



PATIENT

Dobby Nelson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7.5 years

WEIGHT

10.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen Animal
Hospital

REFERRING VET

Dr. Allison Maxey

INVOICE

11446

DATE

3/10/2026

PRESENTING CLINICAL SIGNS

- Polyphagia with weight loss noted over last 6-8 weeks.
- Pet has not been seen at vet for at least 3 years, but 4lb weight loss noted between that time. BCS 4/9.
- Very occasional vomiting, owners report no diarrhea.

Abnormal PE/Chem/CBC/UA Results: Unremarkable labwork including total T4 at 2.5 ug/dl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with a mild amount of suspended echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. Ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.2 cm in length.

Adrenal Glands

The adrenal glands are not distinctly visualized.

Spleen

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

Liver

The liver is diffusely enlarged with rounded margins, and has a hyperechoic echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

Gastrointestinal

The stomach appears normal and contains a small amount of ingesta. There is no pyloric outflow tract obstruction visualized. Suspected that the patient is not fully fasted. Small intestines have normal wall layering and thickness. The small intestines are distended with a moderate amount of ingesta. No GI abnormalities are visualized. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is visualized and appears normal. The right limb is not distinctly visualized.

Free Abdomen



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There are several mildly enlarged, hypoechoic, mesenteric lymph nodes present. An example measures 3.4 mm x 11.5 mm in size. There is no surrounding hyperechoic fat. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mild amount of suspended echogenic debris in the urinary bladder.
- Liver consistent with possible vacuolar hepatopathy such as a lipid hepatopathy from hepatic lipidosis. The appearance of the liver may possibly suggest an infiltrative neoplastic process such as lymphoma or mast cell disease, although these seem unlikely.
- Several mildly enlarged, mesenteric lymph nodes. These nodes are likely reactive. Based on their appearance, less likely due to a neoplastic cause.

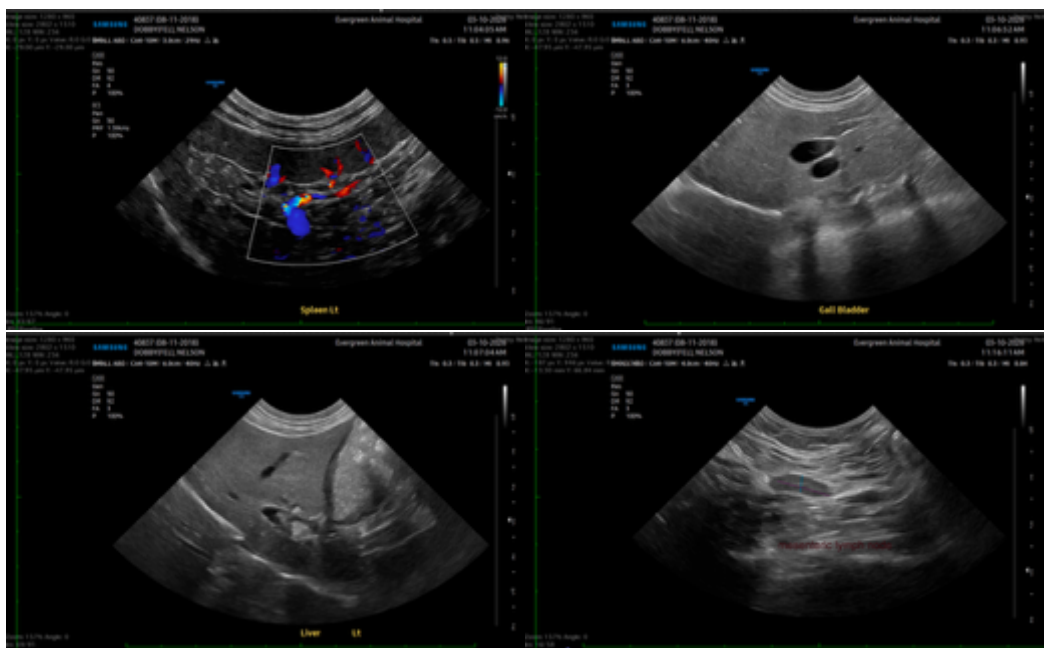
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend urinalysis. If active urine sediment is identified, then I recommend a urine culture and antibiotic sensitivity.

Recommend a fine needle aspirate of the liver and submission for cytology to rule out round cell neoplasia.

Recommend a fine needle aspirate of the lymph nodes and submission for cytology.

No cause for the patient's polyphagia, weight loss, and occasional vomiting seen on today's exam. Recommend submission of a GI Panel to Texas A&M to screen for occult gastrointestinal disease. If GI panel confirms either pancreatic or GI disease, consider performing biopsies of the small intestines (either surgically or endoscopically.) If GI panel rules out pancreatic or GI disease, then a more global search for the patient's clinical signs should be performed.





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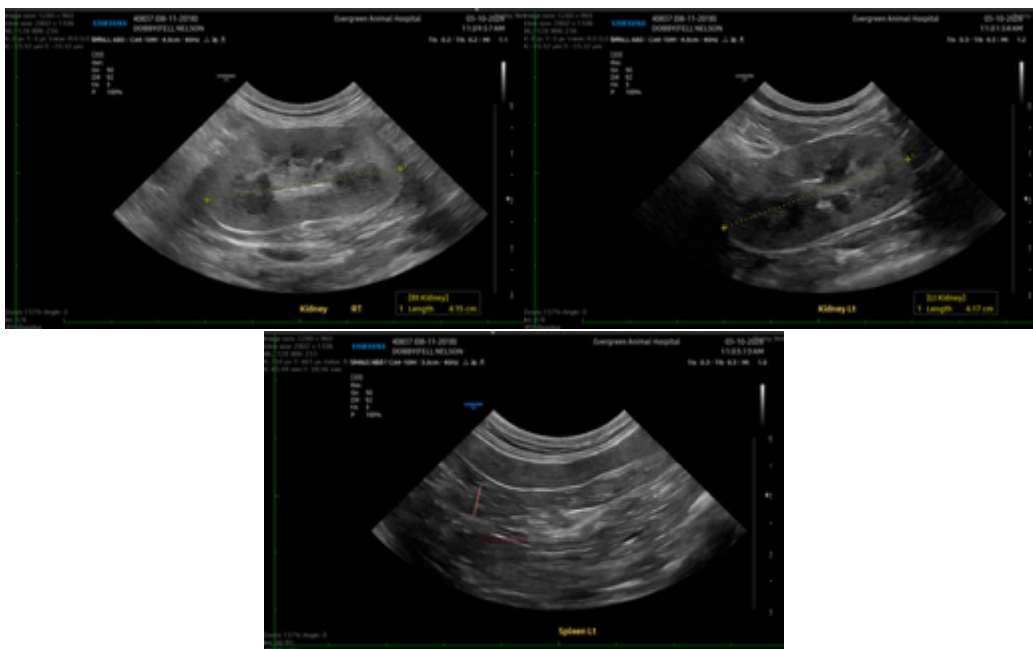
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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