



## PATIENT

Pepper Burns

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

9.8 pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jennifer Todd

## HOSPITAL NAME

Lambs Gap Animal  
Hospital

## REFERRING VET

Dr. Jennifer Todd

## INVOICE

14356

## DATE

03/16/26

## PRESENTING CLINICAL SIGNS

- Pepper is a twelve-year-old, inside/outside DLH cat who recently presented for concerns regarding decreased urine volumes in the litter box, ongoing urination just outside the litter box and reduced mobility. Owner reports Pepper is producing smaller amounts of urine, sometimes very small clumps in the litter box compared to normal larger amounts. Mobility issues include decreased jumping, using claws to pull herself forward. Owner reports Pepper drinks a lot of water, which has been ongoing for 1 to 2 years. Rare vomiting episodes noted. Owner notes Pepper appears thinner over the last year (lost 1.5# since Dec 2025) and has aged more noticeably in the past 2 to 3 years. Lab results show mild azotemia (creat 2.1, BUN 38, SDMA 14). USG=1.016.
- Current meds/doses: Antinol fish oil, dasuquin, solensia

## 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 left kidney presents normal size with normal shape and architecture. Complete loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 14.2 mm in width.

The right kidney presents normal size with normal shape and architecture. Loss of corticomedullary distinction. Marked renal pelvic dilation was evident. The right kidney measured 3.8 cm in length. The renal pelvis measured 12.2 mm x 20.2 mm in size. There are two hyperechoic shadowing nephroliths present within the renal pelvis.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 2.7 mm in width.

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

### *Spleen*

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

### *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*



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The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

- Right lateral loss of corticomedullary distinction and right lateral renal pelvic dilation.
- Two right kidney nephroliths.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

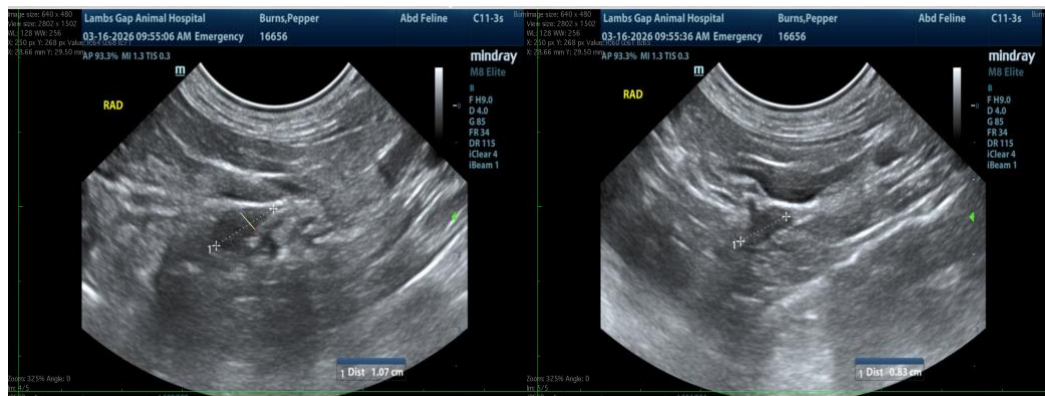
No specific cause is seen for the renal pelvic dilation. Given the presence of the nephroliths in the right kidney. This is why right kidney is obstructed due to a ureterolith.

Full staging, monitor and manage the patient in the uterine via the International Renal Society Guidelines. Given that the right kidney appears obstructed at this time, we would recommend aggressive IV fluid diuresis. If the obstruction cannot be resolved medically, surgical interventions such as placement of subcutaneous ureteral bypass system within the right kidney may need to be placed.

Left kidney's mild renal pelvic dilation may be also obstructed, but no definitive obstruction is seen with either kidney. Also consider that left kidney renal pelvic dilation may be due to pyelonephritis. We recommend submitting a urine culture to rule out pyelonephritis.

Prognosis is currently open pending resolution of the suspected obstruction of the right kidney. Also suspect that patient's clinical signs over the last year are most likely due to renal disease.

No obvious evidence of neoplasia, GI disease, or pancreatic disease is seen on this ultrasound.





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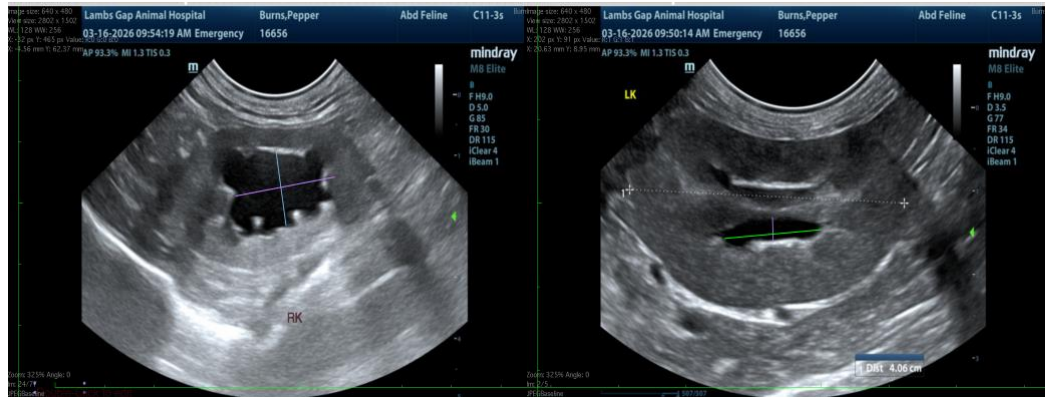
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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