

PATIENT

Lily Walton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.3 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr. Sundholm

INVOICE

73431

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Weight loss of 1.76 lbs over the past year despite a normal appetite and water intake. History of chronic constipation which is managed with Miralax. Also has chronic facial pruritus. Recently has become more active and more aggressive toward a housemate cat. No vomiting, diarrhea, coughing, or sneezing.

ABNORMAL Labwork Values: BUN 43, CRE 2.3, Calcium 11.9, Chol 260, AMY 1253, USG 1.021

Current Medications: Gabapentin

Radiographic Findings: None

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. Ureteral papillae not seen.

The right kidney presents normal size (3.2 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. Mild renal pelvic dilation is noted at approximately 3.2 mm in width.

Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.5 mm.

Spleen

The spleen measures at the upper end of normal limits for size at 8.3 mm in width. It has scalloped margins. Normal echotexture and echogenicity.

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

The stomach has normal wall layering and thickness. Stomach wall measures 1.6 mm in width. The stomach is empty. Diffusely the jejunum is normal in thickness at 2.0 mm with normal layering. Colon contains normal contents with normal wall thickness.



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Pancreas

The visible pancreas is normal in size (7.9 mm in width) with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral decreased loss of corticomedullary distinction and mild renal pelvic dilation of the left kidney.
- Spleen measures at upper end of normal limits.

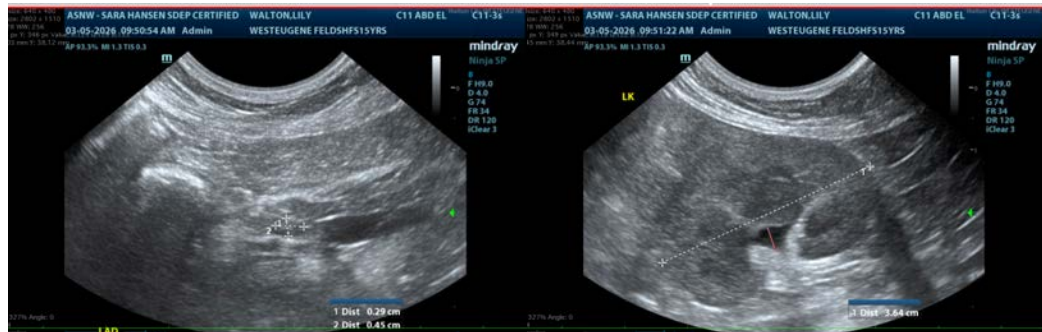
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing of the patient per the IRIS guidelines. I suspect the patient has Stage 2 chronic kidney disease. Given the left-sided renal pelvic dilation, rule out pyelonephritis. Recommend urine culture if not already performed.

Given that the spleen is at the upper end of normal for size and it has scalloped margins, consider fine needle aspirate, submitting for cytology to rule out round cell neoplasia such as lymphoma or mast cell disease.

No cause for the reported mild hypercalcemia seen. Given this being a feline patient, top differential is idiopathic hypercalcemia. Recommend submitting a hypercalcemia of malignancy panel to Michigan State to screen for other possible causes of hypercalcemia.

No clear cause for the patient's reported weight loss is seen on this exam. If a thyroid panel has not been submitted, recommend screening the patient for hyperthyroidism as possible cause of weight loss.





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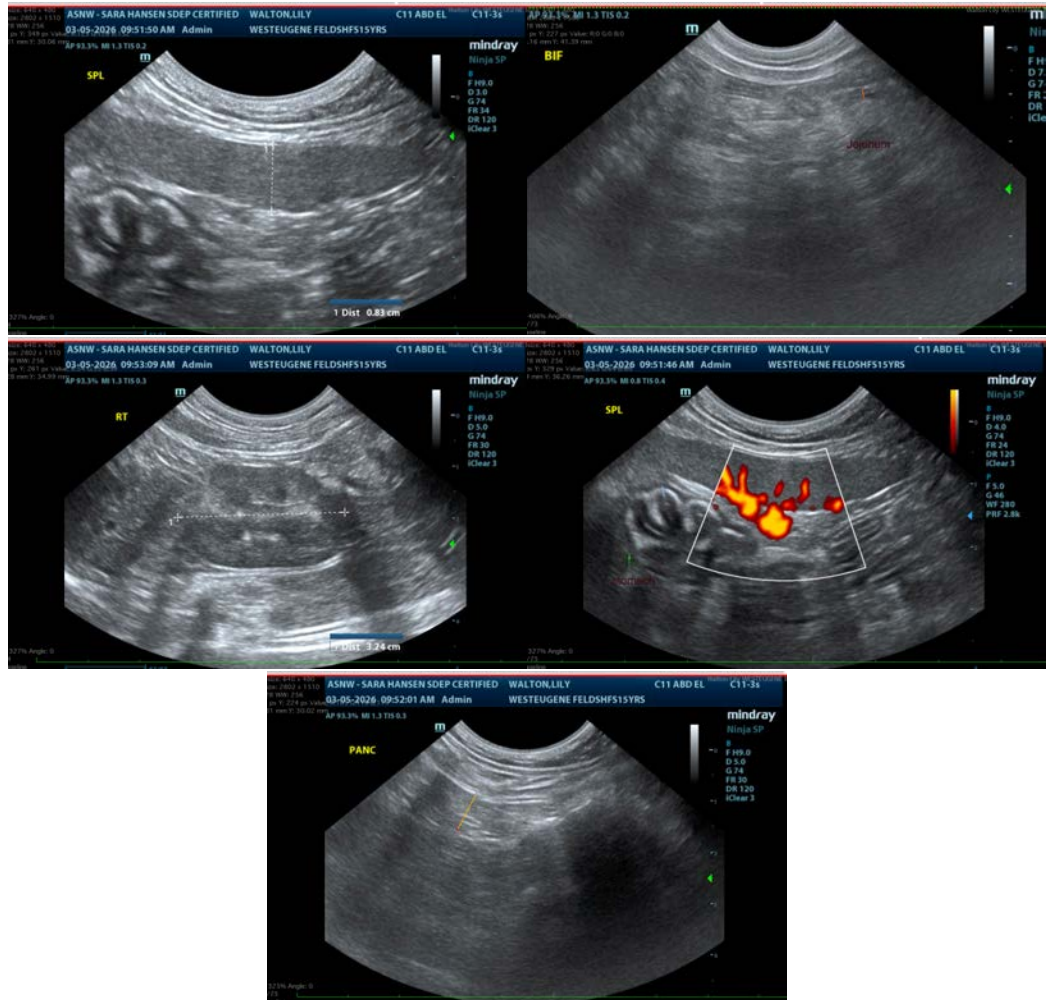
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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