



PATIENT

Patchy Habekost

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.8 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon Animal
Hospital

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

15474

DATE

04/26/26

PRESENTING CLINICAL SIGNS

Patient not eating and has been vomiting bile.

Abnormal PE/Chem/CBC/UA Results: Bw attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a large conglomeration of uroliths present in the urinary bladder. These uroliths are hyperechoic and are causing complete shadowing. Altogether this conglomeration measures 11.6 by 4.4 mm in size.

Kidneys are overall 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 3.7 cm. The right kidney measures 3.9 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.0 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 4.2 mm width.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. This is consistent with possible hepatic lipidosis, less likely infiltrative neoplasia such as lymphoma.

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

Gastrointestinal

There are multiple sections of jejunum that are distended with a moderate to marked amount of ingesta. In the areas of jejunum with no ingesta present, small bowel appears to be normal in thickness at 2.7 mm in width. Colon contains normal contents with normal wall thickness. The ileum measured 2.9 mm width.



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Pancreas

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Visible pancreas is mildly hypoechoic with mild surrounding hyperechoic fat. Patient appears to have potentially mild pancreatitis, most likely reactive.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Hyperechoic hepatomegaly.
- Mild pancreatitis.
- Full stomach.
- Ag-related renal changes.

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Recommend fine needle aspirate of liver with submission for cytology to further evaluate. If hepatic lipidosis suspected, patient may need placement of esophageal feeding tube to facilitate enteral nutrition during the recovery process.

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Given the lab work and specifically the normal PSL, pancreatitis is most likely not the patient's primary disease process causing their clinical signs.

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Given that the patient is mildly hypercalcemic, suspect the bladder stones may be calcium oxalate stones. It is unclear if these uroliths are causing the patient's clinical signs. Recommend starting by performing urinalysis. If active urine sediment, recommend urine culture.

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Patient's clinical signs may possibly be due to occult pyelonephritis, so evaluation for a urinary tract infection would be highly recommended. Consider starting a dissolution diet, such as Hill's CD or Royal Canin SO, and feeding this strictly for one month to determine if these stones can be dissolved. If in one month there are no change in the size or appearance of the uroliths, then cystotomy would be needed. Submit stones for stone analysis to University of Minnesota Urolith Lab.

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No specific cause for patient's clinical signs seen on this exam. As discussed, may potentially have a degree of hepatic lipidosis present. No specific cause for the mild hypoechoic pancreas is seen.

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Prior to any anesthetized procedure, consider submitting an NT-ProBNP to evaluate cardiac health. Also recommend three view chest radiographs prior to any anesthetized procedure.



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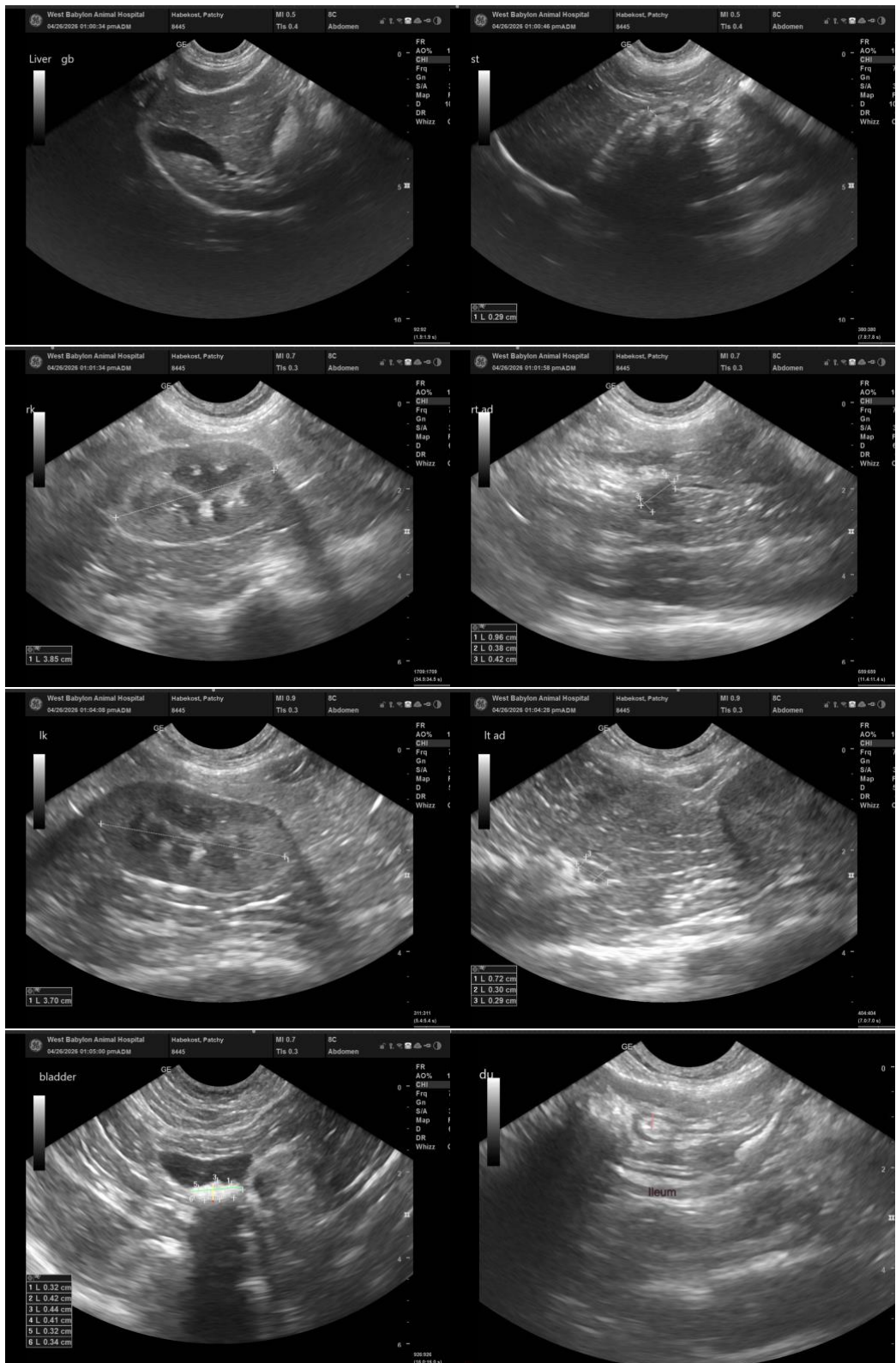
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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