



PATIENT

Phoebe Preston

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.1 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Vet
 Emergency Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

73606

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Hx of IBD/triaditis, and cholecystolithiasis, chronic ursodiol Tx (annual OVC rechecks). Hx lumbar spondylosis with suspected affect on urinary incontinence (occasional, dribbling after sitting, not after sleeping, not after having just urinated or with full bladder). Has improved with joint supplementation and long term gabapentin.. Past year recurring FLUTD signs. Ecoli culture once, negative cultures since. Hematuria noted, as well as pollakiuria, during episodes. Signs resolve with cerenia (anti-inflammatory?) which has been held for past 3 days for this U/S.

Current Medications: Ursodiol, gabapentin, Flovent

Abnormal PE/Chem/CBC/UA Results: Chem 17, 2 weeks ago - WNL (will be emailed) - UA and culture 1 week ago - negative culture, pH 6, USG 1.026 (will be emailed) - repeat UA over past year USG had been 1.032 and 1.033 Radiographic Findings - thoracic rads 2 weeks ago revealing persistent bronchointerstitial patterns - empirical Tx for asthma (flovent). Abdominal rads at the time revealed static gall bladder mineralization/sediment, spondylosis, splenomegaly (sedated), NO stones. Rads will be emailed as well. labs, rads and prev US report attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. The urethra appears normal and measures 2.2 mm in width.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.3 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.0 mm in width.

Spleen

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

Liver

Throughout the intrahepatic biliary ducts and within the hepatic parenchyma there are multiple round, hyperechoic foci that are strongly shadowing. No of the intrahepatic biliary ducts appear to be dilated. The hepatic parenchyma itself is mildly hyperechoic. The liver is subjectively mildly enlarged with rounded margins. Findings with the hepatobiliary system are similar to those seen on the previous ultrasound that was performed 9/8/25.



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The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The gallbladder does not appear obstructed. However, there is a strongly shadowing cholelith present in the lumen measuring 1.3 cm in width. The common bile duct does not appear to be distended at this time.

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Gastrointestinal

The stomach is empty. Stomach wall measures 2.2 mm in width and has normal layering. Diffusely the jejunum has normal wall layering and thickness, with sections of jejunum measuring up to 2.3 mm in width. The duodenum and ileum also have similar appearance and are normal in thickness and layering. The muscularis layer of the small bowel does not appear to be thickened. There does appear to be mild hyperechoic fat surrounding the ileum. No lymphadenopathy seen in this region. Colon contains normal contents with normal wall thickness.

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Pancreas

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

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Mildly hyperechoic hepatopathy – suspect vacuolar or endocrine hepatopathy. Chronic hepatitis, cholangiohepatitis, less likely hepatic lipidosis or infiltrative neoplasia, but they still are concerns.
- Similar choleliths present, both intrahepatic cholelithiasis and well formed cholelith present in the lumen of the gallbladder. These choleliths do not appear to be causing obstruction at this time.
- The inflammation surrounding the ileocolic junction is similar to previous ultrasound, possible continued mild typhlitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's hematuria is seen on this exam. The reported possible splenomegaly does not appear to be present on this exam. No changes to patient's current medical management plan suggested at this time.

