



PATIENT

Lady Alfonso

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

10.2 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal
Hospital Florida

REFERRING VET

Dr. Gavin Casper

INVOICE

15066

DATE

04/13/26

PRESENTING CLINICAL SIGNS

preops/wellness labs- normal BW/UA/T4; ProBNP wnl; ECG no pathological arrhythmia present, chest rads wnl. No clinical signs/concerns

Abnormal PE/Chem/CBC/UA Results: abd rads - subjectively, the kidneys are at the low end of normal for size to mildly decreased.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with minimal anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen.

The left kidney presents at the low end of normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal gland were not seen.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The small bowel has sections that are mildly thickened at 3.3 mm width. Normal feline intestine measures less than 2.8 mm width. The small bowel is thickened due to a mildly to moderately thickened muscularis layer consistent with possible chronic inflammatory enteropathy.

Pancreas

The left limb of pancreas is diffusely hypoechoic with no surrounding hypoechoic fat. The right limb of the pancreas was not clearly visualized on this exam.

Free Abdomen



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

Brief cardiac assessment revealed no evident pericardial effusion.

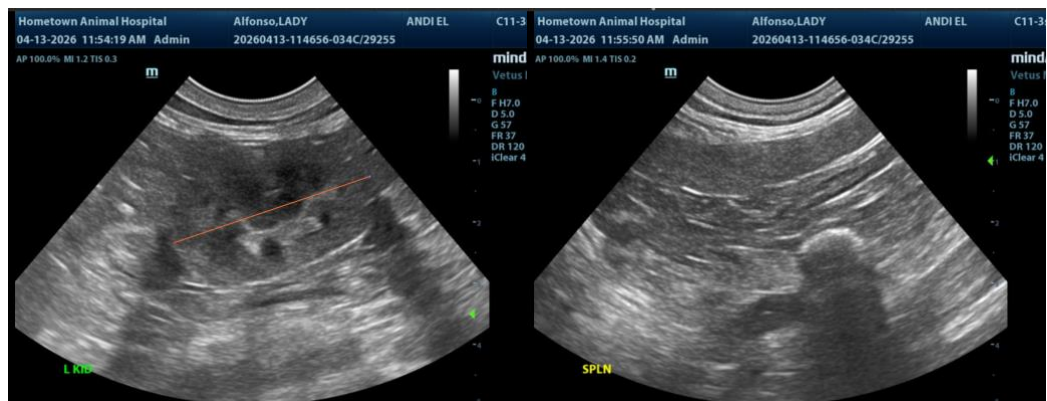
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes consistent with possible chronic kidney disease.
- Possible chronic inflammatory enteropathy.
- Mild pancreatic inflammation- most likely reacting to the suspected underlying GI disease. Primary pancreatitis is not suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing per International Renal Interest Society guidelines.

Recommend submitting Texas A&M GI panel to screen for possible chronic enteropathy. If chronic enteropathy is confirmed via Texas A&M GI panel, can consider GI biopsies either surgically or endoscopic. Differentials for this patient's GI disease would include small cell lymphoma, possibly benign inflammatory bowel disease, less likely mast cell disease. If diseases such as histoplasmosis are endemic to the patient's geographical location, consider submitting a urine histoplasmosis antigen test to MiraVista labs to rule out histoplasmosis to cause the appearance of the small bowel.





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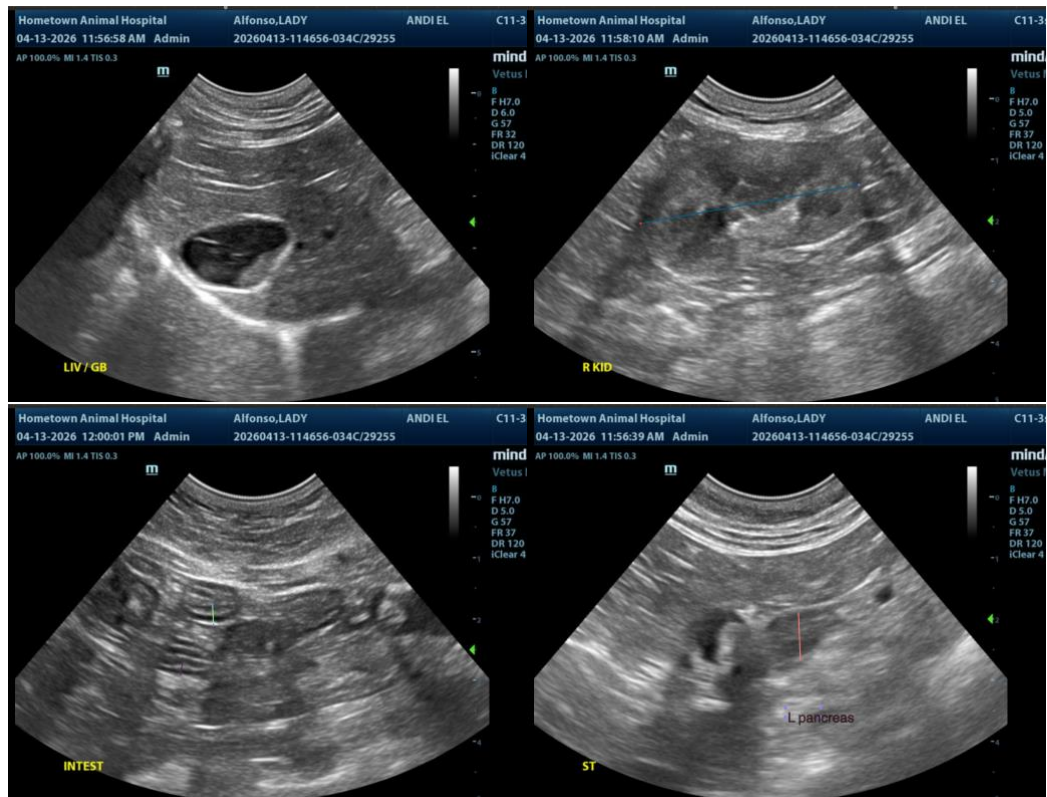
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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