



PATIENT

Avis Thompson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16 Years

WEIGHT

3.9 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Dr. Mike Lavroff

INVOICE

14693

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- HX: IRIS Stage 3 CKD and (lately) persistent UTI
- Cat has been doing well, despite her age, until the last 6 weeks.
- Developed acute UTI which hasn't properly resolved. We did a culture 3/6/26 (no antibiotics on board) but it didn't grow anything.
- Cat REALLY improved on Baytril, which she had for a month. Since then, we switched to Clavaseptin to avoid long-term Baytril.
- Still having persistent pyuria.
- Current tx: Clavaseptin 62.5mg po BID (last treatment was Wednesday AM)
- DDX: Tumor? Pyelonephritis? Mural UTI?

Abnormal PE/Chem/CBC/UA Results: 3/21/2026 UA: USG 1.016 pH 6.5 8-10 wbc/hpf neg protein
Most recent BW 2/17/26: HCT 32% WBCs WNL SDMA 15 Creat 298 (71-212) BUN 19.4 (5.7-12.9)
All other values and TT4 WNL

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. The left kidney measures 3.0 cm. The right kidney measures 3.9 cm. There is mild pyelectasia in the left kidney measuring 1.2 mm in width possibly due to pyelonephritis.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.6 mm width.

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

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent



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echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains formed stool with diffusely normal wall thickness measuring approximately 1.0 mm width. The ileum measured 3.3 mm width. The duodenum appears normal and sections measured up to 2.8 mm width.

Pancreas

In the caudal aspect of the left limb of the pancreas, there is a 0.82 by 1.9 cm irregularly shaped lesion present that is hypoechoic with a heteroechoic echotexture. This lesion is most likely due to either chronic pancreatic inflammation causing pancreatic hyperplasia or possibly this lesion is a neoplastic lesion such as a pancreatic carcinoma. The remainder of the pancreas appears mildly hypoechoic most likely due to a reactive process such as the lesion in the left limb of the pancreas.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic kidney disease.
- Pancreatic lesion.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend continued staging, monitoring, and managing per International Renal Interest Society guidelines. Patients can have a negative urine culture from when urine is collected from the urinary bladder but still have pyelonephritis. Recommend treating the patient as if they have pyelonephritis given the history of the pyuria.

Recommend treating with the current antibiotic regimen for 30 days and then re-evaluating whether the patient's clinical signs resolve with that plan at that time after 30 days. Recommend fine needle aspirate of the pancreatic lesion. Submission for cytology to determine etiology.

Prognosis open, pending, further diagnostics and response to longer duration antibiotic treatment.



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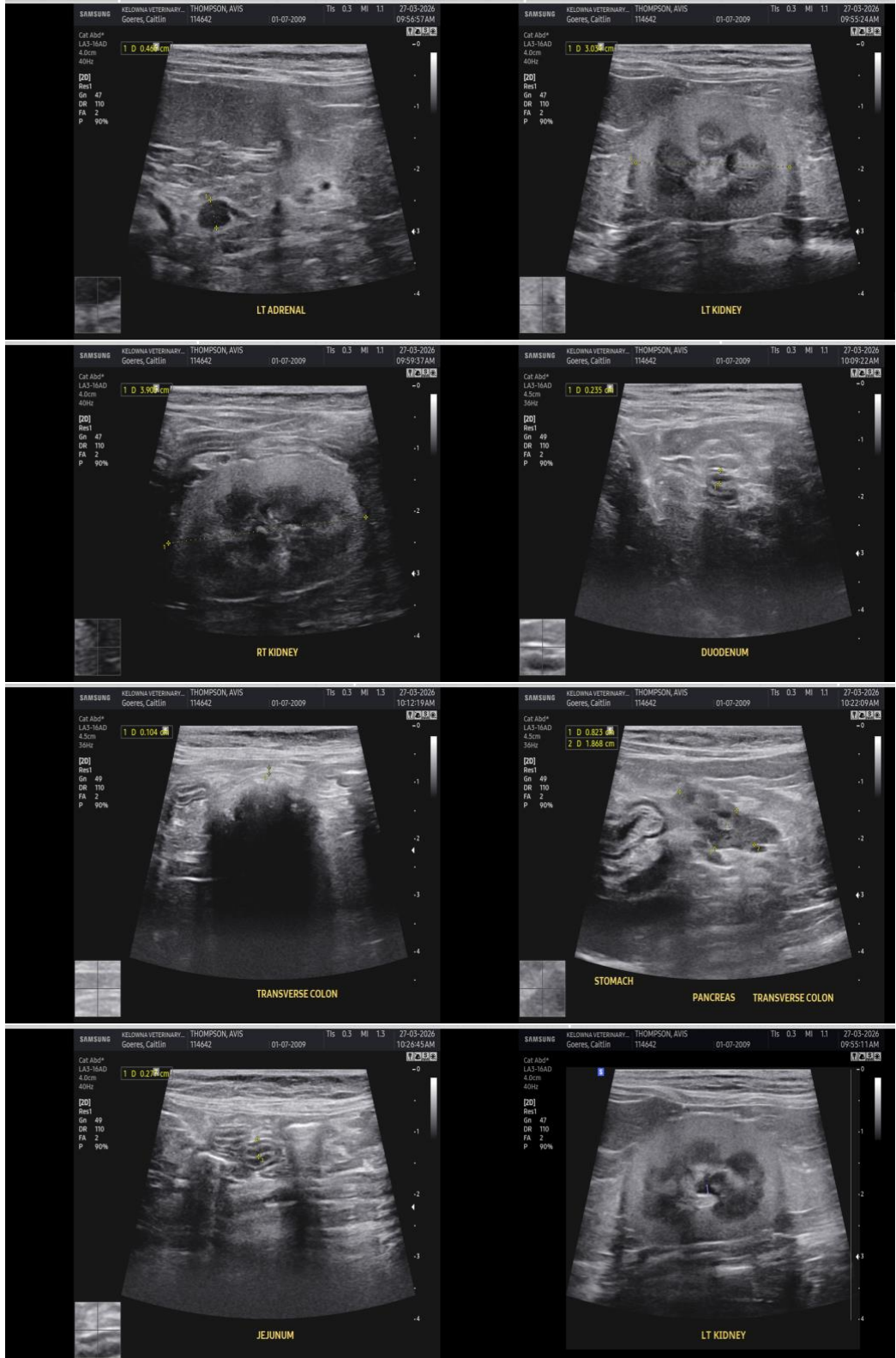
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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