



## PATIENT

Lala Maleenos

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years 4 Months

## WEIGHT

10.5 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

73551

## DATE

3/10/26

## PRESENTING CLINICAL SIGNS

Presented for abdominal ultrasound. Owner stated the blood in the urine, in and out of the litter box for a week. UA - pending from rDVM

Abnormal PE/Chem/CBC/UA Results: PE: Dental calculus , alopecia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder contains a small amount of urine. The ventral urinary bladder wall is markedly thickened, irregular in shape, and hypoechoic. There appears to be an intramural mass lesion present in the ventral urinary bladder wall that measures 2.6 cm in length x 0.73 cm in width. The dorsal urinary bladder wall appears more normal. The urine contains a moderate amount of hyperechoic suspended debris, most likely consistent with the reported hematuria. There are 5 hyperechoic shadowing uroliths present that are gravity dependent within the urinary bladder as well, ranging in size from approximately 1.1-2.4 mm in diameter.

The right kidney presents normal size (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The right adrenal gland is not clearly seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.0 mm in width.

### *Spleen*

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

### *Liver*

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

### *Gastrointestinal*

The stomach contains a moderate amount of ingesta. No pyloric outflow tract obstruction seen. Normal motility appears to be present. The patient appears to not be fully fasted for the exam. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



## PATIENT

Lala Maleenos

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years 4 Months

## WEIGHT

10.5 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

73551

## DATE

3/10/26

## Pancreas

The left limb of the pancreas is mildly diffusely hypoechoic and slightly enlarged, measuring 1.2 cm in width with no surrounding hyperechoic fat. The right limb is also mildly diffusely hypoechoic, normal in size at 7.1 mm in width. No surrounding hyperechoic fat.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

- Ventral urinary bladder lesion, bladder debris, and uroliths.
- Reactive pancreatitis most likely due to urinary bladder inflammation.

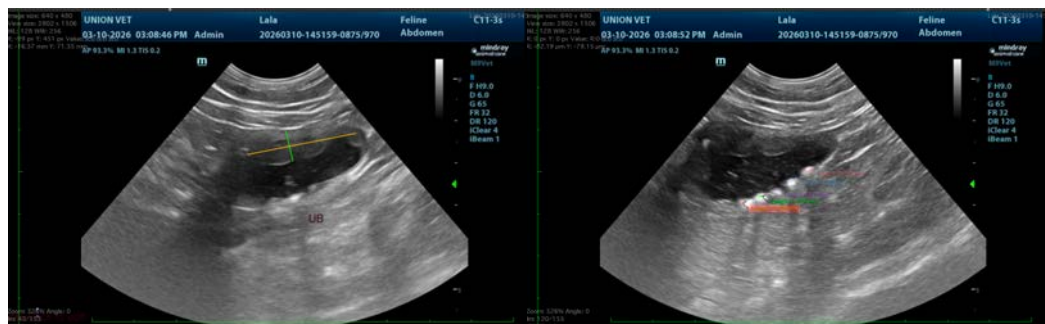
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect that the lesion present in the ventral aspect of the bladder may be a chronic inflammatory process due to the presence of the uroliths. However, a malignant etiology cannot be ruled out for this lesion. Neoplasia such as lymphoma or transitional cell carcinoma are possible.

Recommend a fine needle aspirate of the thickened aspect of the ventral urinary bladder wall and submission for cytology. If cytology is inconclusive as to the etiology of this lesion, consider cystotomy to remove uroliths and submit for analysis to the University of Minnesota urolith lab.

Also recommend obtaining biopsies of the bladder wall lesion and submit for histopathology to determine etiology and develop an appropriate treatment plan. Also recommend obtaining a urine culture to rule out urinary tract infection as a possible underlying cause of both the uroliths and the lesion in the urinary bladder wall.

The patient appears to have mild reactive pancreatitis. No specific cause is seen for the reactive pancreatitis, although the cause may be the urinary bladder inflammation that is present. This is most likely insignificant and I suspect this inflammation will resolve with treatment for patient's urinary bladder issues.





**PATIENT**

Lala Maleenos

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years 4 Months

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Dr. Lara Cabugawan

**HOSPITAL NAME**

Union Vet Animal  
Hospital

**REFERRING VET**

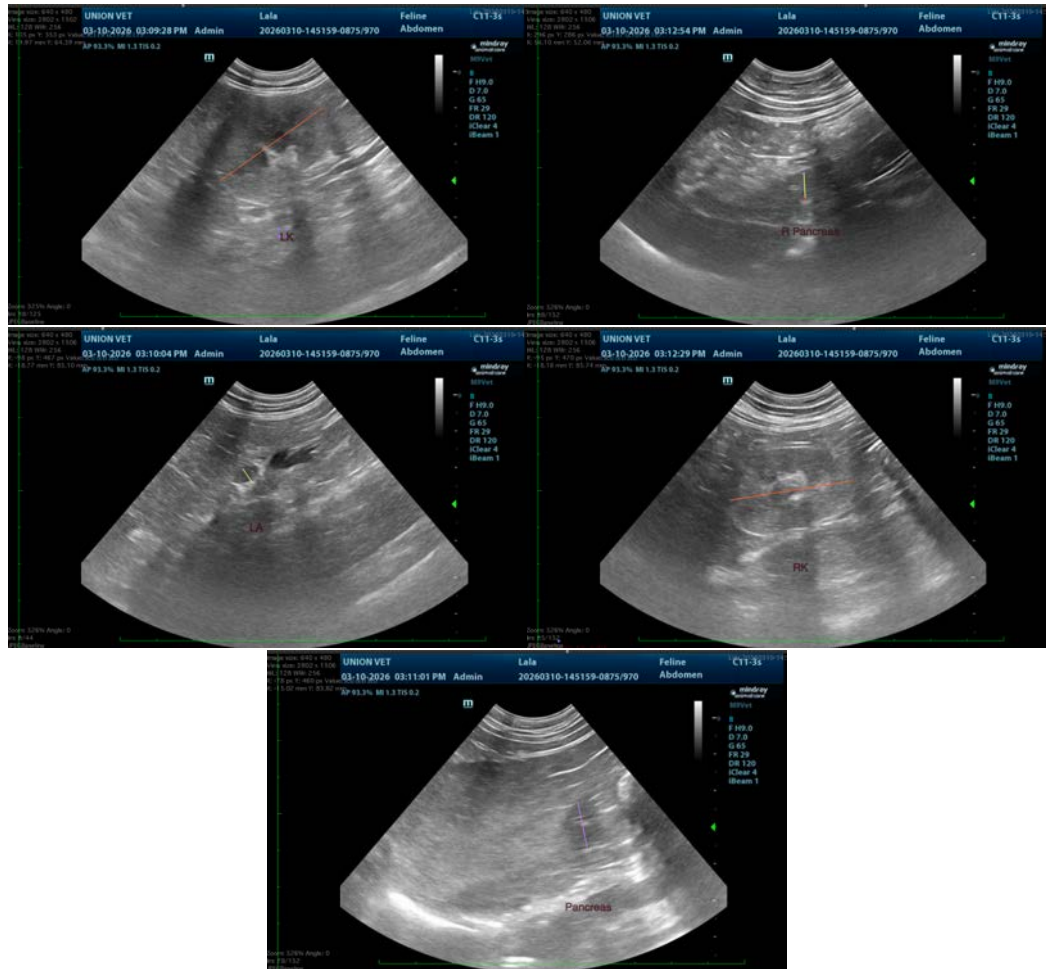
Dr. Lara Cabugawan

**INVOICE**

73551

**DATE**

3/10/26



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](mailto:info@SonoPath.com)