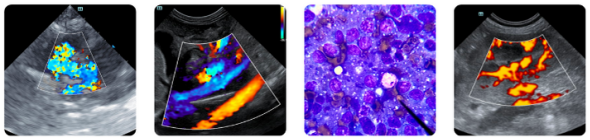


PATIENT

Frankie Morency

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 years

WEIGHT

12.9 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Julie Kang

INVOICE

11579

DATE

3/27/2026

PRESENTING CLINICAL SIGNS

- Hx overgrooming of the ventral abdomen. Non-responsive to anxiety medication trial, allergy treatment trial, no UTI or stones noted previously. AUS to r/o possible intra-abdominal pathology causing discomfort before diagnosing behavioral/habitual cause.

Abnormal PE/Chem/CBC/UA Results: 3/14/2026: CBC - mild HCT elevation (49% <-- 49% in 6/2025). Chem21 - mild hyperalbuminemia (4.0 <-- 4.1 in 6/2025); mild azotemia (BUN 18/Creat 1.6/SDMA 11.8 <-- 19/1.9/8.9 in 6/2025); mild hypermagnesemia (2.6); mild hypernatremia (159 <-- 156/WNL in 6/2025). TT4 - 3.0. UA - 1.061, 1+ proteinuria, 2-3/hpf struvite crystalluria. Triple - negx3. Keyscreen Fecal PCR - negx21.

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.

The left kidney is normal in appearance. Normal corticomedullary distinction. There is dilation of collecting ducts, and mild hyperechoic medulla. No pyelectasia or nephrolithiasis. The left kidney measured 3.8 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 3.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.2 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 1.4 mm in width.

Spleen

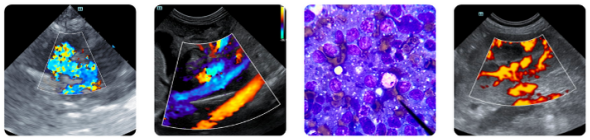
Spleen is subjectively large in size (9.9 mm in width) with subtly scalloped or undulating capsular contour. Parenchyma is diffusely mildly hypoechoic with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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

Free Abdomen

There is a mildly enlarged peri splenic lymph node present that measures 6.3 mm x 3.5 mm.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Dilation of the collecting ducts in the left kidney.
- Enlarged peri splenic lymph node – Most likely reactive and less likely to be neoplastic.
- Scalloped spleen – Suggestive of possible infiltrative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Appearance of the left kidney could potentially be a normal patient variation, or these changes could represent pyelonephritis in that kidney. It is possible to have a normal urine culture while still having pyelonephritis. Consider antibiotic trial for 14 days (pradofloxacin or amoxicillin) to determine if this improves patient's behavioral issues of overgrooming. If the antibiotic trial does not change patient's current behavioral abnormalities, then pyelonephritis is unlikely to be present.

The enlarged peri splenic lymph node is most likely reactive and less likely to be neoplastic. However, neoplasia such as round cell neoplasia or metastatic neoplasia cannot be ruled out. If possible, consider a fine needle aspirate of this lymph node and submission for cytology to rule out neoplasia.

Differentials for the spleen are suggestive of possible infiltrative disease such as lymphoma versus mast cell disease, less likely an infectious disease such as bartonellosis. Recommend a fine needle aspirate of the spleen to rule out round cell neoplasia. If clinically warranted based of the splenic aspirate, if splenitis is present, then consider submission for bartonella testing to North Carolina State University. If cytology indicates splenic parenchyma appears normal, then the appearance of the spleen is normal patient variant.

There is no definitive cause for the patient's overgrooming of the ventral abdomen seen on this exam. Splenic disease may be present which might explain these behavioral abnormalities. The enlarged peri splenic lymph node does give some suggestion that there is a possibility of splenic disease present.

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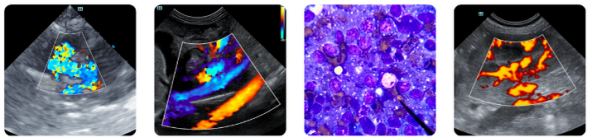

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Educational Teleconsultation Services™

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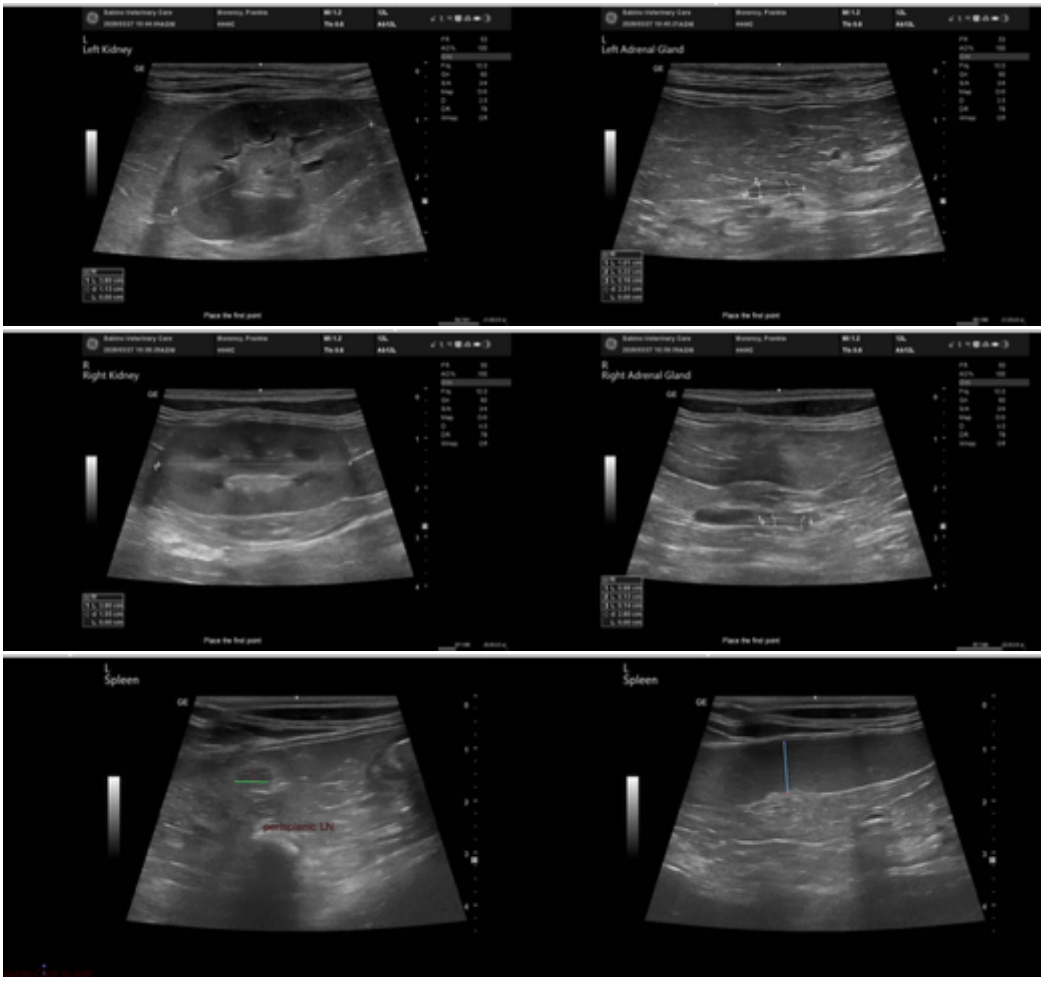

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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