



PATIENT

Dory Shim

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

24 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Janese Williams, DVM

INVOICE

15253

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Patient is vomiting episodes occurring early in the morning, typically between 5:00 and 5:45 AM. The owner reports that the vomiting is inconsistent but has been occurring regularly over the past month. The owner has attempted to manage the issue by reducing food portions and feeding smaller amounts more frequently. The patient is currently on Purina One dry food. The owner switched from a previous diet that was not well tolerated. The patient has lost some weight but maintains a good appetite, eating immediately after vomiting episodes and holding down food thereafter. Blood glucose, bw, and radiographs were unremarkable. AUS next step. Pet was not fasted and ate shortly before scan today.

Abnormal PE/Chem/CBC/UA Results: Hyperglobulinemia (5.3)

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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.5 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 4.6 mm 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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As the patient has reportedly not been fasted for this exam, the stomach is full. The small intestine is completely full of ingesta and moderately distended. Some areas appear to have nonprogressive motility of the small intestine. Fluid within the lumen can be seen sloshing back and forth, however given the large amount of ingesta present within the GI tract, precise measurements of the small intestine cannot be made and no absolute determination of GI layering can be determined. It does appear that the visible layering of the small intestine appear normal, however given the patient's clinical signs of vomiting frequently especially after eating, recommend fasting the patient for at least 12 to 15 hours and rechecking ultrasound of the patient's gastrointestinal tract to more precisely determine if pathology may be present within the GI tract such as loss of layering or thickened small intestine.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

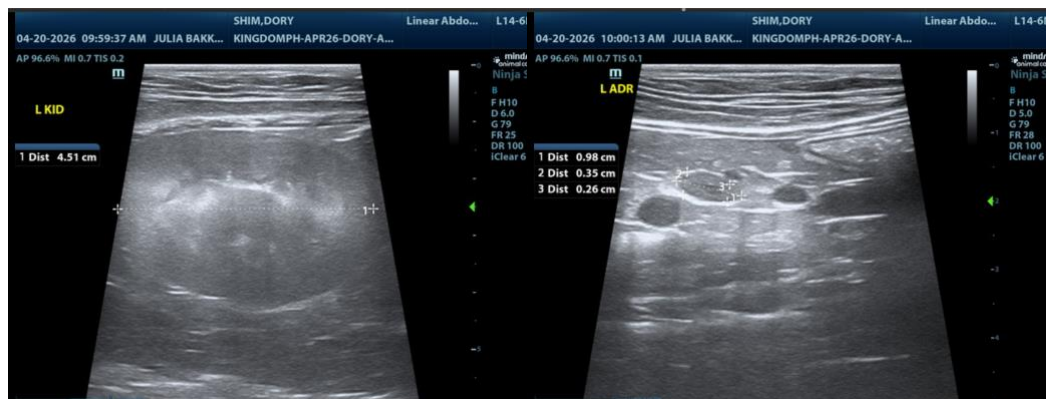
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Ingesta filed GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend if not already performed, submitting a Texas A&M GI panel to evaluate the patient's TLI, FPLI, cobalamin and folate to determine if possible chronic enteropathy is present. Lab work was provided for evaluation. No metabolic cause for the patient's vomiting was seen on this lab work, however it appears this lab work may be from November of 2025. It may be of benefit to obtain current lab work if lab work provided has not been performed in the last 30 days to confirm and rule out possible metabolic or secondary cause for the patient's vomiting.





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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)
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