



PATIENT

Cindy Crawford
Hirshman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 11 Months

WEIGHT

8.7 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Healing Paws

REFERRING VET

Dr. Levitsky

INVOICE

36553

DATE

4/11/26

PRESENTING CLINICAL SIGNS

History: Long hx of intermittent vomiting and occasional diarrhea. Eats well. Regular vet worried about possible IBD or lymphoma.

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 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 pyelectasia, mineral or infarcts observed. The left kidney measures 3.2 cm.

In the area of the right kidney, there appears to be a mass associated at the caudal pole of the right kidney. The cranial pole of the right kidney appears normal, however, there is a 2.0 cm x 2.9 cm heteroechoic honeycomb mass lesion present on what appears to be the caudal pole of the right kidney.

Adrenal Glands

The adrenal glands were not clearly visualized on this exam.

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 liver 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 wall was diffusely mildly thickened (4.0 mm) with loss of layering. The small bowel has gastrointestinal lymphoma suspect pattern, with sections measuring up to 3.0 mm in width. The small bowel was thickened. 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 are no enlarged lymph nodes appreciated. No free abdominal fluid is seen.



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ULTRASONOGRAPHIC FINDINGS

- Suspected caudal right renal mass lesion- differentials include renal neoplasia, such as renal carcinoma, lymphoma, hemangiosarcoma.
- The appearance of the stomach is consistent with a benign gastritis, which may be due to the presence of the suspected right sided renal mass or It's possible the changes seen in the stomach are due to small cell lymphoma, mast cell disease, or less likely inflammatory bowel disease.
- Thickened small bowel, gastrointestinal lymphoma suspect pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of what appears to be a caudal right kidney mass lesion with submission for cytology. No evidence of metastatic disease is seen on this exam. Recommend considering surgical resection of the right kidney and associated mass. Recommend three view chest radiographs to rule out pulmonary metastatic disease. If no metastatic disease is identified, consider surgical resection of the suspected right renal mass and also recommend obtaining biopsies of the stomach and small bowel during this procedure. Prognosis is currently open, pending determination as to the etiology of the suspected right sided renal mass and determination as to the cause of the patient's diffuse GI disease.



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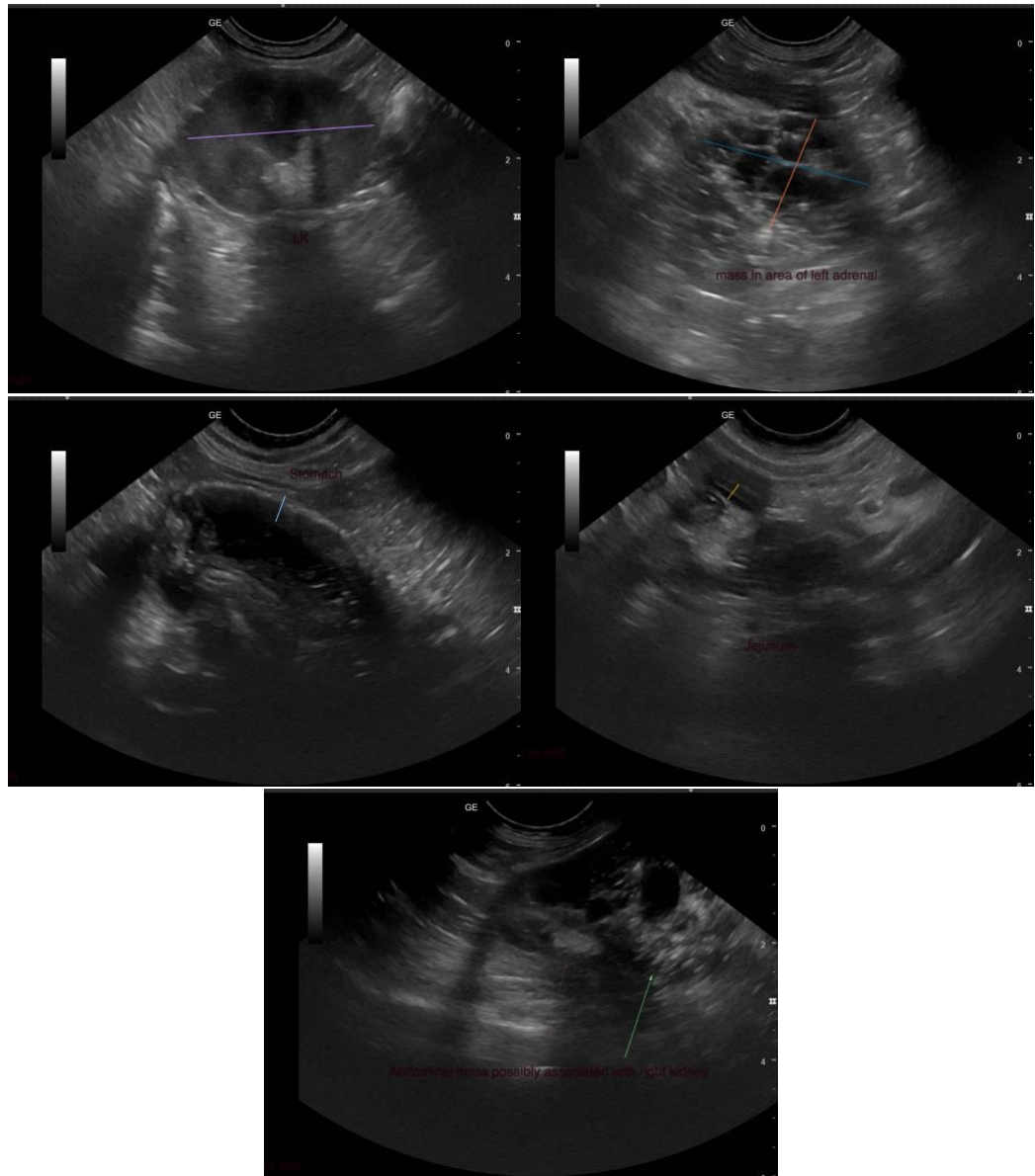
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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