



PATIENT	PRESENTING CLINICAL SIGNS
Savannah Winters	Presented at our hospital for hospitalization/supportive care. Patient has had a decreased appetite for the last week or 2, then not eating today. Weight loss. O took to rDVM today (records attached). She's also been vomiting some. Previous Health Concerns: none Current Medications: none
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 1/6 right sided heart murmur
BREED	Abdominal: Abnormal - nodular? Kidneys rDVM diagnostics - CBC - (5.57) HCT (27.9) HGB (8.9) CHEM - Gluc (188) Creat (5.5) BUN (>130) Phos (16.1) Na (170) Glob (5.6) Choles (302) Amylase (1580) U/A - Blood ++50; PH 6.0; SG 1.020; Leuk ++250 ProBNP - normal
DSH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Spayed Female	Urinary System
AGE	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.
11 Years	Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in both kidneys. The left kidney measures 1.7 cm. The right kidney measures 2.62 cm.
WEIGHT	
2.7 kg	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.38 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
	The left adrenal gland is unable to be well visualized in these images, but the area is examined without evident adrenal gland pathology.
IMAGING PERFORMED BY	Spleen
Erin Wicks	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.
HOSPITAL NAME	Liver
Shores VEC	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.
REFERRING VET	
Dr. Welte	
INVOICE	
44731	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.
DATE	Gastrointestinal
2/2/23	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.
	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



PATIENT

Savannah Winters

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

DSH

Pancreas

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.

SEX

Spayed Female

Free Abdomen

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

AGE

11 Years

There is no apparent lymphadenopathy noted in these images.

WEIGHT

2.7 kg

ULTRASONOGRAPHIC FINDINGS

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's kidneys are consistent with chronic kidney disease in appearance. Therefore, the acute azotemia is likely to be an acute on chronic insult, possibly brought on by an infection or potentially migrating nephrolith. Therefore, if not recently evaluated, a urine culture is recommended. Additionally, a blood pressure is recommended.

In the meantime, continued medical management of acute on chronic kidney insult with diuresis, broad-spectrum antibiotics, as well as gastrointestinal support based on clinical signs is recommended until values either normalize or plateau, at which time potentially a transition to outpatient subcutaneous therapy could be implemented.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

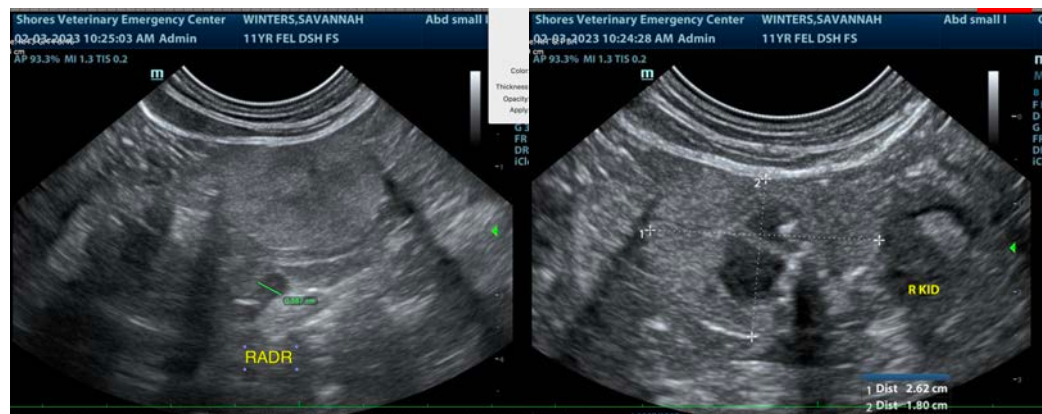
Dr. Welte

INVOICE

44731

DATE

2/2/23





PATIENT

Savannah Winters

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

2.7 kg

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Dr. Welti

INVOICE

44731

DATE

2/2/23



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
Beth.Johnson@sonopath.com