



PATIENT

Captain McDermott

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

15.06 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Megan Cassels-
Conway, DVM

HOSPITAL NAME

Central Broward AH

REFERRING VET

Janeen Lezcano, DVM

INVOICE

36122

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- P presented for wellness exam and small area of furunculosis in chin. O has no other concerns. No v/d/c/s. P is eating well
- Performed senior wellness blood work and azotemia was noted.
- UCS was negative
- BP was 120mmHg
- P was also noted to have lost 1lb in last 3 years.
- Abnormal PE/Chem/CBC/UA Results: 2/2026: CBC: WNL, Chem: BUN: 44H, creat: 2.7H, SDMA: 11.4Ncholes: 240H, K: 3.8, Phos: 2.7; T4: 2.3, UA: SG: 1.037, 3+ prot, slight hematuria 4/2021: CBC: WNL, mini-Chem: creat: 1.9, UA: SG: 1.050, 3+ prot, marked hematuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. The urinary bladder contains a mild amount of suspended hyperechoic debris. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (3.34 cm in length) with moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.62 cm in length) with moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents mildly enlarged (7.0 mm in width). The phrenic vasculature is unremarkable. No masses are seen. The right adrenal gland is normal in appearance.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.0 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. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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The stomach has normal wall layering and thickness. The duodenum is normal in thickness (2.6 mm in width) with diffuse loss of layering appearance. The jejunum is diffusely normal in thickness (1.9 mm in width); however, diffuse loss of normal layering appearance is noted. There are segments of small bowel with thickened muscularis layer. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely hypoechoic and mildly enlarged (1.2 mm in width). Mild surrounding hyperechoic fat is noted.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Diffuse loss of layering and thickening of small bowel
- Hypoechoic pancreas with mild surrounding hyperechoic fat
- Bilateral loss of corticomedullary distinction bilaterally
- Mild urinary bladder debris
- Mildly enlarged right adrenal gland, possible normal variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of apparent chronic kidney disease, recommend submitting urine culture to rule out urinary tract infections and occult pyelonephritis. Full renal staging, monitoring, and managing the patient per IRIS guidelines. Patient appears to be a stage 2 CKD per the IRIS guidelines at this time.

No evidence of hyperaldosteronism is seen on the provided lab work. The patient has normal potassium and normal systolic blood pressure. Recommend rechecking adrenal gland in 3 months via ultrasound to determine if any changes have occurred. Also recommend rechecking lab work and a blood pressure at that time to confirm that potassium remains normal, blood pressure also remains normal, that no further testing would be required if all of those things stay normal, and the adrenal gland doesn't change in size. This is most likely a normal variation.

The small bowel and pancreatic changes, these findings are consistent with primary gastrointestinal disease. If full fecal pathogen testing has not been performed, recommend fecal pathogen PCR. If negative, then consider Texas A&M GI panel to confirm chronic enteropathy. If a chronic enteropathy is confirmed, then recommend a diet trial with a hydrolyzed diet. If patient fails diet trial, then recommend GI biopsies either surgically or endoscopically. Endoscopically is preferred given it is less invasive.



