



PATIENT

Sirius Hurado

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

10.44

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws PC

REFERRING VET

Dr. Reyes

INVOICE

35978

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- About a month ago for soft stools, inappropriate urination and defecation which is very unusual for pet. Pet has a history of struvite in urine and has been on Royal Canin urinary S/O. Pet was 12 lbs during that visit
- Amox/Clav was given due to pet continued having urinary symptoms and bacteria in UA. The inappropriate urination resolved, but stools remained soft. Provable Forte was rec and pet responded well.
- About two weeks ago, pet started overgrooming (pruritic) his paws. On exam, paws were very erythematous and alopecia was seen. Very mild cocci on tape cytology. Pet was sent home with Prednisolone trial and rec flea medication. Owner stated that pet had partial respond do steroids, but paws look better on exam today. Steroid was given for 10 days, not currently taking this medication.
- Owner came back today but stools are soft and pet is defecating in their bed. Eating well, no vomiting, but pet is down in weight (10.4 lbs today) Owner also stated that pet is not doing much at home, mainly sleeping. New heart murmur found today (grade 2/6)
- Abnormal PE/Chem/CBC/UA Results: Mono: 0.5 Eos: 1.5 TP: 8.9 UA SG: 1.039 protein: 1+ Moderate cocci Calcium oxalate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder appears normal. The urine contains a moderate amount of suspended echogenic debris. The ureteral papilla is not seen. No bladder stones or bladder masses are seen.

The right kidney presents normal size (4.2 cm) with an irregular shape and moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.2) with an irregular shape and moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The left and right adrenal glands are not clearly visualized on this exam.

Spleen

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

Liver

In the caudal right liver, there is a 2.9 cm x 2.9 cm irregularly shaped isoechoic liver mass present.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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Diffusely, the stomach and intestines contain a moderate amount of ingesta. No obstructive lesion is seen. It appears the patient may not be fully fasted for this exam. Full evaluation of the stomach and duodenum, and jejunal cannot be definitively mad on this exam. The ileum is normal in thickness (2.8 mm in width), however, the muscularis layer is moderately thickened.

Pancreas

The visible pancreas appears normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris
- Thickened ileum, consistent with inflammatory GI disease such as small cell lymphoma, mast cell disease, or possibly inflammatory bowel disease.
- Right caudal liver mass, most likely a primary hepatobiliary liver mass, either hepatocellular carcinoma or cholangiocarcinoma or cholangioadenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If a urine culture has not been performed, recommend performing a urine culture to further classify bacteria present and determine appropriate antibiotic. If urinary tract infection is confirmed, recommend treating for 30 days. Treat as a complicated urinary tract infection.

Ileum is thickened. Recommend submitting a Texas A&M GI panel to confirm GI disease. If GI disease is confirmed, consider either surgical or endoscopic GI biopsy to determine etiology of GI disease and formulate appropriate treatment plan.

Recommend fine needle aspirate of the liver mass, submit for cytology. If cytology is inconclusive, then recommend CT scan of the abdomen as presurgical planning for liver mass resection. The patient's clinical signs of weight loss are most likely due to either or both the liver mass and suspected underlying gastrointestinal disease. Prognosis is dependent upon histopathology of liver mass and determination as to cause of underlying GI disease.



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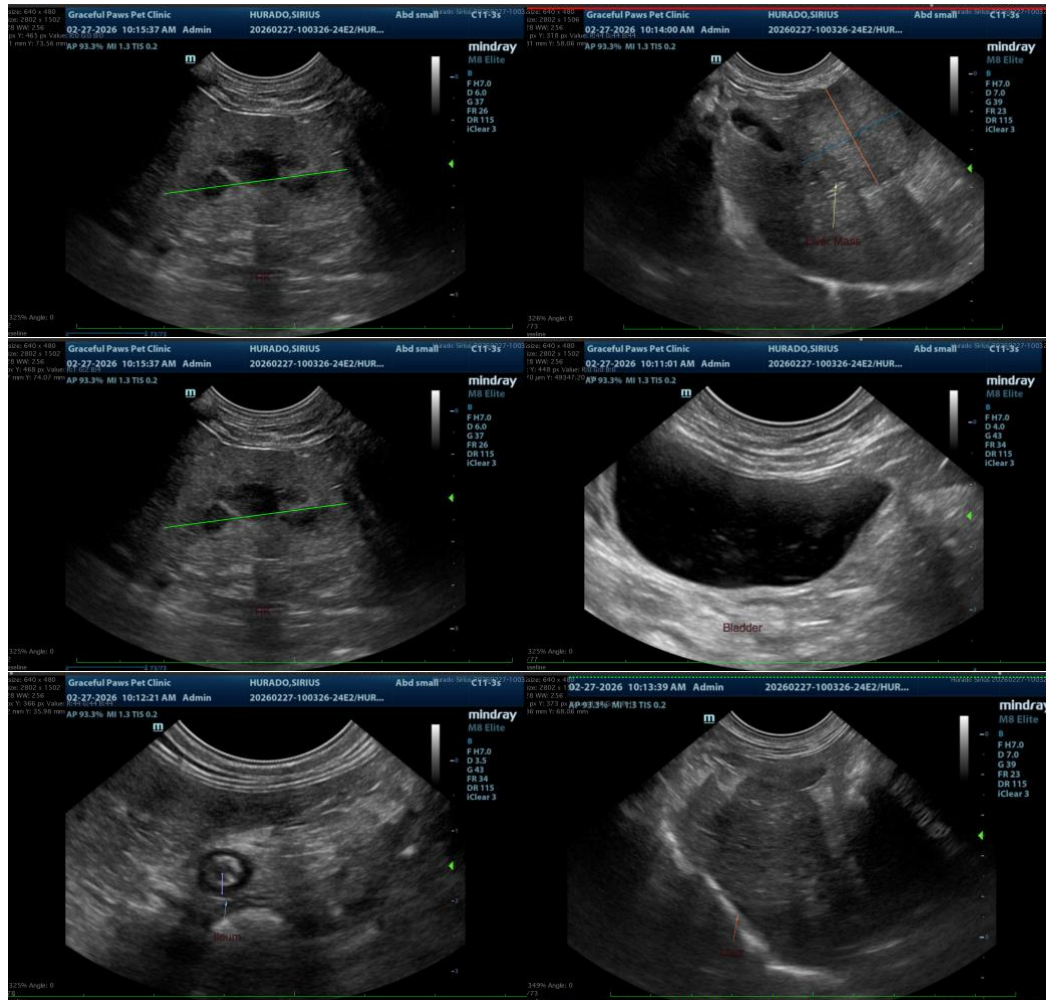
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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