



PATIENT	PRESENTING CLINICAL SIGNS
Charlie Burlington Humane Society	Has been eating off and on only since July. Bloodwork in July was normal. Has progressively worsened until now anorexic, dehydrated, icteric and has lost weight. Large palpable kidneys and painful abdomen.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Elevated Bili, ALT. FPL abnormal and elevated at 38, Cobalamin low at 202. Shows thrombocytopenia.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DLH	Urinary System
SEX	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.
Spayed Female	Kidneys
AGE	Kidneys are bilaterally uniformly enlarged/swollen 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. The perinephric area is enhanced by hyperechoic fat and mesentery. The left kidney measures 3.57 cm. The right kidney measured 5.14 cm. A nephrolith with acoustic shadow is present within the renal pelvis of the right kidney.
5 Years	Adrenal Glands
WEIGHT	The right adrenal gland is normal in size (0.47 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
2.9 kg	The left adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	Spleen
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.
IMAGING PERFORMED BY	Liver
Crystal Hill	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.
HOSPITAL NAME	Gastrointestinal
Headon Forest AH	The gallbladder is very small/empty but appears to contain some echogenic fluid. No biliary system, including cystic or common bile duct, dilation is appreciated.
REFERRING VET	
Dr. Hall	INVOICE
	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
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9/14/22	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	per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Charlie Burlington Humane Society	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SPECIES	<i>Pancreas</i>
Feline	The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.
BREED	<i>Free Abdomen</i>
DLH	A moderate amount of anechoic free is noted.
SEX	There is no apparent lymphadenopathy noted in these images.
Spayed Female	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> Moderate to severe acute pancreatitis
5 Years	<ul style="list-style-type: none"> Pyelonephritis – These changes are most consistent with chronic pyelonephritis. Chronic scarring and fibrosis and/or chronic nephrolith passage can also result in these pelvic dilation changes. Early infiltrative disease cannot be ruled out but is considered less likely.
WEIGHT	<ul style="list-style-type: none"> Currently non-obstructive nephrolith in the right kidney
2.9 kg	<ul style="list-style-type: none"> Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Beth Johnson, DVM DACVIM	This patient's primary problems appear to be a combination of pancreatitis and pyelonephritis. Infiltrative disease involving the kidneys, liver, pancreas, etc. can't be ruled out but is considered less likely. Recommendations include:
IMAGING PERFORMED BY	Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
Crystal Hill	In the meantime, medical management of pancreatitis/pyelonephritis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended.
HOSPITAL NAME	Pending patient response, monitoring of ultrasound changes could be considered with a fine needle aspirate of the kidneys, liver +/- pancreas to be considered if changes don't begin to resolve with therapy, and if patient's coagulation status is appropriate.
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PATIENT
Charlie Burlington
Humane Society

