



PATIENT

Sheba Lannan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16

WEIGHT

6.9 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Wes Spangler

HOSPITAL NAME

TotalBond Veterinary
Hospitals- Paw Creek

REFERRING VET

Dr. Wes Spangler

INVOICE

13830

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- 16yo FS DSH with progressive chronic vomiting over the last 6 months. suspected IBD diagnosed March 2025 and managed with low-dose prednisolone, Hill's GI Biome food and Cerenia PRN.

Abnormal PE/Chem/CBC/UA Results: attached, no results more recent than October 2025. Anemia, monocytosis, rDVM treated for UTI with Clavamox at that time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. Urine does contain a mild amount of suspended echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was not clearly seen.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 1.9 mm width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

Within the caudal liver, there is a cystic lesion that measures 17.7 by 12.8 mm in size. This mass is heteroechoic given the appearance. In the right liver, there appears to be a second moderately cavitated heteroechoic lesion present. It measures 9.9 by 12.2 mm in size.

The gallbladder contains a moderate amount of hypoechoic debris. Otherwise, the gallbladder wall appears to have normal thickness, and the common bile duct does not appear distended.

Gastrointestinal

Within the body of the stomach, there appears to be an intraluminal mass lesion present that is circumferential in the body of the stomach. This mass lesion measures approximately 3.0 cm in length by 0.56 cm in width at the ventral aspect and approximately 3.6 cm in length by 0.72 cm in width at the dorsal aspect. The remainder of the stomach wall appears to have normal thickness. The stomach contains a moderate amount of gas at this time. The intestines have normal wall layering and thickness.



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Colon contains normal contents with normal wall thickness. The pylorus is visualized and appears open. No pyloric outflow tract obstruction appears present.

Pancreas

The pancreas is diffusely hypoechoic without any significant surrounding hypoechoic fat consistent with mild reactive pancreatitis, most likely reacting to the patient's gastric disease.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

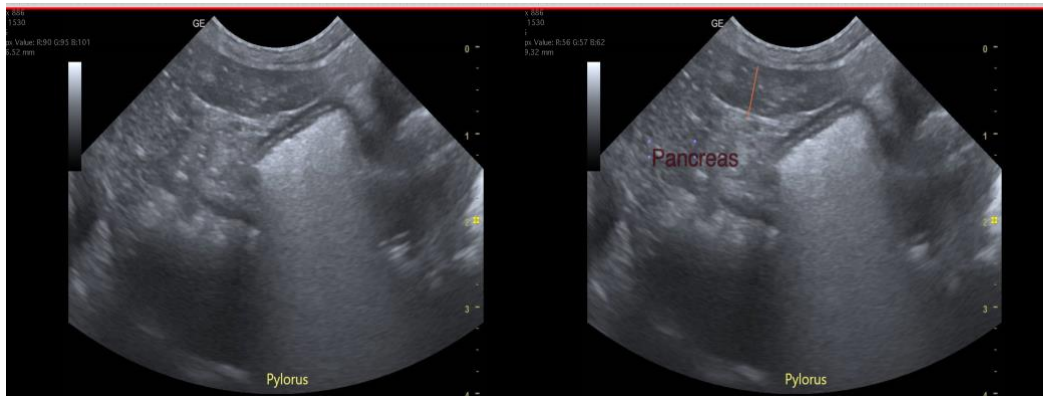
- Mild urine sediment.
- Loss of corticomedullary distinction bilaterally.
- Suspect mild reactive pancreatitis.
- Intramural gastric mass- lymphoma, adenocarcinoma, myosarcoma, or possibly mast cell tumor and less likely a benign etiology.
- Liver lesions- biliary cystadenoma or biliary cystadenocarcinoma versus metastatic neoplasia.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If a urinalysis has not been performed, recommend performing urinalysis and if active urine sediment, recommend urine culture. Recommend full international renal interest society staging, monitoring and managing for patient's suspect to chronic kidney disease.

If possible, recommend fine needle aspirate of one or both of the liver lesions to determine etiology. Recommend fine needle aspirate of the lesion in the stomach and submission for cytology. If cytology is non-diagnostic, recommend either endoscopy or surgical biopsies of the stomach to determine etiology and formulate treatment plan.