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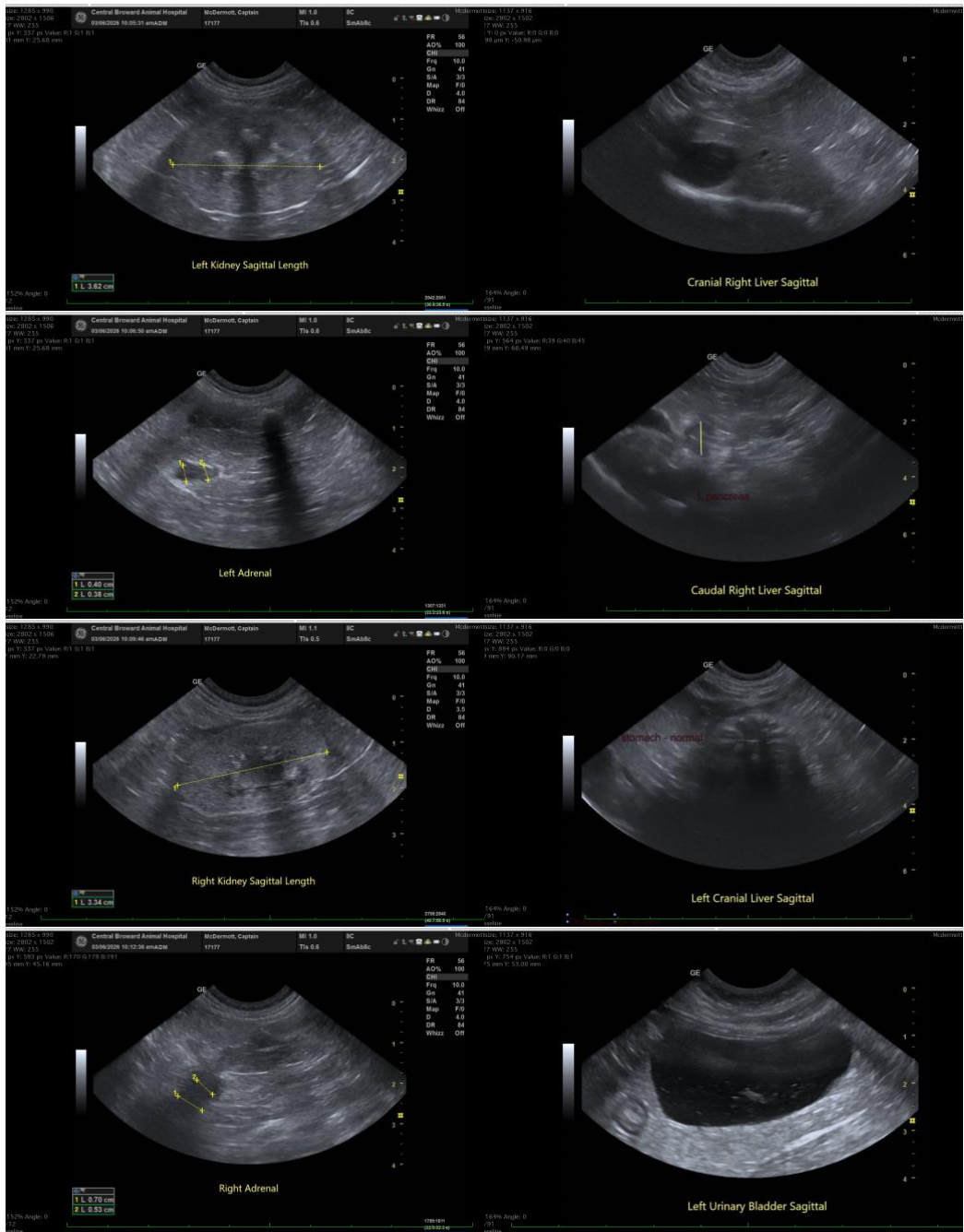
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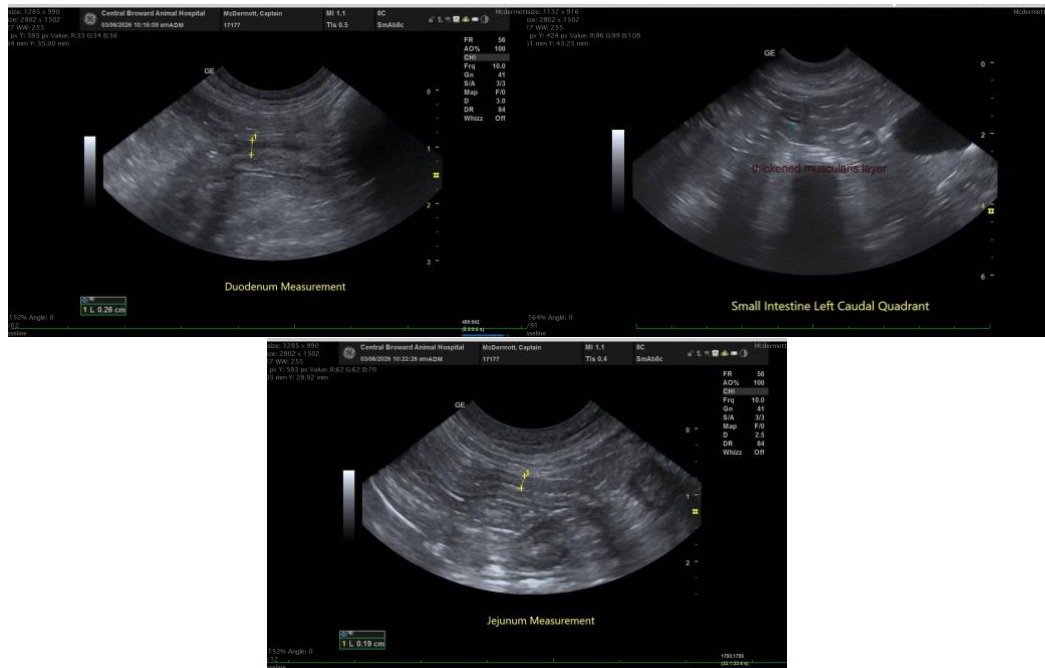
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com