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
5 Years

WEIGHT
2.9 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

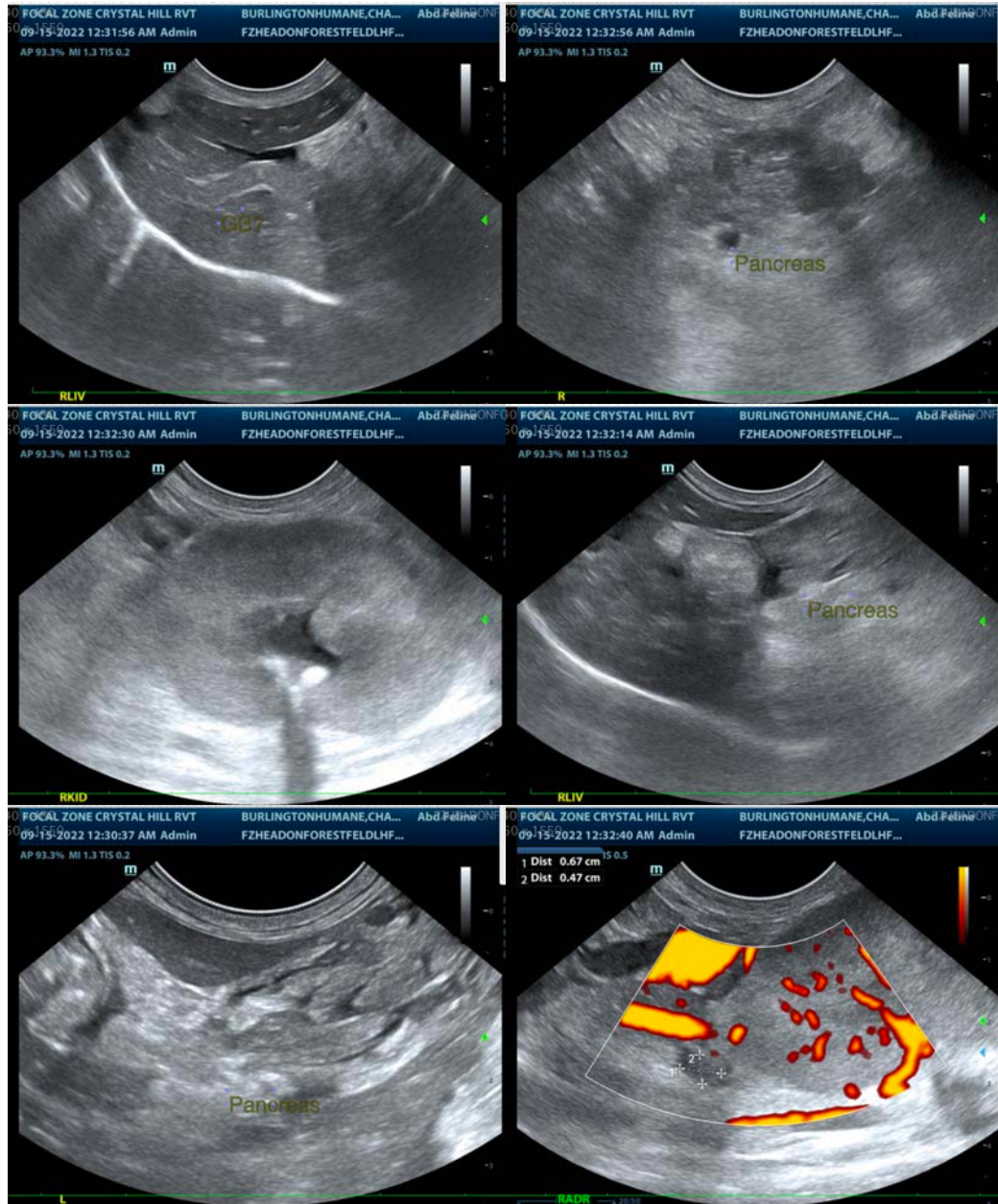
IMAGING PERFORMED BY
Crystal Hill

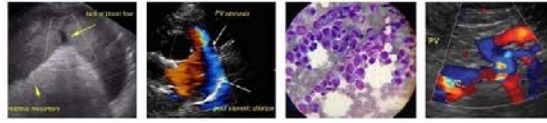
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PATIENT

Charlie Burlington
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SPECIES

Feline

BREED

DLH

SEX

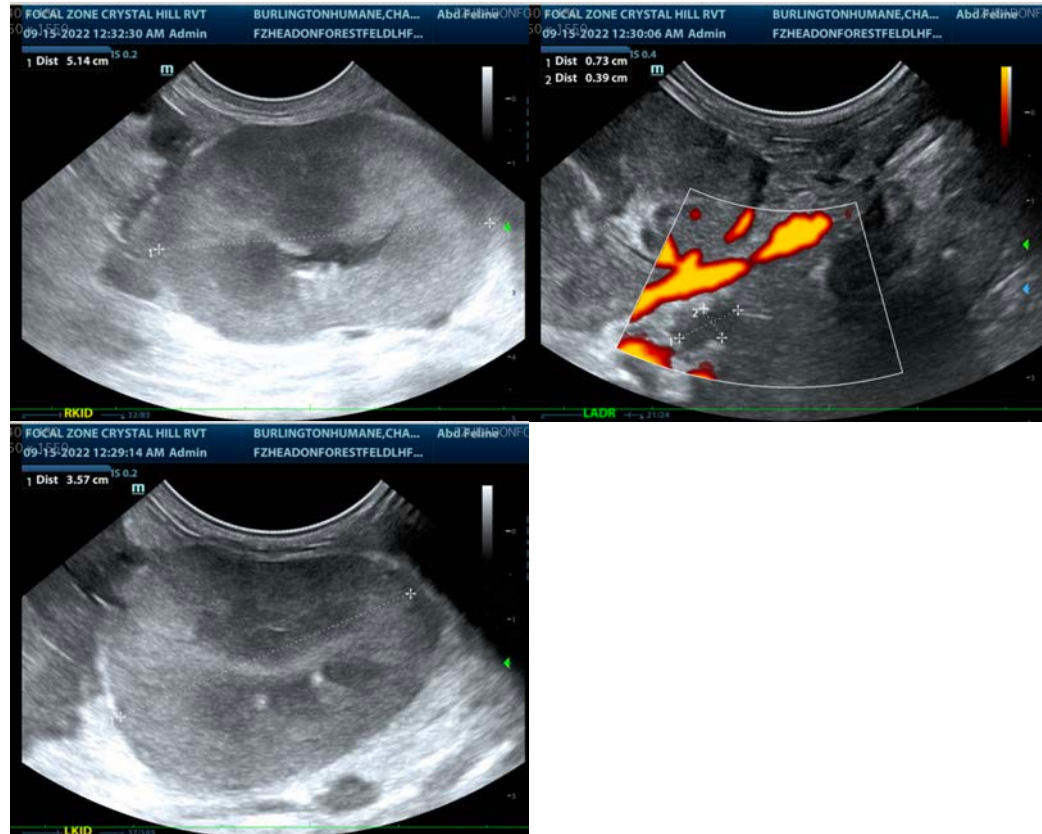
Spayed Female

AGE

5 Years

WEIGHT

2.9 kg



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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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