Patient's prognosis at this time appears guarded to poor given the severity of the findings on this ultrasound.





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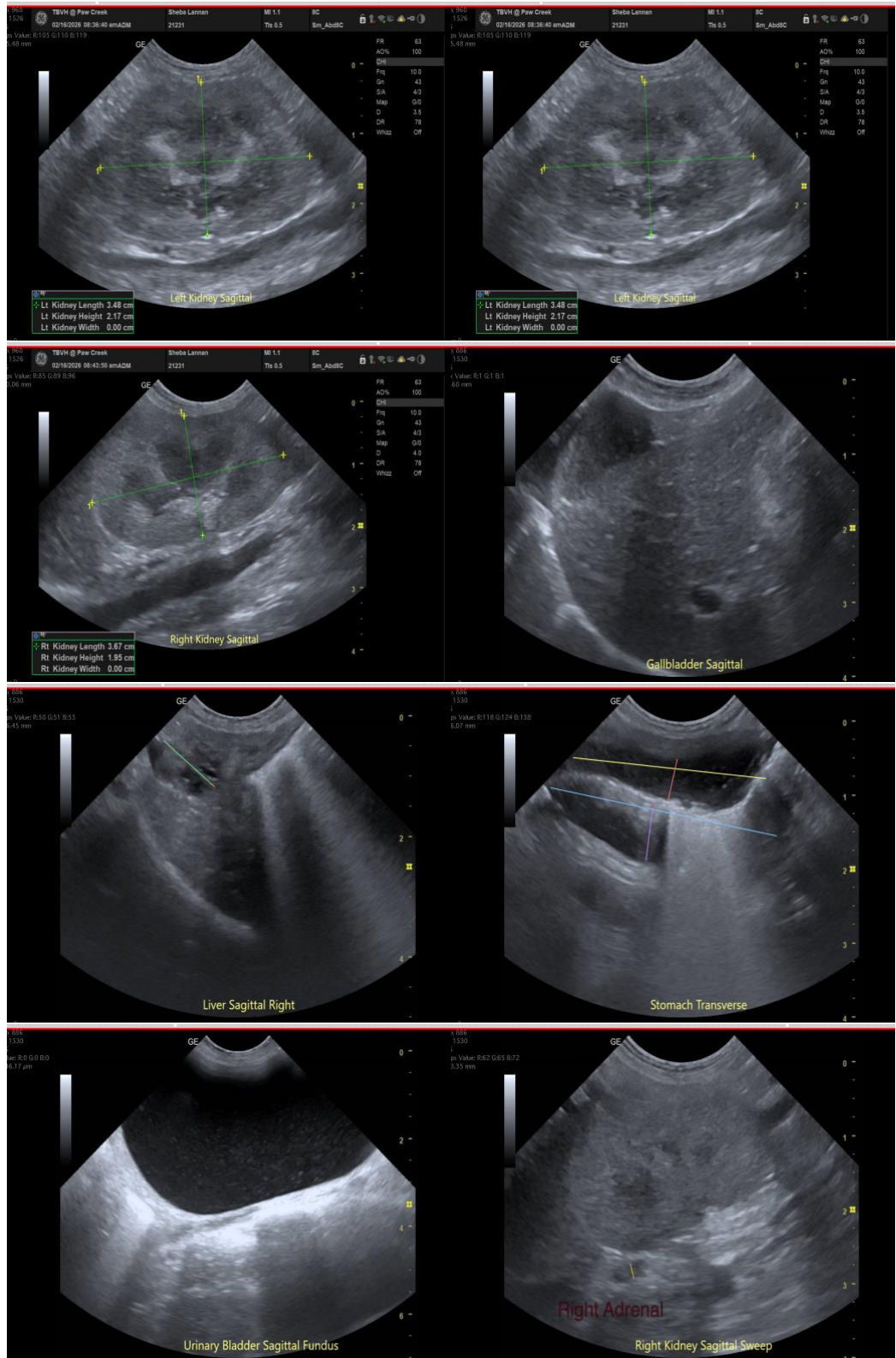
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com