



PATIENT

Nicki Pejman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

3 Years

WEIGHT

9.5 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Black River Veterinary
Hospital

REFERRING VET

Dr. Hewitt

INVOICE

73313

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Acute renal failure, hyperbilirubinemia. Depressed, anorexic, dehydrated, facial paralysis dx 2/3/26

Current meds: Convenia, Cerenia, Famotidine, Mirataz, LRS

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 26.4, HGB 9.7, MCV 36.7, MCHC 36.7, WBC 40.98K, Neuts 22.68K, Bands suspected, Lymph 17.96K, PLT 147 Chem: Glucose 309, BUN >130, Phos >16.1, Creat unreadable, Ca 6.3, ALKP 12, T bili 3.1, Na 136, CL 98 U/A: USG 1.026, Protein 100mg/dl, Glucose 50mg/dl, BIL 3mg/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

Kidneys are bilaterally uniformly enlarged/swollen (left 4.93 cm, right 4.8 cm) with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.52 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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.

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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT

Nicki Pejman

The visible small intestines are normal in wall thickness and layering. 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.

SPECIES

Feline

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

BREED

Domestic Shorthair

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Spayed Female

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

AGE

3 Years

There is no apparent pathologic lymphadenopathy noted in these images.

WEIGHT

9.5 lbs

ULTRASONOGRAPHIC FINDINGS

- The appearance of the kidneys is concerning for possible pyelonephritis, although other acute insult or acute on chronic disease including other infection diseases, toxic insults, etc. can't be ruled out. Infiltrative neoplasia such as lymphoma, while considered less likely, can't be definitively ruled out without tissue sampling.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture is recommended if not recently evaluated.

A blood pressure is recommended.

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

A thorough investigation into possible toxin exposure is recommended.

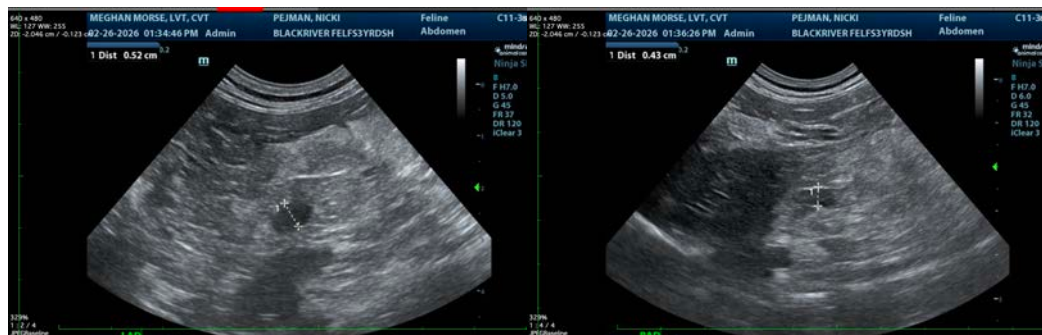
HOSPITAL NAME

Black River Veterinary
Hospital

Ultimately, pending diagnostic workup and patient's response to supportive/symptomatic medical management of clinical signs, empirical management of possible pyelonephritis, etc., sampling of the kidneys via fine needle aspirates may be necessary if patient's coagulation status is appropriate, for a definitive diagnosis and to further guide medical management i.e., rule out infiltrative disease, etc.

REFERRING VET

Dr. Hewitt



INVOICE

73313

DATE

2/26/26



PATIENT

Nicki Pejman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

3 Years

WEIGHT

9.5 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Black River Veterinary
 Hospital

REFERRING VET

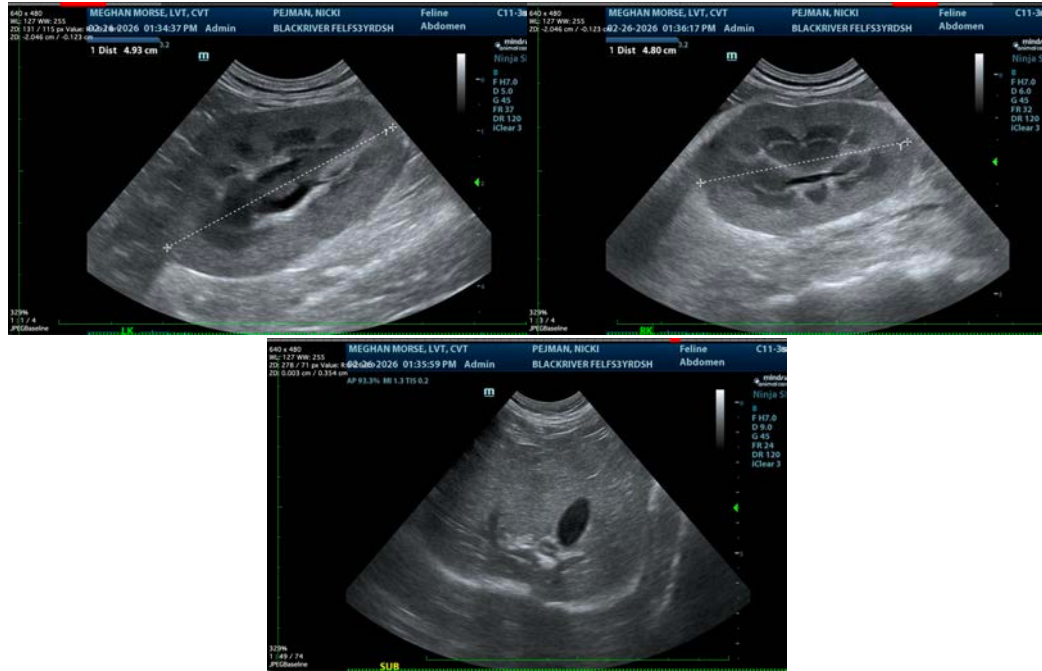
Dr. Hewitt

INVOICE

73313

DATE

2/26/26



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
 info@sonopath.com