



**PATIENT**

Monroe Keller

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

2.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Johnson

**INVOICE**

37522

**DATE**

5/8/22

**PRESENTING CLINICAL SIGNS**

Presented for weight loss, was reported to be 17 pounds in Nov and now is 6.3 pounds. There are multiple cats in the home so it's hard to say who's eating what, or which cat is vomiting. Owner did note that Monroe stopped eating a few days ago so brought him to ER. Owner notes pt may be PU/PD

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistries show the following abnormalities: -mild elev BUN (41) -elev Creat 3.4 -SDMA 31 -ALT 222 -ALKP 192 -Nonregenerative anemia with PCV/TP 24%/7 -TT4 is normal (1.4) -urine is dilute, UA pending

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.6 cm. The left kidney measured 3.5 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 adrenal gland measured 1.2 cm x 0.50 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 were 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.

**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



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**Pancreas**

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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Left limb measured 0.51 cm.

**BREED**

DMH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Irregular pancreas
- Chronic interstitial nephrosis pattern
- Minor intestinal thickening

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

14 Years

No evidence of neoplasia. 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.

**WEIGHT**

2.9 kg

Evaluation for competitive eating environments should also be considered. CBC path review and bone marrow aspirate warranted. However, if isosthenuria is present, renal failure is likely. However, both prerenal and renal disease may be playing a role, as underlying pancreatitis is possible, given the sonographic appearance, primarily of the left limb. Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. 72-hour IV fluid protocol, CBC path review +/- bone marrow aspirate indicated.

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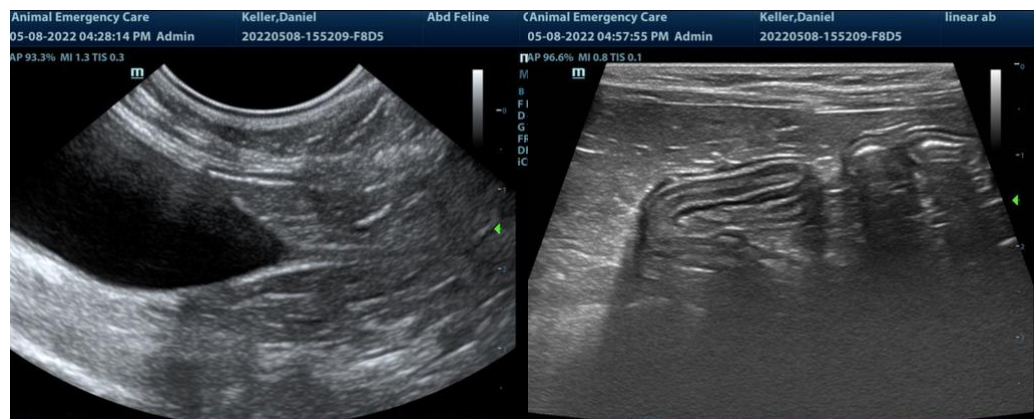
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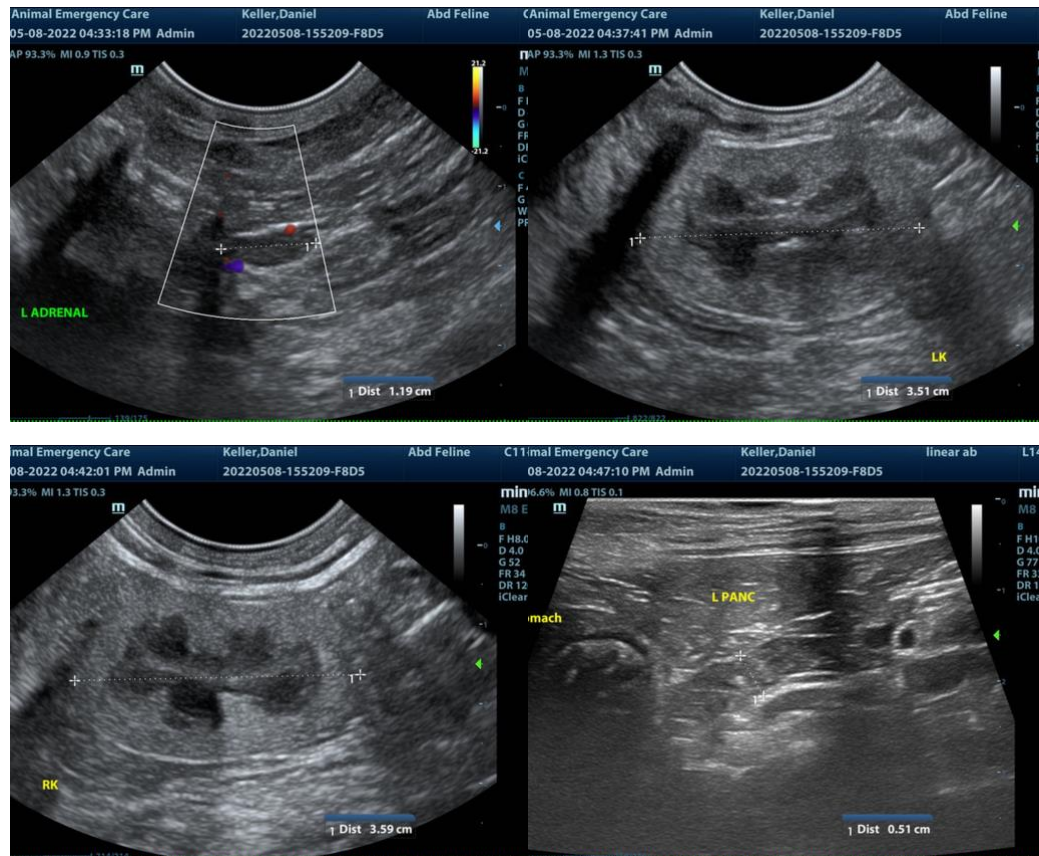
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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