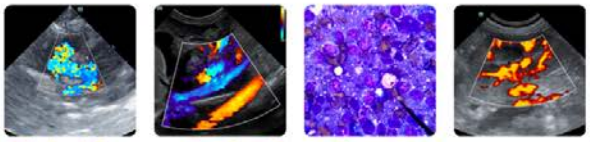


PATIENT

Lucy Scienski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

4.8

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Marco Litchfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Dodson

INVOICE

74517

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Progressive weight loss and inappetence, came in for COHAT but postponed pending further workup. Mod dehydration, firm small fecal material in colon (has regular small BMs). Mild-mod perio dz.

Abnormal PE/Chem/CBC/UA Results: Unremarkable blood work from late Jan (only elevation in amylase)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is overall normal in size (3.4 cm) 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. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney is slightly small in size (2.96 cm) with overall normal shape and 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.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures up to 4.8 mm in width.

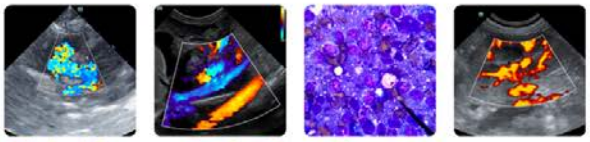
Spleen

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Diffusely the small bowel has a normal appearance, measuring 1.5 mm in width. The lumen of the small intestine is empty. 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 abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Possibly pathologic urinary bladder debris.
- Bilateral age related renal changes.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing of the patient's kidneys per IRIS guidelines for possible chronic kidney disease. If not already submitted, recommend submitting urine culture.

Recommend fasting the patient for 12-24 hours and rechecking the stomach via ultrasound or radiographs. If still full, there may be an inflammatory gastritis occurring, possibly due to a neoplastic disease such as small cell lymphoma, less likely mast cell disease or possibly inflammatory disease such as inflammatory bowel disease, less likely an infectious etiology. If patient is found to persistently have delayed gastric emptying, this may be the cause of the patient's clinical signs. At that time, recommend either surgical or endoscopic biopsies to determine etiology and formulate a treatment plan.

No other specific cause for patient's clinical signs seen on this exam.

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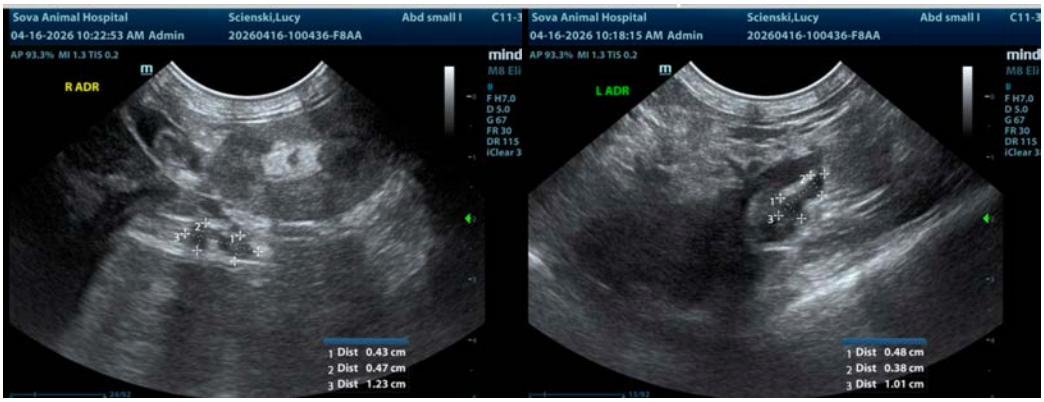

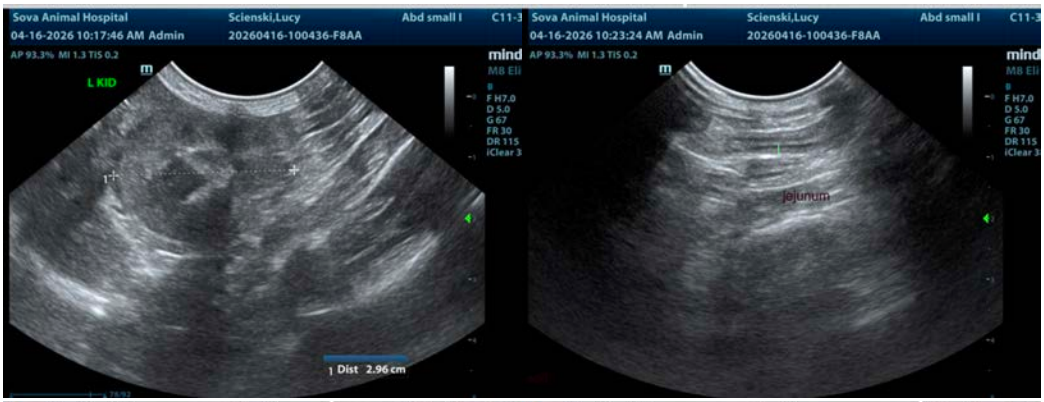

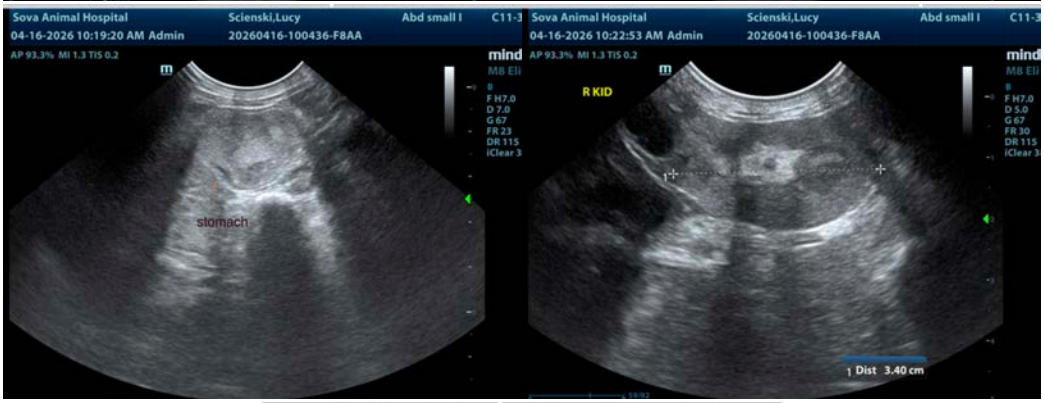

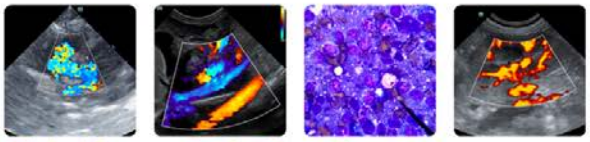

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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