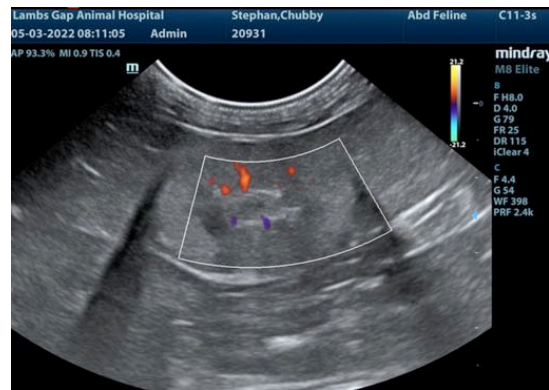
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com