



PATIENT

Drax Fraas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years 8 Months

WEIGHT

14.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong Animal
 Clinic

REFERRING VET

Dr. Dolan

INVOICE

74674

DATE

4/22/26

PRESENTING CLINICAL SIGNS

P presented for US due to chronic diarrhea for about 1 year. O has tried diet change from chicken to salmon with no success. Bloodwork unremarkable. Fecal run on housemate recently- no parasites. O declined FF on patient.

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 right kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.0 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.0 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow noted.

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. Portal vein to caudal vena cava was ratio at 1.0. No portosystemic shunt seen or suspected.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness. The duodenum has normal wall thickness and layering, measuring 2.8 mm in width. The jejunum appears normal in wall thickness and layering, measuring 2.8 mm in width. Ileum appears normal measuring 3.1 mm in width. The colon contains soft stool. The colon wall diffusely appears normal in thickness.



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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

- Mild urinary bladder debris.
- Soft stool in colon.

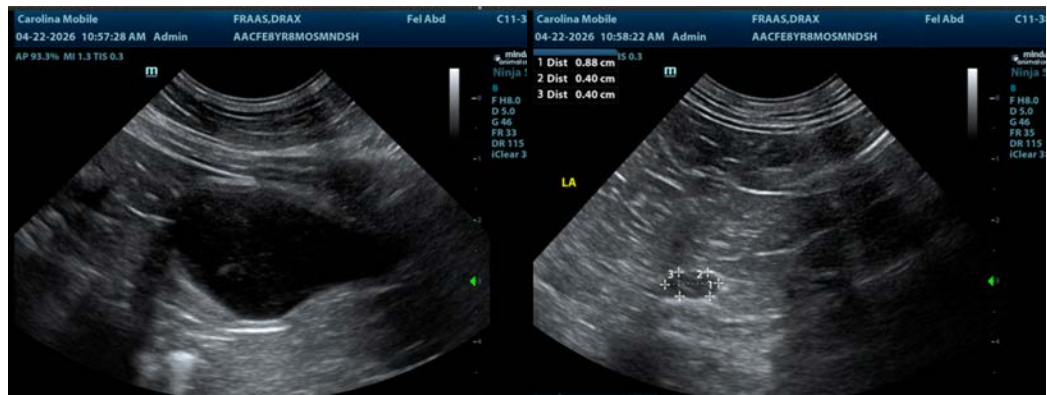
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious cause seen on this exam for the patient's chronic diarrhea. If large bowel diarrhea is present, consider submitting fecal pathogen PCR to screen further for diseases such as tritrichomonas, infectious GI diseases that would be difficult to identify on a fecal float.

Consider submitting a Texas A&M GI panel to screen the patient further for possible occult pancreatic diseases or possibly occult gastrointestinal disease that may be causing the patient's GI signs.

If not recently performed, recommend comprehensive bloodwork panel to screen for possible metabolic cause such as renal or hepatic diseases that may be causing diarrhea.

Ultimately, if not cause is identified, consider GI biopsies, preferably endoscopically as I recommend obtaining colonic biopsies during this procedure.





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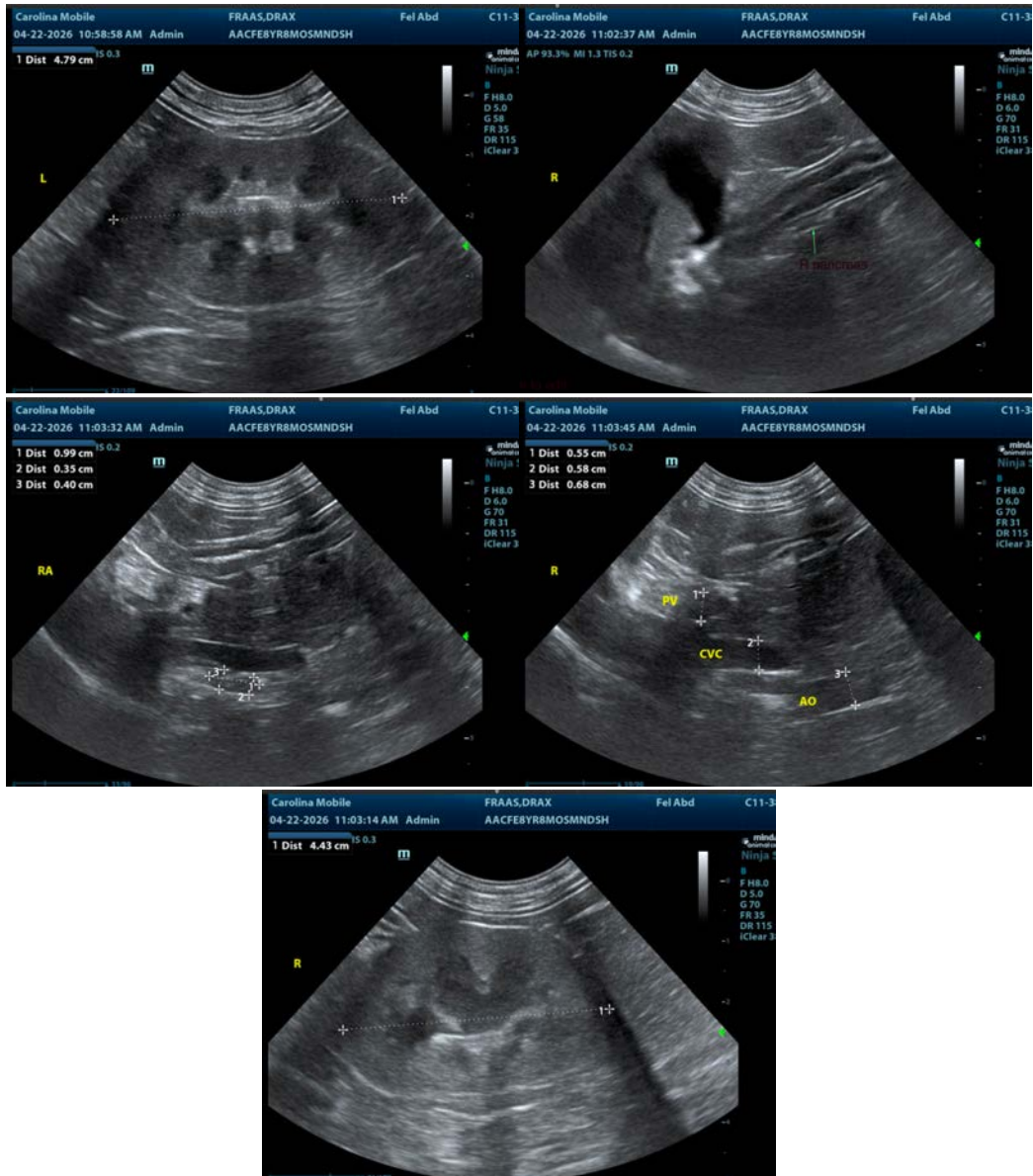
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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