



## PATIENT

Ula Animal Assistance  
Program

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

10.5 lbs

## 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

73753

## DATE

3/17/26

## PRESENTING CLINICAL SIGNS

Ula is a 5-year-old spayed female domestic shorthair with history of chronic diarrhea for approximately 1 year. GI panel folate increased (intestinal dysbiosis), normal cobalamin, normal PLI/TLI: previous fecals, diarrhea pcr wnl (except enteric corona positive). Diarrhea is small volume, occurring approximately 3 times daily, with consistency ranging from soft pudding to soft serve. Ula strains frequently in the litter box. No vomiting or blood in stool observed. Previous treatment with Tylosin and probiotic (Provable) resulted in temporary improvement, with relapses occurring after discontinuation of Tylosin. Feeds GI Biome dry 1/3 cup BID

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is moderately distended with mild to moderate suspended echogenic aggregating debris. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 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 3.0 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.1 mm in width.

### *Spleen*

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

### *Liver*

In the left caudal liver, there is a 2.3 cm x 1.5 cm isoechoic solid mass present. The remainder of the patient's liver appears normal.

The gallbladder contains a moderate amount of aggregated suspended hyperechoic debris. The remainder of the gallbladder appears normal.

### *Gastrointestinal*

The stomach wall is diffusely normal in thickness and layering. The stomach contains a moderate amount of retained ingesta. No outflow tract obstruction seen. I suspect the patient was not fully fasted for the exam or may have mild gastric ileus. Diffusely, the jejunum is normal in thickness and layering, measuring 2.1 mm in width, which is normal. Colon contains normal contents with normal wall thickness.

### *Pancreas*

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peripancreatic mesentery.



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**Free Abdomen**

Diffusely there are multiple enlarged mesenteric lymph nodes. A representative node measures 26.8 mm x 11.9 mm. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Liver mass - This mass most likely represents malignant neoplasia, most likely primary hepatobiliary such as hepatocellular carcinoma. Given that it is not cavitated, less likely a biliary cystadenoma or biliary cystadenocarcinoma.
- Gallbladder debris, insignificant at this time.
- Enlarged mesenteric lymph nodes - These nodes appear reactive and less likely enlarged due to neoplasia.

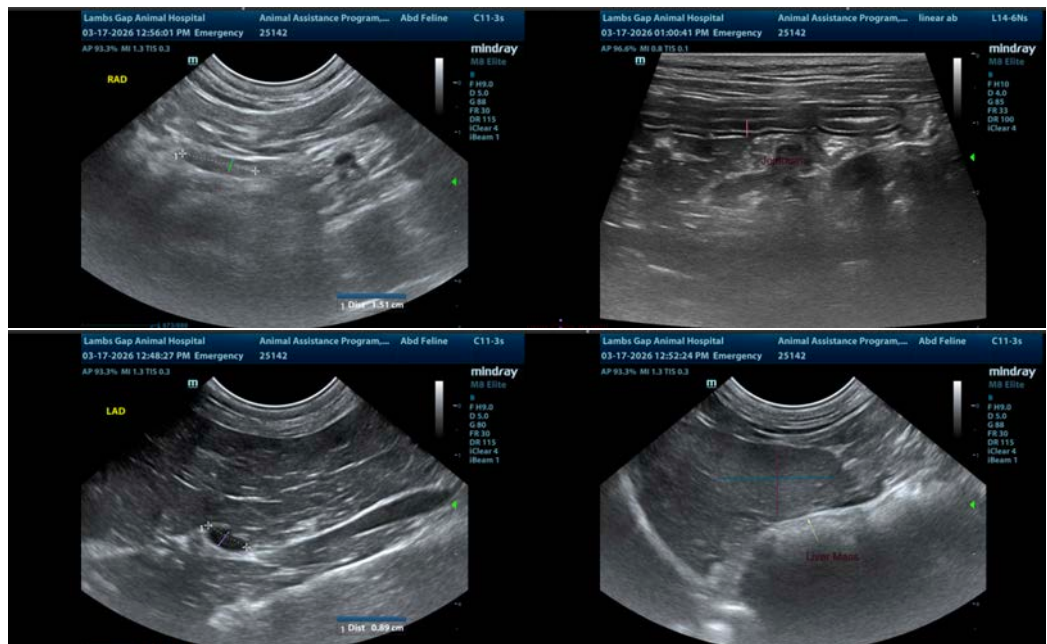
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver mass may be the cause for the patient's diarrhea. Recommend resection of the liver mass and submission for histopathology. Recommend CT scan of the abdomen for pre-surgical planning. Recommend 3-view chest radiographs prior to considering surgery to rule out pulmonary metastatic disease.

No obvious cause for the patient's diarrhea is seen on this exam. If Tylosin is known to control the diarrhea, recommend at this time long-term Tylosin pending outcome of liver mass resection.

Recommend urinalysis, and urine culture if active urine sediment on urinalysis to rule out urinary tract infection.

Prognosis at this time is open pending surgical resection of the liver mass and histopathology of the mass.





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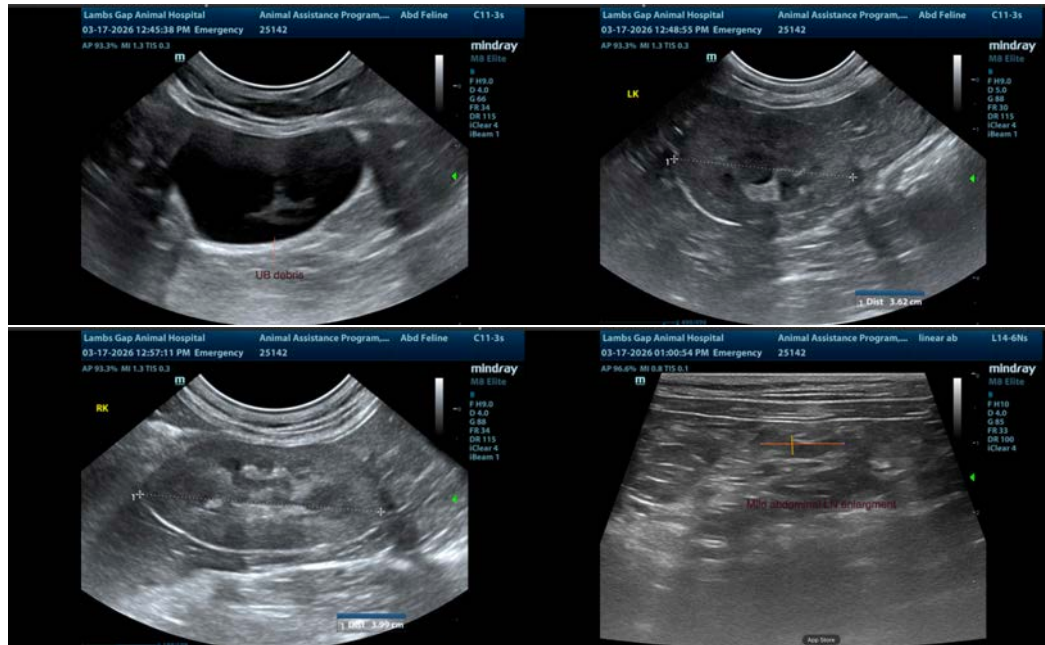
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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