

**PATIENT**

Tanner Deubert

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jasmine Palacios SDEP  
Attendee

**HOSPITAL NAME**

River Edge Pet Medical  
Center

**REFERRING VET**

Dr. Gibson

**INVOICE**

31737

**DATE**

7/15/22

**PRESENTING CLINICAL SIGNS**

**History:** Owner has had pet for two weeks with 0.8# loss. Pet will eat a few bites and walk away. The pet has been seen at two other clinics and was adopted from a shelter. Discussed previous diagnostics as well as stress. Owner says pet does not appear to be stressed. Currently on FortiFlora  
**Abnormal PE/Chem/CBC/UA Results:** See attached labs from rDVM on 6/27: CBC- WNL Chem- elevated GGT 6 U/L, Glob 5.5 g/dL, Cl 134 mmol/L (BUN, Crea, and SDMA- elevated, but other vet scratched out and said machine error and to disregard) TT4- WNL See attached labs from 7/15: Pre-op - Glob 5.4g/dL FIV/FeLV- Positive for FIV/Negative FeLV

**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** 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. Cortical infarcts were noted. The left kidney measured 3.0 cm.

**Adrenal Glands**

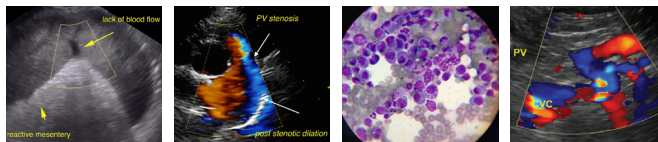
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**Spleen**

The **spleen** revealed multi-focal, hyperechoic lipogranulomatous changes. Otherwise, the parenchyma was uniform. The spleen measured 0.6 cm.

**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. Occasional parenchymal cysts were noted. 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

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.

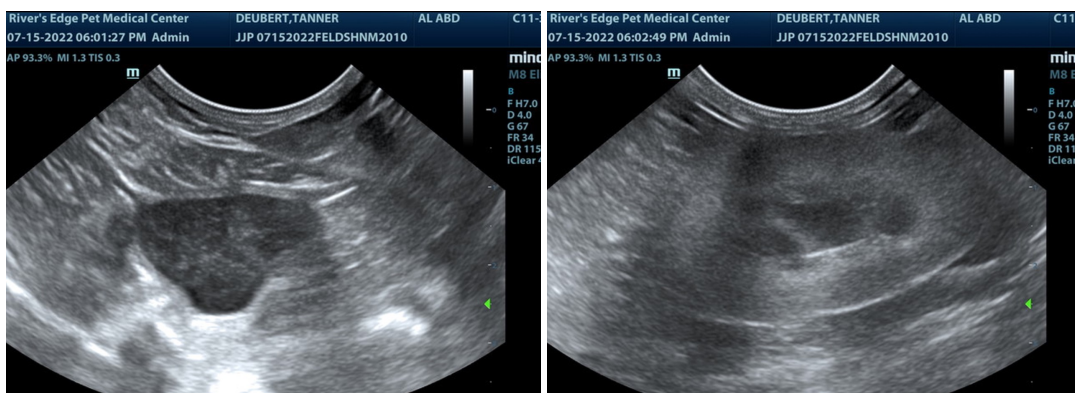
## ULTRASONOGRAPHIC FINDINGS

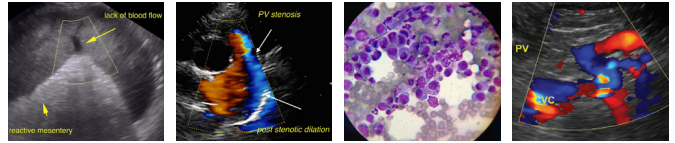
Chronic interstitial nephrosis pattern, non-specific with minor infarcts.

Subjectively benign splenic nodules, likely lipogranulomas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the kidneys appeared 50% compromised. The renal values should be monitored carefully. However, the cause of weight loss is unclear. Microulcerative disease or gastritis is possible without structural changes sonographically. Other causes of hyporexia such as orthopedic pain, CNS or thoracic disease should be considered as well as oral pain.





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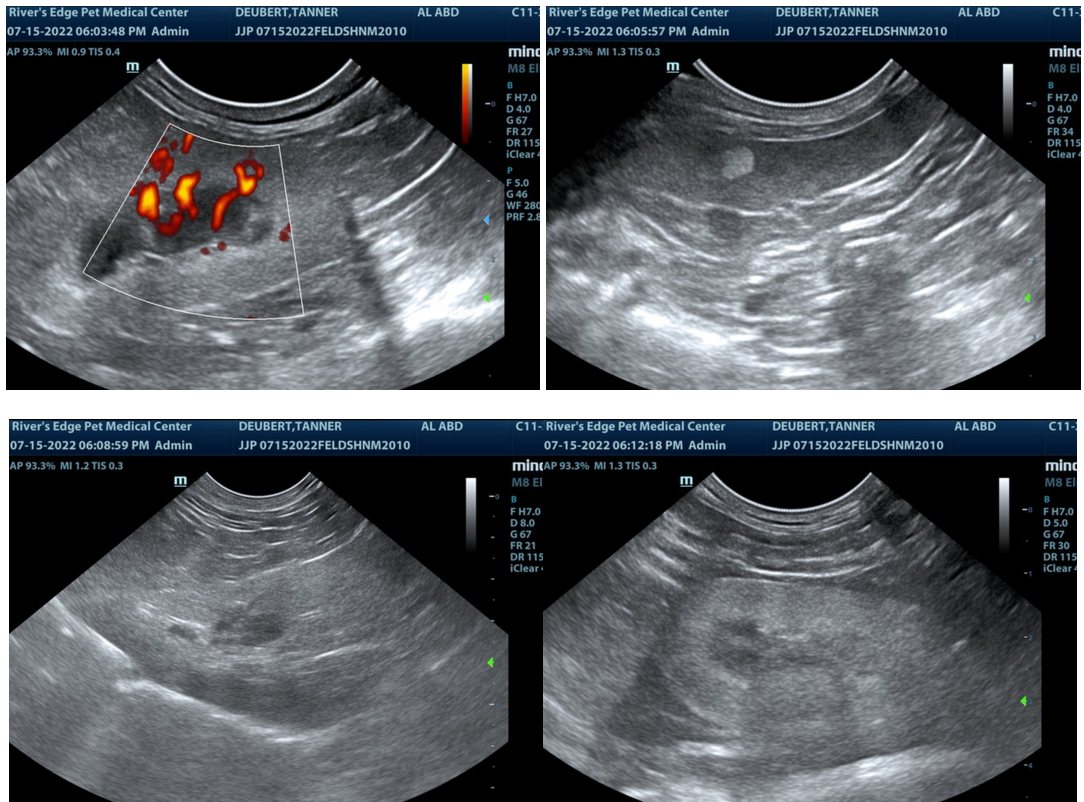
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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