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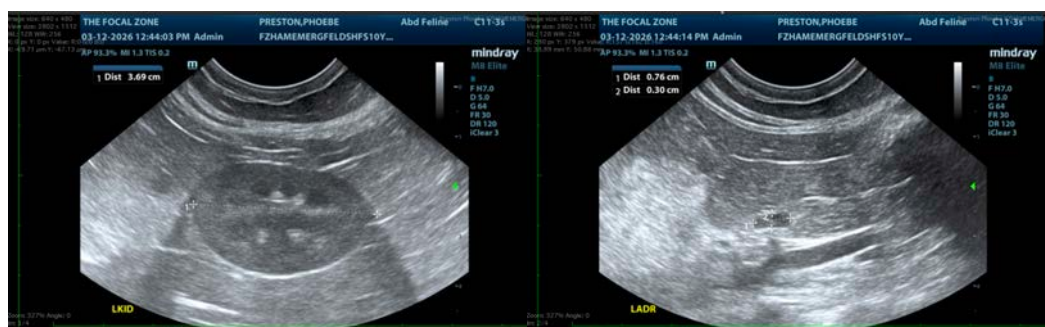
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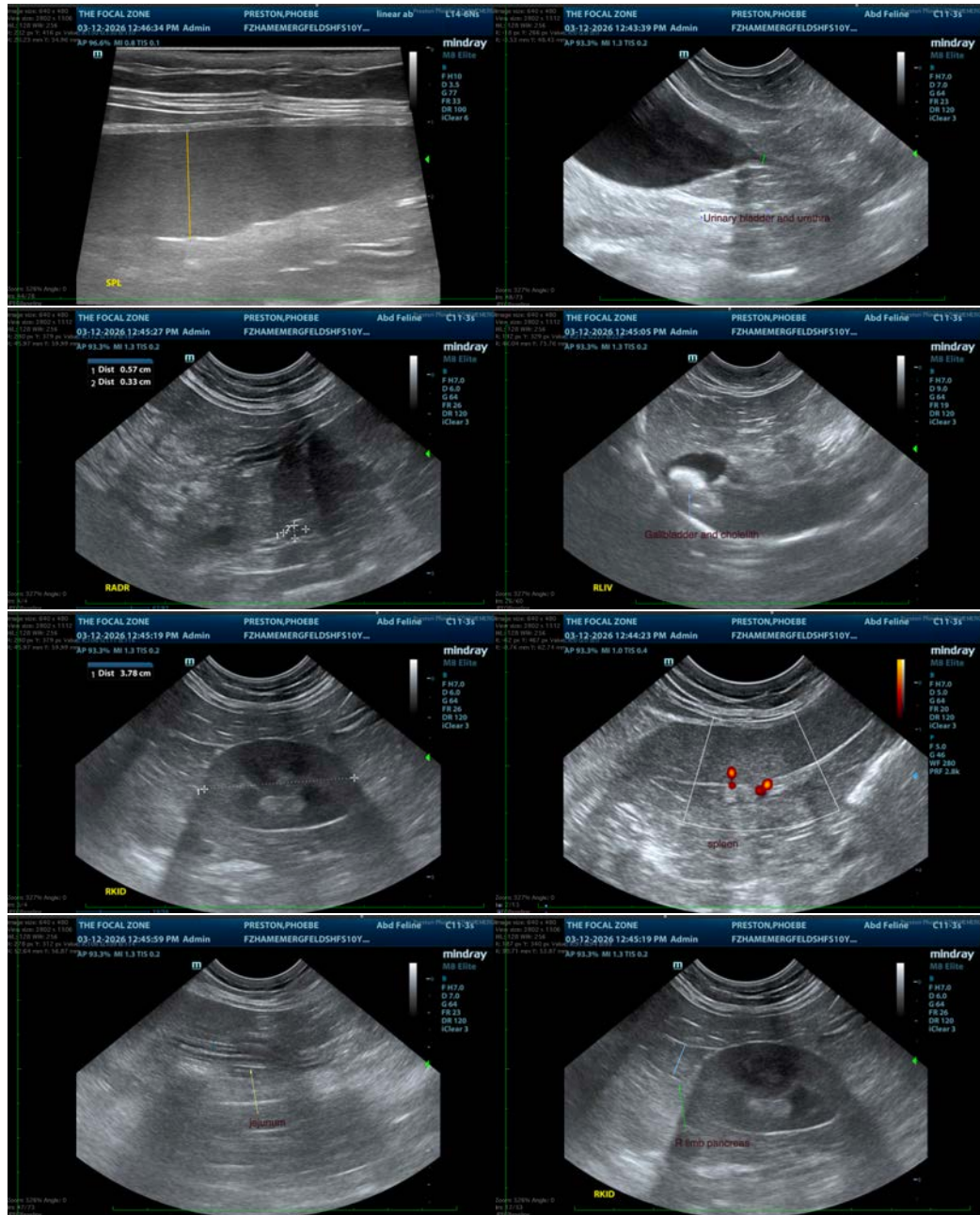
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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