



PATIENT

Bella Peterson

PRESENTING CLINICAL SIGNS

Hx of anorexia X 10 days

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: T - 102.5; RR - 40; Pulse 160; BCS 7/9 Painful in cranial abdomen during ultrasound

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

Kidneys are normal in size, but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. A chronic infarct is noted in the cranial pole of the right kidney. The left kidney measures 3.87 cm. The right kidney measures 3.67 cm. Both kidneys, but primarily the right, are surrounded by enhanced hyperechoic fat.

AGE

11 Years

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

WEIGHT

14.35 Pounds

The left adrenal gland is normal in size (0.52 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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Adrienne Waffle

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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Torch Lake VC

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

DATE

10/5/22



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

SPECIES

Feline

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

DSH

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- **Chronic Kidney Disease with enhanced fat surrounding the kidneys** – Suggestive of an acute on chronic process, differentials for which include toxin exposure, infection (such as with pyelonephritis), etc.

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a CBC/chemistry panel, electrolytes, and urinalysis are recommended for further evaluation of the kidneys. If indicated based on urinalysis results, a urine culture would be recommended. If there is no evidence of an infection, but there is protein in the urine, a urine protein to creatinine ratio is recommended to quantify the amount of protein.

A blood pressure is recommended if not recently evaluated.

WEIGHT

14.35 Pounds

Concurrently, mild pancreatitis cannot be definitively ruled out based on relatively normal ultrasound and is also a possible differential for the enhanced fat in the cranial abdomen and the reported abdominal pain. Therefore, a quantitative PLI or A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is also recommended.

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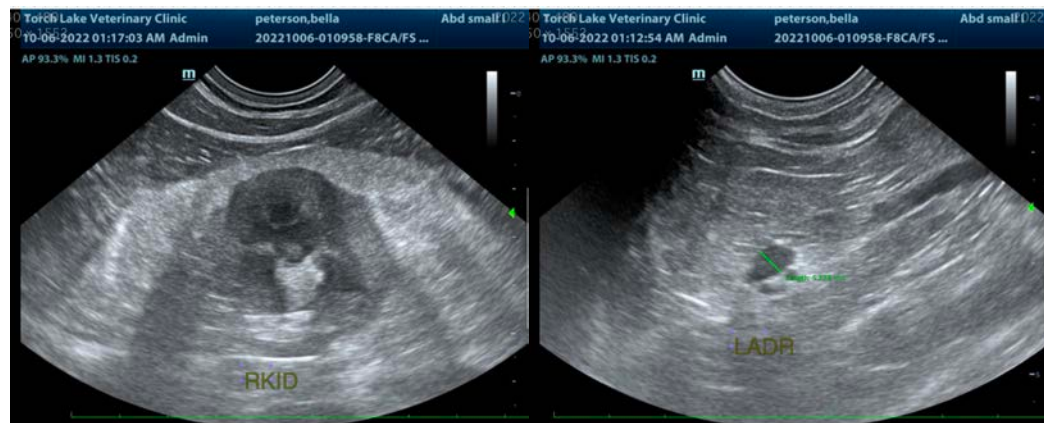
In the meantime, medical management of acute kidney insult +/- mild pancreatitis is recommended with antiemetics, gastroprotectants, appetite stimulants, or nutritional support in the form of a feeding tube if necessary, pain management, broad-spectrum antibiotics, and fluid therapy.

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WEIGHT

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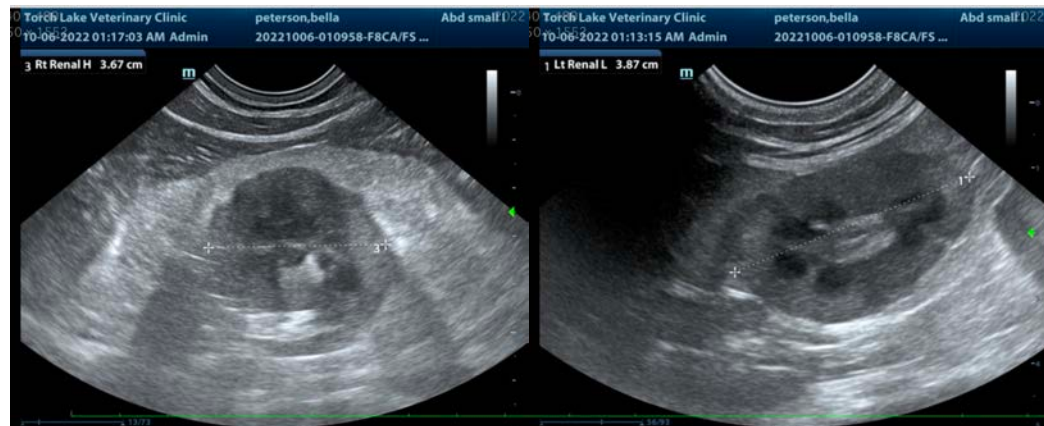
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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