

**PATIENT**

Lady Sif Adams

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

7.48 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Alpine Animal Hospital

**REFERRING VET**

Dr. Porter

**INVOICE**

73948

**DATE**

3/24/26

**PRESENTING CLINICAL SIGNS**

No dental to be performed today due to significant weight loss and abnormal abdominal palpation. Recommend ultrasound with Animal Sounds vs. referral to OSU; O elects Animal Sounds. Let them know we will reach out to schedule with them, then contact O. O to start antibiotics due to either tooth root abscess or URI. Clavamox 62.5mg/ml - 0.75ml PO BID #15ml

Current Medications: Amoxicillin Clavulanate Potassium Oral Suspension 15 mL: Give 0.75mL by mouth every morning and evening until gone. Keep this product refrigerated. Shake well before each use.

**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. No papillae seen.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. There is a medullary rim sign present. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. There is a medullary rim sign present. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland is not seen on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.0 mm in width.

**Spleen**

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

**Liver**

Diffusely, the liver is mildly enlarged with rounded margins, and is hyperechoic. Within the mid liver there is a 1.0 cm in diameter hypoechoic lesion.

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

**Gastrointestinal**

Diffusely, the body of the stomach wall is markedly thickened at 1.2 cm in width and diffusely hypoechoic. The stomach does not appear obstructed. There is a small amount of gas in the lumen of the stomach. This lesion does appear to extend into the pyloric region as well. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

There are enlarged perigastric lymph nodes. A representative node measures 6.9 mm in width.



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**Pancreas**

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

**Free Abdomen**

No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Intramural gastric lesion – Most likely the cause of the abnormal abdominal palpation. Differentials include neoplasia such as lymphoma or mast cell disease, adenocarcinoma, leiomyosarcoma. Feline infectious peritonitis such also be considered.
- Enlarged perigastric lymph nodes- Most likely enlarged due to neoplasia, either round cell or metastatic.
- Enlarged, hyperechoic liver- Consistent with a vacuolar hepatopathy. Possible hepatic lipidosis.
- Hypoechoic liver lesion – Concerning for possible metastatic lesion.
- Medullary rim sign in both kidneys – Likely caused by the gastric lesion. Other differentials include diseases such as feline infectious peritonitis or possible nephritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

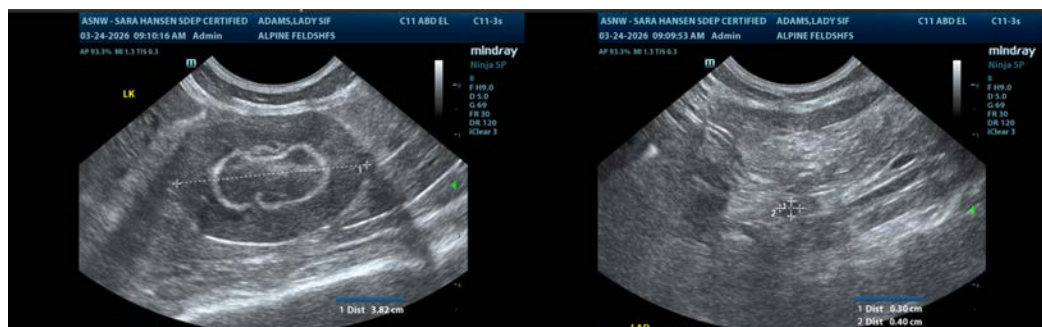
Recommend fine needle aspirate of the stomach with submission for cytology. Also recommend submitting an aspirate sample of the stomach for a coronavirus PCR to determine if feline infectious peritonitis may be present. The gastric mass is most likely the cause of the patient's medullary rim sign seen with both kidneys.

Recommend full lab work to screen the patient for possibility of renal disease, including urinalysis. If active urine sediment, recommend urine culture to determine if pyelonephritis may be present.

Recommend fine needle aspirate of the liver lesion with submission for cytology. Recommend full lab work to screen patient further for liver function.

Recommend fine needle aspirate of perigastric lymph node with submission for cytology.

Prognosis is guarded pending results of cytology of the stomach lesion, perigastric lesion, and liver lesion.





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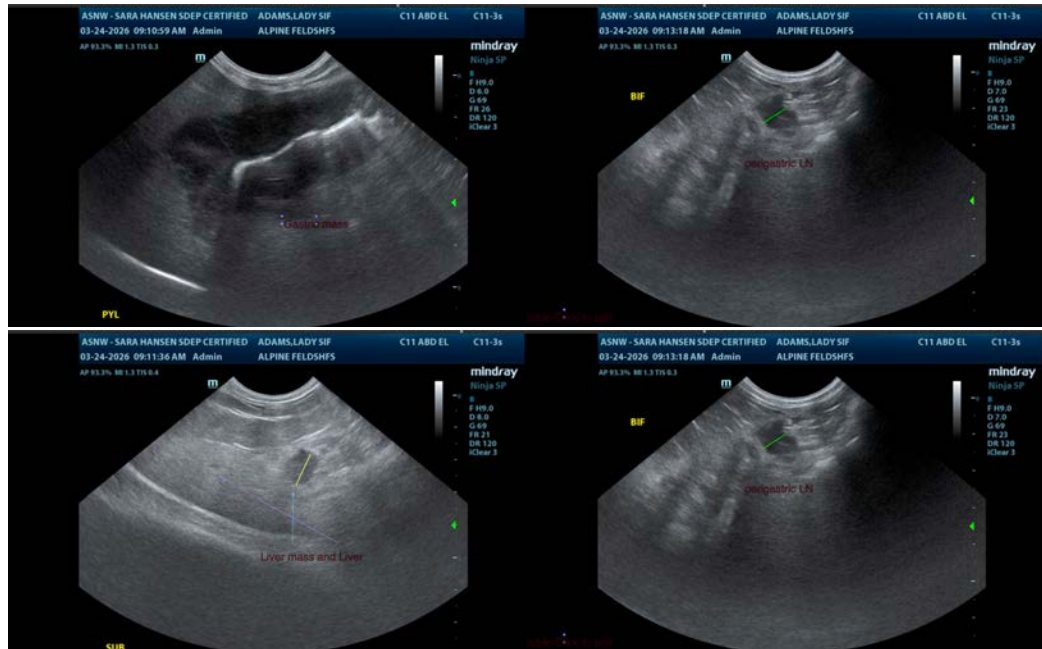
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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