



PATIENT

Moshi Wood

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.15

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

73845

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Previously diagnosed with small cell lymphoma in 2023 and on Chlorambucil and Prednisolone. Not eating much.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. The urine contains a moderate amount of aggregating suspended echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (3.6 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. There are several hyperechoic shadowing nephroliths present, an example measures 1.3 mm in width. No renal pelvic dilation present.

Adrenal Glands

The right adrenal gland is not clearly visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.7 mm in width.

Spleen

The spleen is normal in size and echogenicity.

Liver

The liver is diffusely hyperechoic and enlarged with rounded margins.

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

Gastrointestinal

The stomach has normal wall layering and thickness and is empty. Diffusely the small bowel is at the upper end of normal limits for thickness, measuring approximately 2.8 mm in width. The muscularis layer is mildly subjectively thickened. Colon contains a moderate amount of formed stool. The colon wall is normal in 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.



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ULTRASONOGRAPHIC FINDINGS

- Suspended, echogenic urinary bladder debris - Consider possible urinary tract infection or crystalluria as the cause for the debris.
- Bilateral loss of corticomedullary distinction in the kidneys - Consistent with chronic kidney disease and left-sided nephrolithiasis that is non-obstructive at this time. Occult pyelonephritis is also possible.
- Enlarged, hyperechoic liver - Concerning for possible early hepatic lipidosis or less likely infiltrative round cell neoplasia such as lymphoma.

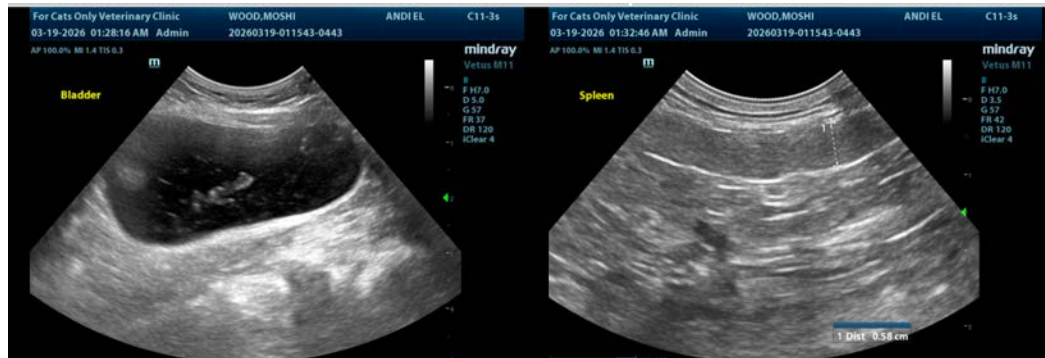
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis and urine culture if active urine sediment is present. Recommend full staging, monitoring and managing of the patient's kidney disease per IRIS guidelines. If patient is diagnosis with a urinary tract infection, then recommend treatment for UTI for at least 30 days with appropriate antibiotic.

Recommend fine needle aspirate of the liver with submission for cytology to rule out round cell neoplasia and determine if hepatic lipidosis is present. If it is, recommend placement of an esophageal feeding tube to provide enteral nutrition pending determination of the cause of patient's decreased appetite.

Given the appearance of the small intestines at this time and the lack of mesenteric lymphadenopathy, patient's small cell lymphoma appears to be in remission.

The cause of the patient's decreased appetite is not clearly identified on this exam. Consider workup for possible urinary tract infection. If this is ruled out, a more global evaluation of the patient for other causes would be recommended.





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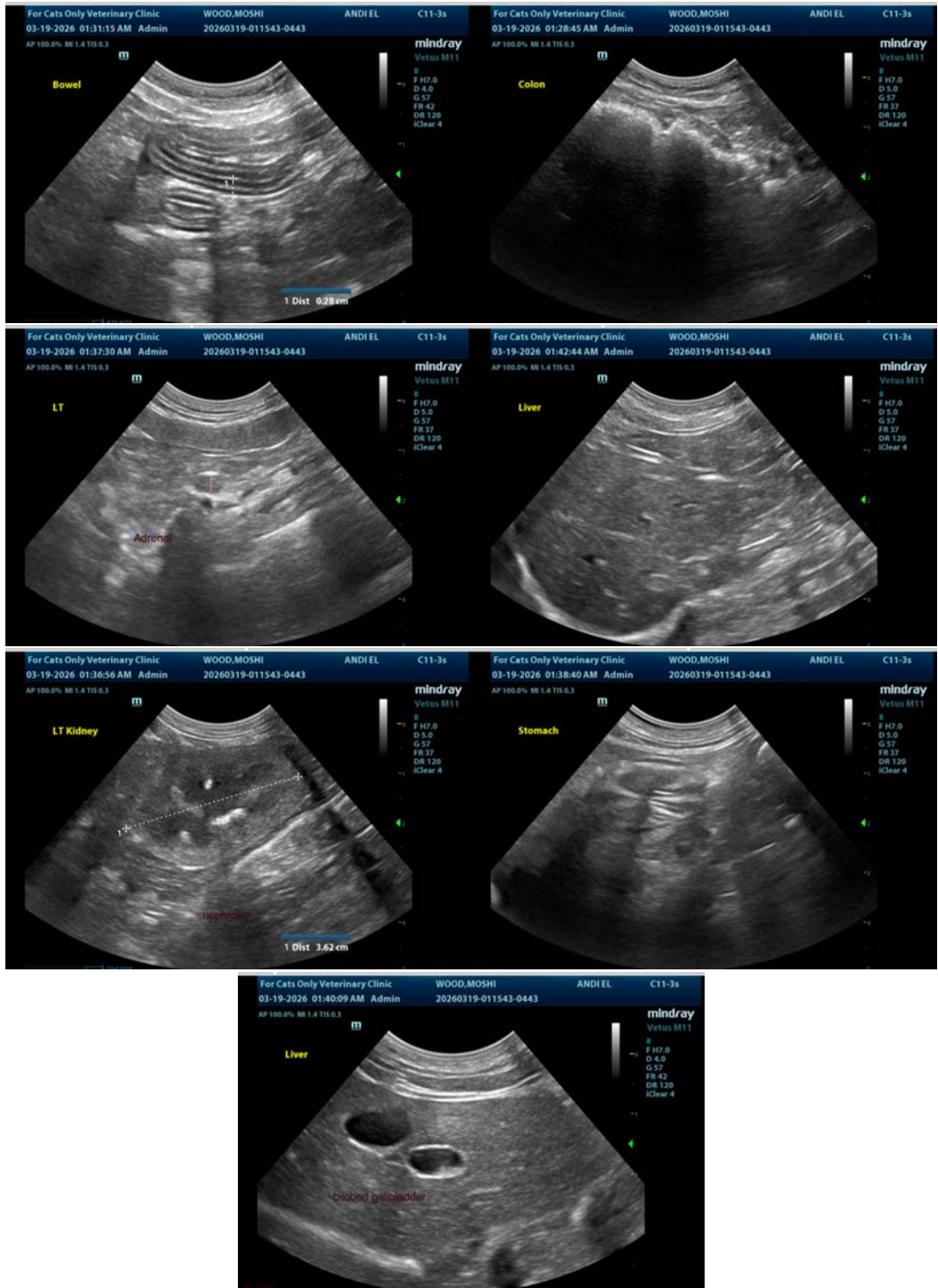
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com