

## PATIENT

Bailey Kirk

## SPECIES

Feline

## BREED

Devon Res

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

6.75 pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Kelly Reschny

## HOSPITAL NAME

Hillview Veterinary  
Clinic

## REFERRING VET

Dr. E. Stevenson

## INVOICE

14494

## DATE

03/20/26

## PRESENTING CLINICAL SIGNS

- The last 1-2 weeks she has been leaking sometime from rectum
- Always had softer poops, but worse the last few weeks, which preceded the leaking
- vomited 2x the last few weeks
- appetite normal
- energy normal
- Current Medications
- Profender(March 4/26), Milbemax(Nov 12/26), Metronidazole (Nov 12/26)

Abnormal PE/Chem/CBC/UA Results: Dec 16, 2025 Creatinine b 78 (80 - 203  $\mu\text{mol/L}$ )

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is moderately distended with mild amount of suspended echogenic debris. 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. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.3 cm in length.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.3 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.0 mm width.

### *Spleen*

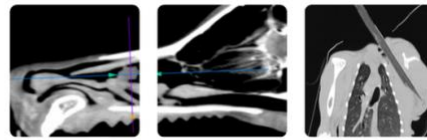
The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

### *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 was suspended with a mild amount of ingesta. No obstruction to pyloric outflow tract was seen. The patient appears non-fasted for this exam. Diffusely, the small bowel is distended with a mild to moderate amount of ingesta. No mechanical obstruction in the small intestine or stomach is seen. Patient's small bowel appears normal in thickness and layering. At this time, the colon appears to contain formed stool. Diffusely, the colon wall appears normal and 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**

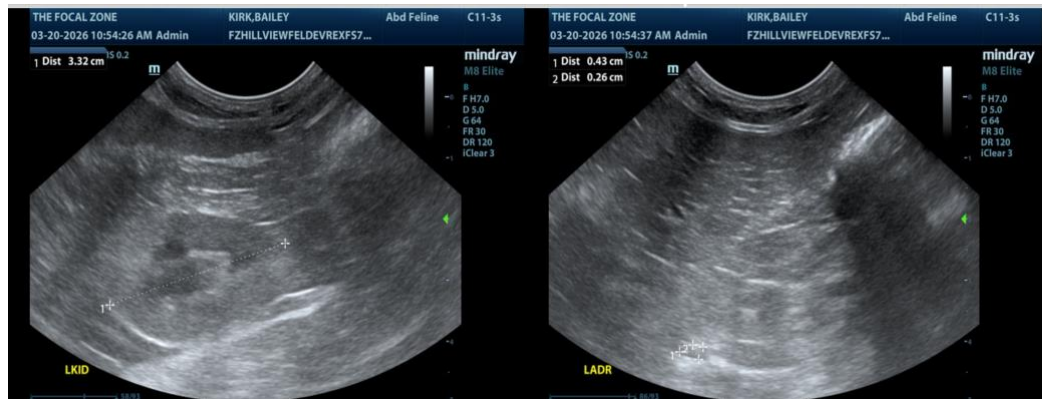
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

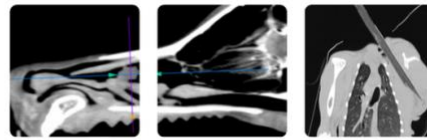
**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder debris.
- GI ingesta.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If urinalysis has not been performed, recommend urinalysis and if indicated, urine culture. No cause for the patient's recent episodes of anal leakage and soft stool is seen. Recommend full screening for GI parasites via a fecal pathogen PCR. (1:48) If no parasitism is diagnosed. Recommend Texas A&M GI panel to screen for possible occult GI disease or occult pancreatic disease. If GI panel suggests chronic enteropathy, recommend GI biopsy surgically or endoscopically. Preferred endoscopically as it is more minimally invasive.





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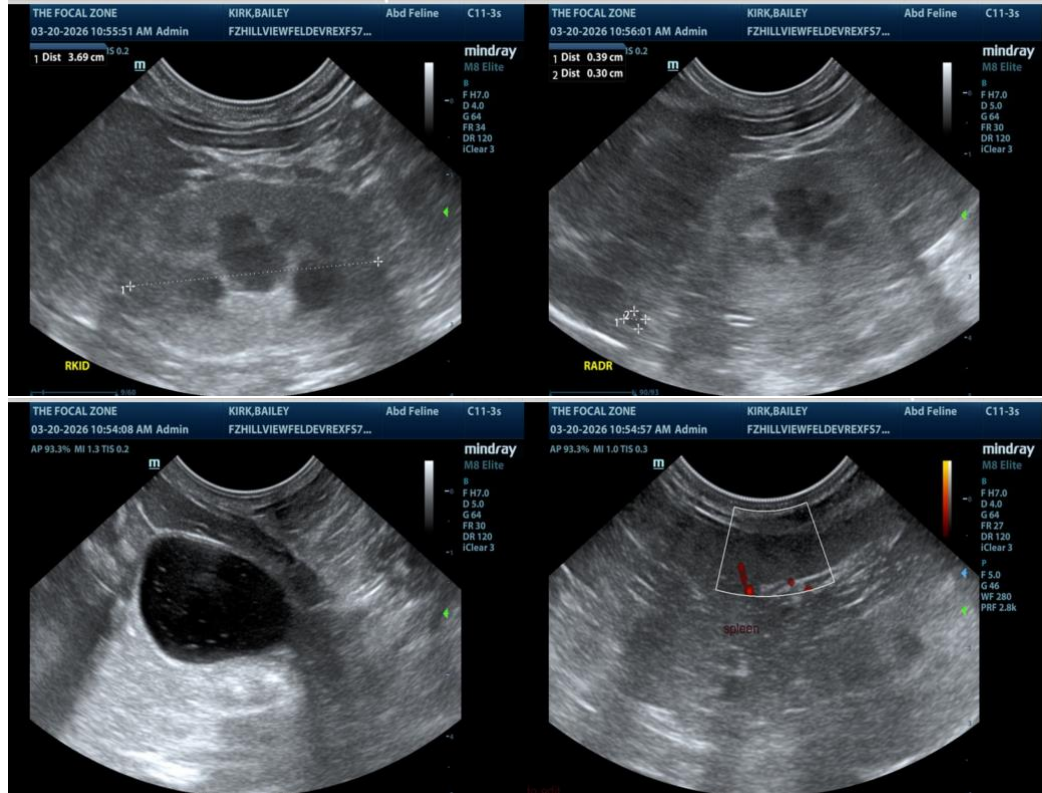
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)