

PATIENT

Sasha Strand

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7-8 years old

WEIGHT

3.2 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

11588

DATE

3/30/2026

PRESENTING CLINICAL SIGNS

- Presented on 3-24-26 for reduced food intake and weight loss, although still wanted to eat. IDEXX results (all emailed) showed severe hypokalemia and moderate hyperglycemia. Also increased azotemia. PHOS was okay. Neutropenia and leukopenia. Potassium was borderline low on 10-30-2024. The next day we started with re-checking electrolytes and diuresis. Included KCL and dextrose in IV fluids. Over the weekend patient ate about half his normal volume of food (kidney diet) and energy level improved along with bloodwork results.

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 presents normal size but irregular in shape. Normal corticomedullary distinction. There is nephrolithiasis present, two non-obstructive nephroliths, measuring 6.7 mm in length and 3.2 mm in length. No pyelectasia, ureteral dilation. The left kidney measured 3.4 cm in length.

The right kidney presents small in size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.8 mm in width.

The right adrenal gland is mildly enlarged and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 5.1 mm in width.

Spleen

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

Liver

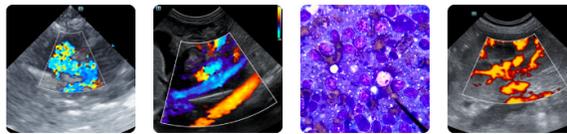
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. The gallbladder wall is diffusely mildly thickened and hyperechoic measuring 1.3 mm in width. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness, with areas moderately filled with ingesta. Colon contains normal contents with normal wall thickness.

Pancreas



PATIENT

Sasha Strand

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SPECIES

Feline

Free Abdomen

Mild mesenteric lymphadenopathy noted. Representative node measures 2.8 mm x 13.3 mm.

BREED

DSH

There is a scant amount of retroperitoneal free fluid present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Suspect chronic kidney disease - Two non-obstructive nephroliths noted in the left kidney, and a mild loss of corticomedullary distinction in the right kidney.
- Scant amount of retroperitoneal free fluid, and mild mesenteric lymphadenopathy - Nodes appear to be reactive and less likely to be neoplastic.
- Pancreatic age-related remodeling/Chronic pancreatitis - Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mildly enlarged right adrenal gland.
- Diffusely mildly thickened, hyperechoic gallbladder wall - Appearance is suggestive of possible neutrophilic or bacterial cholangitis.

7-8 years old

WEIGHT

3.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

If possible, attempt fine needle aspirates of the abdominal fluid for fluid analysis and cytology.

Recommend staging, monitoring and managing the patient per international renal interest society guidelines (IRIS.)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

Given that the patient is found to be significantly hypokalemic, there is concern for possible hyperaldosteronism. Recommend submitting aldosterone level to determine if it's elevated as confirmation for hyperaldosteronism. If the patient is diagnosed with hyperaldosteronism, recommend starting spironolactone (2.4 mg/kg by mouth every 12 hours), oral potassium gluconate at 2mg/kg twice per tapering in dose of potassium supplementation until normal potassium levels are achieved.

HOSPITAL NAME

Roundhill Animal
Hospital

Consider ultrasound guided fine needle aspirates of the gallbladder to obtain bile sample for anaerobic/aerobic bacterial culture, and cytology to determine if bacterial or neutrophilic cholangitis are present.

REFERRING VET

Dr. Carl Kelly

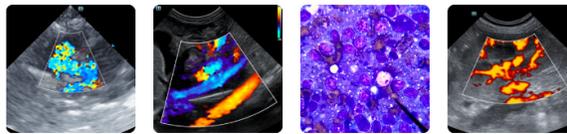
INVOICE

11588

DATE

3/30/2026





PATIENT

Sasha Strand

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7-8 years old

WEIGHT

3.2 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

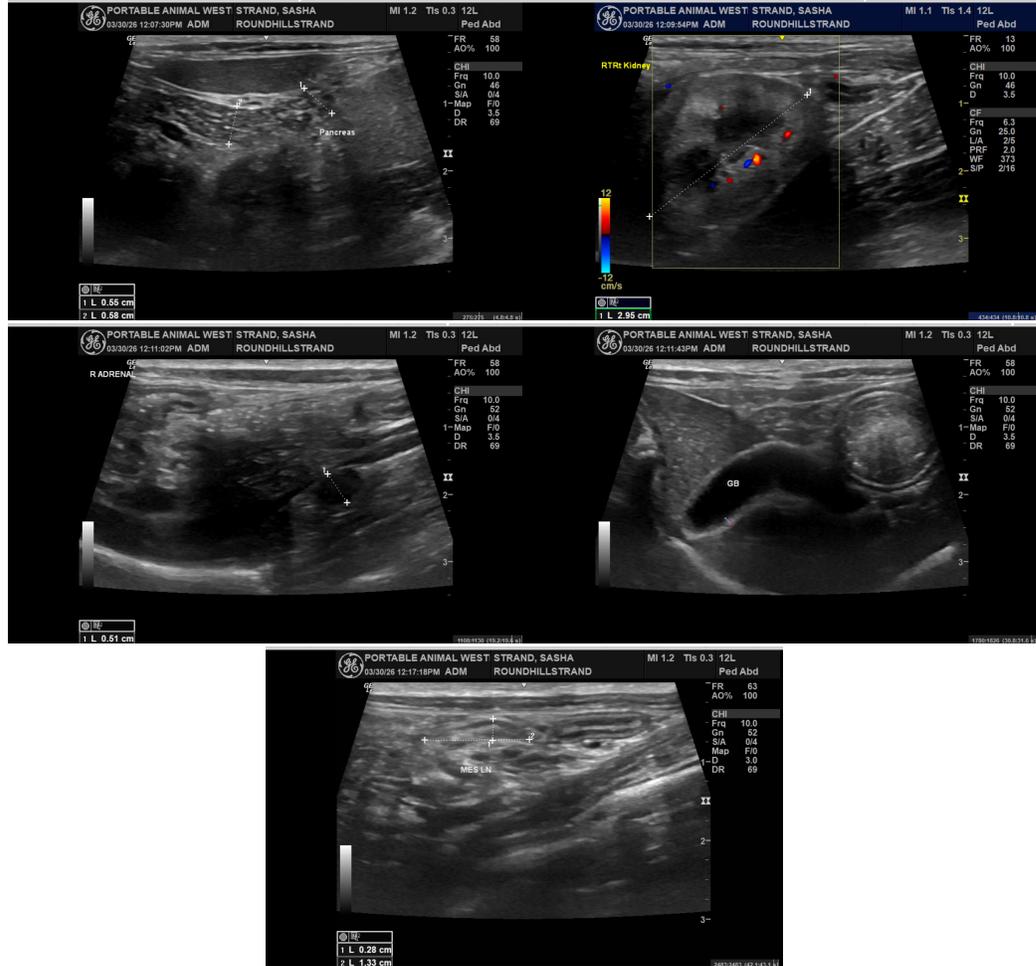
Dr. Carl Kelly

INVOICE

11588

DATE

3/30/2026



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