



**PATIENT**

Lily Kepner

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

8.6 Pounds

**PRESENTING CLINICAL SIGNS**

History: O said that 07/03 P was just sitting on the stairs and looked miserable. She said it doesn't look like she was grooming herself. She is still eating and drinking water and is not sure if she is drinking more water than usual or if she is just paying more attention than usual. No V/D. She is indoor only and the other cat in the house is indoor only and is doing fine. P spent the night outside of O's room, which is abnormal for her. No changes or stressors in house and no changes in food. No hx of health issues. She is UTD on vx per O. No meds. Wednesday seemed to be stable, doing same as visit WVH 7/4 just waiting on BW results. 07/05 seemed much more lethargic so today O took to West Hill's for IVF during the day and recheck BW. Transferred case due to ongoing lethargy and elevated kidney values.

Abnormal PE/Chem/CBC/UA Results: 7/5 Labwork from WVH/Antech: FeLV/FIV: NEG/NEG Chem: ALB 4.4g/dL (H), ALK 9 (N), AST 26 (N), BUN 244 (H), Ca 10.5 (N), Cl 90 (L), CHOL 271 (H), CREA 15.7 (H), GLU 143 (N), Mg 4.3 (H), Phos 17.9 (H), K+ 5.6 (N), TRIG 223 (H), Na+ 137 (L) Thyroid: T4 0.6 (L) CBC: HCT 50% (H), HGB 15.2 (N), RBC 9.8M (N), WBC 6.4K (N), Lymph 1K (L) 7/6 Labwork from West Hills: CBC: RBC 8.69M (N), HCT 42% (N), HGB 12.9 (N) WBC 9.51K (N), Neuts 7.82 K (N), Lymph 1.39K (N), Mono 0.14K (N), Eosin 0.10 K (L), PLT 167K (N) Chem:SDMA 21 (H), CREA 9.5 (H), BUN 217 (H), Phos 9.3 (H), Na 147 (L), K 4.4 (N), Cl 112 (N), Alt 99, AST 84 (H), ALP 19 (N), U/A: Cystocentesis, Straw color, clear clarity, USG 1.019, pH 6.0, Ur Prot NEG, Glu NEG, Ket NEG, Blood 250 Ery/uL, WBC < 1/hpf, RBC <1/hpf, Bact - none detected, No crystals or casts detected 7/7 EPOC 6am: HCT: 35%, Bicarb 18.1 (N), Ca 1.19 (L), Cl- 115 (N), CREA 5.89 (H), Glu 89 (N), K+ 3.5 (L), Na+ 146 (L), Lac 2.55 (L), pH 7.328 (N), BEecf -7.8 (L), BUN 111 (H)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Urinary System**

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.

**IMAGING PERFORMED BY**

Dr. Nikita Neuhaus

Left kidney is normal in size (4.32 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present.

**HOSPITAL NAME**

Willamette VH

Right kidney is normal in size (4.14 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present.

**REFERRING VET**

Dr. Nikita Neuhaus

**Adrenal Glands**

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

**INVOICE**

23240

**Spleen**

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.

**DATE**

7/8/23



**PATIENT**

**Liver**

Lily Kepner

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.

**SPECIES**

Feline

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous in appearance without pathologic distention, which can be a normal anatomic variant in a cat, however, chronic or past cholangitis can't be definitively ruled out. This finding should be interpreted in combination with clinical signs and/or laboratory changes that support pathology vs normal anatomic variant.

**BREED**

Siamese

**SEX**

Spayed Female

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with fluid, as well as echogenic nonshadowing luminal contents and gas, consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**AGE**

4 Years

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.

**WEIGHT**

8.6 Pounds

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The observed pancreas 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.

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**IMAGING PERFORMED BY**

Dr. Nikita Neuhaus

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Willamette VH

- Bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

**REFERRING VET**

Dr. Nikita Neuhaus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

23240

The appearance of this patients kidneys, given the patient history, is consistent with acute kidney disease or potentially an acute on chronic kidney insult. Further investigation of possible toxic insult vs infectious vs other is recommended, followed by diuresis, potentially broad-spectrum antibiotics, and supportive/symptomatic medical management of clinical signs, while closely monitoring kidney values, electrolytes, etc. for improvement. If not recently evaluated, a blood pressure is also recommended.

**DATE**

7/8/23



**PATIENT**

Lily Kepner

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

8.6 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Nikita Neuhuas

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

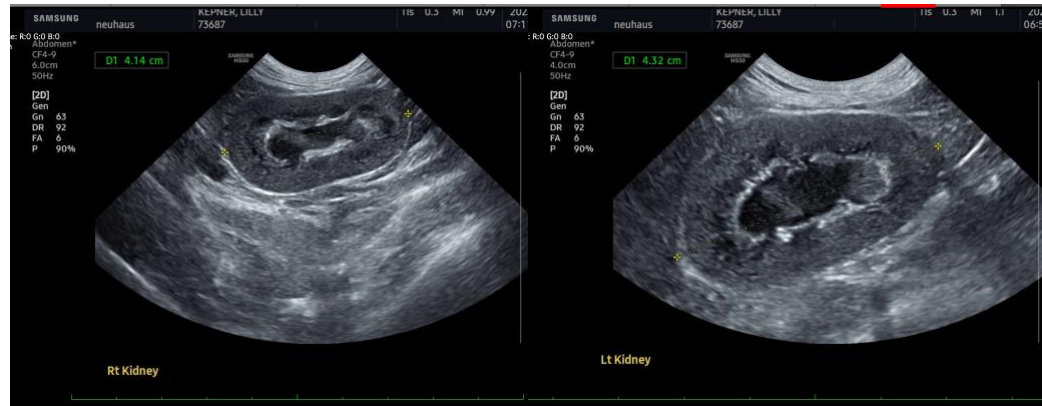
Dr. Nikita Neuhuas

**INVOICE**

23240

**DATE**

7/8/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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