

PATIENT

Jezebel Bennett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

7 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Laura Owens

INVOICE

36320

DATE

3/20/26

PRESENTING CLINICAL SIGNS

History of acute on chronic renal failure in 4/2022, was treated at a 24 hour facility and renal values returned to high end of normal range. She has remained on a renal diet and gotten SQ fluids once weekly since then.

At annual exam, has lost 3 pounds, no obvious change in diet or activity level per owner

Hypercalcemia on senior panel (12.6 corrected) and hypophosphatemic (2.8).

Bloodwork otherwise unremarkable.

No vomiting or diarrhea or other obvious clinical signs associated with illness.

Anal sacs palpate normal.

Abnormal PE/Chem/CBC/UA Results: Parathyroid Hormone (CLIA) 0.60 L pmol/L [0.70-3.40] Ionized Calcium (ISE) 1.57 H mmol/L [1.00-1.40] Parathormone Related Protein (RIA) 0.0 pmol/L [0.0-1.0] 3 view whole cat rads- thorax unremarkable, kidneys appear small with a regular outline. No radiodense uroliths visible. UA USG 1.032 Sediment unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Right kidney was mildly small at 2.9 cm in size with mild loss of cortical medullary distinction.

Left kidney was slightly small in size at 2.8 cm in length. Normal shape and mild loss of cortical medullary distinction were noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 1.9 mm width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.0 mm width.

Spleen

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

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 left and right limbs of the pancreas appear normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Both kidneys have mild loss of cortical medullary distinction and are bilaterally small
- Mild urinary bladder debris

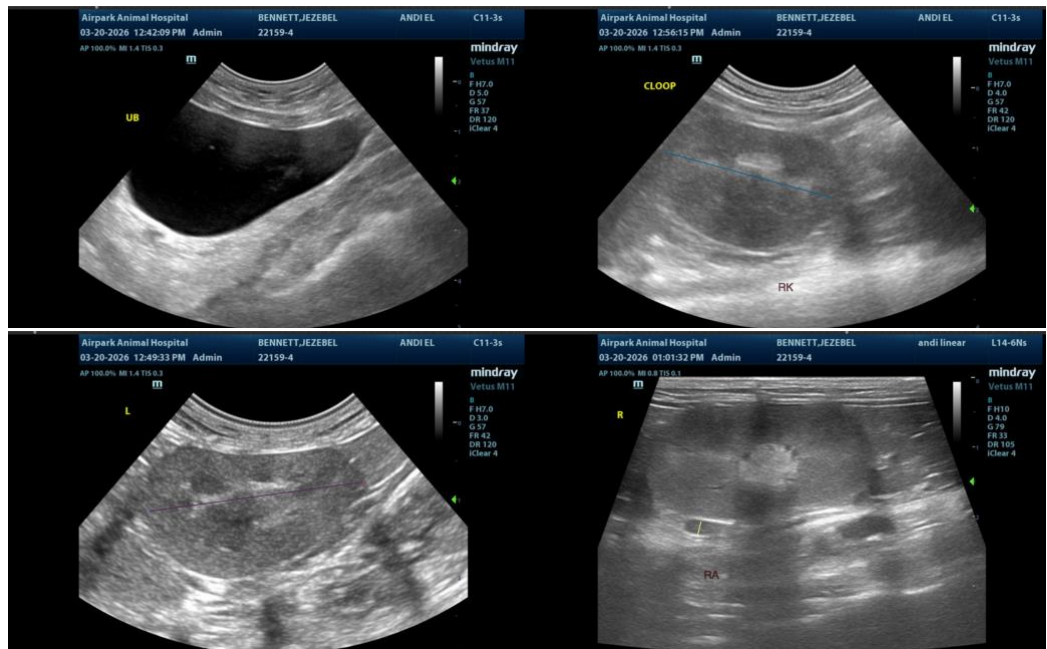
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urine culture if active urine sediment is present.

Recommend full renal staging monitoring and managing the patient per International Renal Interest Society guidelines.

No cause for the patient's reported weight loss is seen on this exam (with a good appetite). Recommend submitting Texas A&M GI panel to screen for occult pancreatic or occult gastrointestinal disease, specifically malabsorptive disease, as possible cause of weight loss.

No cause for hypercalcemia seen on this exam. Suspect hypercalcemia is most likely idiopathic which is most common form in a cat. The hypercalcemia of malignancy panel also rules out parathyroid disease and appears to rule out neoplasia as well, suggesting idiopathic hypercalcemia most likely cause of elevated calcium.





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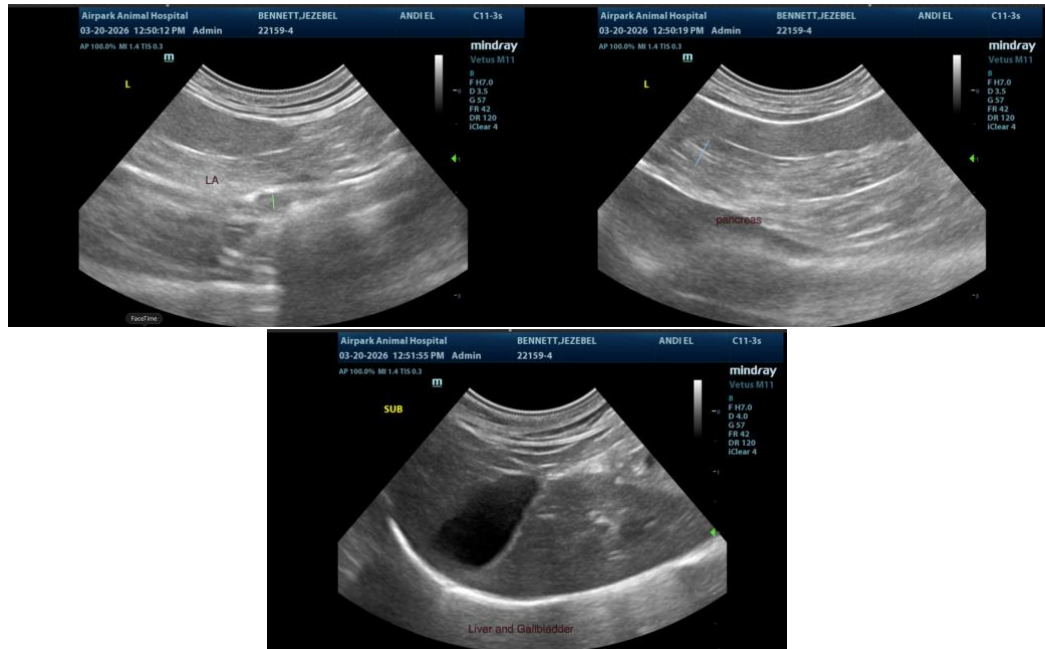
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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