



PATIENT

Katniss Lauterer

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

10 Years 8 Months

WEIGHT

6.3 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

74808

DATE

4/29/26

PRESENTING CLINICAL SIGNS

P presented for US due to weight loss- lost 1 pound in 4 months. Thyroid slip present on exam but T4 wnl. Crea high (SDMA and BUN), Glucose mildly elevated, mildly dilute UA
 GI panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Kidneys are overall normal in 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 right kidney is normal in size at 3.2 cm. The left kidney is small in size at 2.8 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.5 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.6 mm in width.

Spleen

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

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

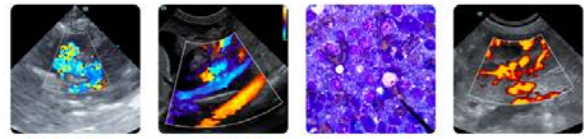
The stomach has normal wall layering and thickness. Jejunum diffusely has normal layering and thickness, measuring 1.8 mm in width. Ileum is normal in thickness measuring 2.9 mm in width. The muscularis layer is mildly thickened. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely hypoechoic without surrounding steatitis.

Free Abdomen

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



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ULTRASONOGRAPHIC FINDINGS

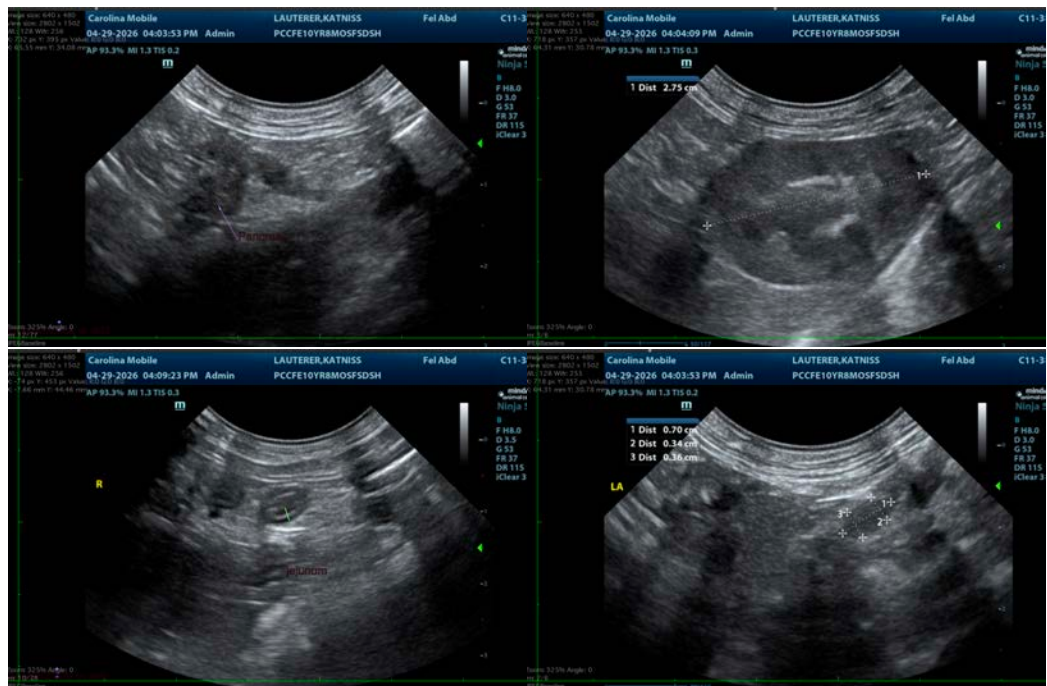
- Age related renal changes with small left kidney size – Consistent with chronic kidney disease.
- Suspect mild pancreatic inflammation, most likely reactive. It is uncommon for feline patients to have primary pancreatitis.
- Mildly thickened muscularis layer of the ileum - May be a normal variant or may indicate possible chronic infiltrative disease within the ileum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the kidneys and patient’s reportedly elevated creatinine, BUN, and SDMA, with reported isosthenuria, recommend full staging, monitoring and managing the patient per IRIS guidelines. I suspect the patient’s weight loss may be due to effects of chronic kidney disease causing poor appetite. Recommend questioning the owner regarding whether the patient has been losing weight with normal or increased appetite, or if patient is losing weight due to poor appetite. If poor appetite is concerned, I suspect it is due to chronic kidney disease.

Confirm pancreatic inflammation based off pending GI panel.

If patient’s GI panel is suggestive of a chronic enteropathy, consider GI biopsies either surgically or endoscopically, focusing on ileal biopsies. If chronic enteropathy is suspected, differentials include inflammatory bowel disease versus small cell lymphoma versus mast cell disease, less likely an infectious disease such as histoplasmosis. That would be dependent on whether histoplasmosis is endemic to patient’s geographic region.





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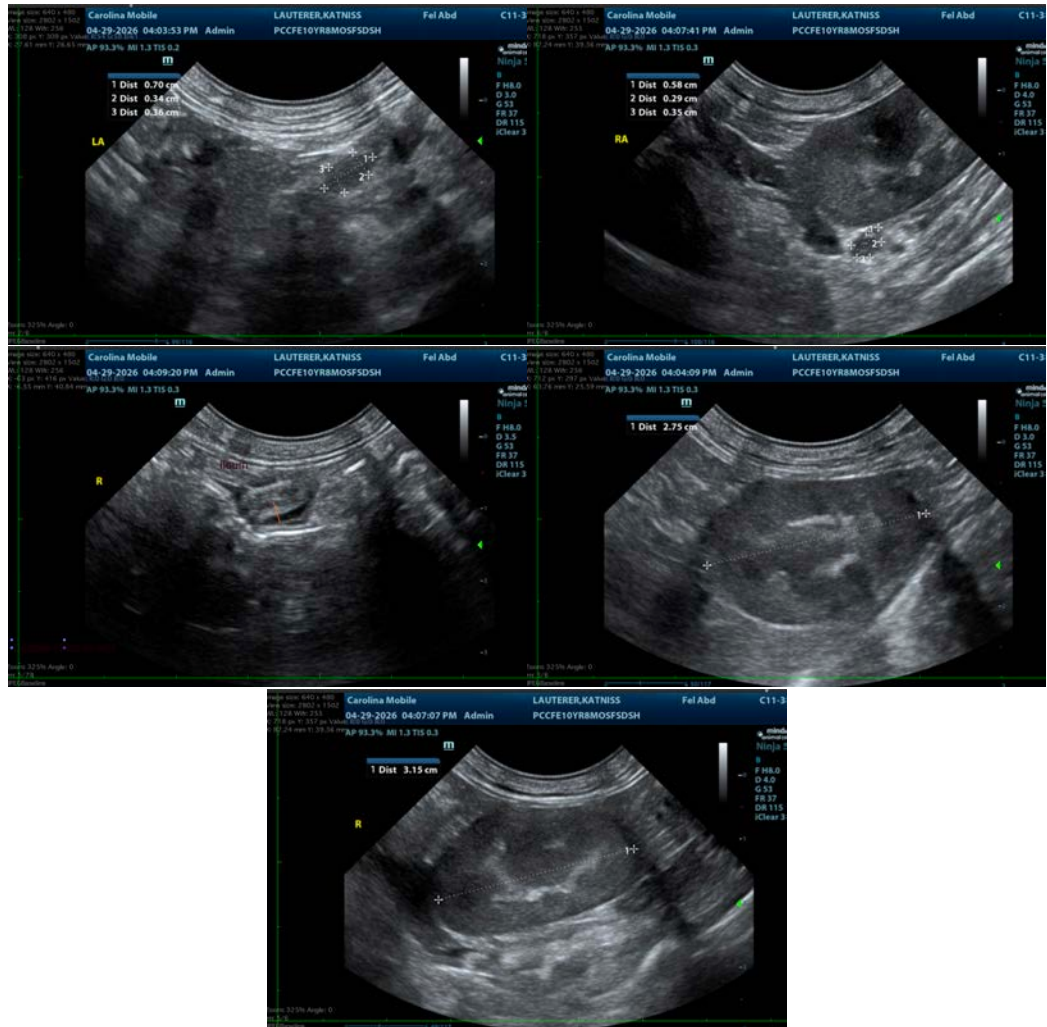
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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