



**PATIENT**

Frank Price

**SPECIES**

Feline

**BREED**

Tabby

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Midland Park  
Veterinary Hospital

**REFERRING VET**

Dr Shokoff

**INVOICE**

74842

**DATE**

4/30/26

**PRESENTING CLINICAL SIGNS**

Hematuria, straining to urinate, bladder calculi/mineralization  
Current meds: Gabapentin, Convenia.

Abnormal PE/Chem/CBC/UA Results: NSF on BW, Pending UA

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The ventral urinary bladder wall is thickened and irregular in shape. There are three hyperechoic shadowing uroliths present adhered to the luminal surface of the ventral urinary bladder wall. The cranial most measures 4.9 mm, the middle measures 2.1 mm, caudal most measures 2.9 mm.

The right kidney is normal in size (4.4 cm) with mild loss of corticomedullary distinction.

The left kidney presents normal size (4.2 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 3.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.8 mm in width.

**Spleen**

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

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

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

**Gastrointestinal**

The stomach wall diffusely appears normal in thickness and layering. It is moderately filled with ingesta. No outflow tract obstruction seen. The intestines have normal wall layering and thickness. 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.



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**Free Abdomen**

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

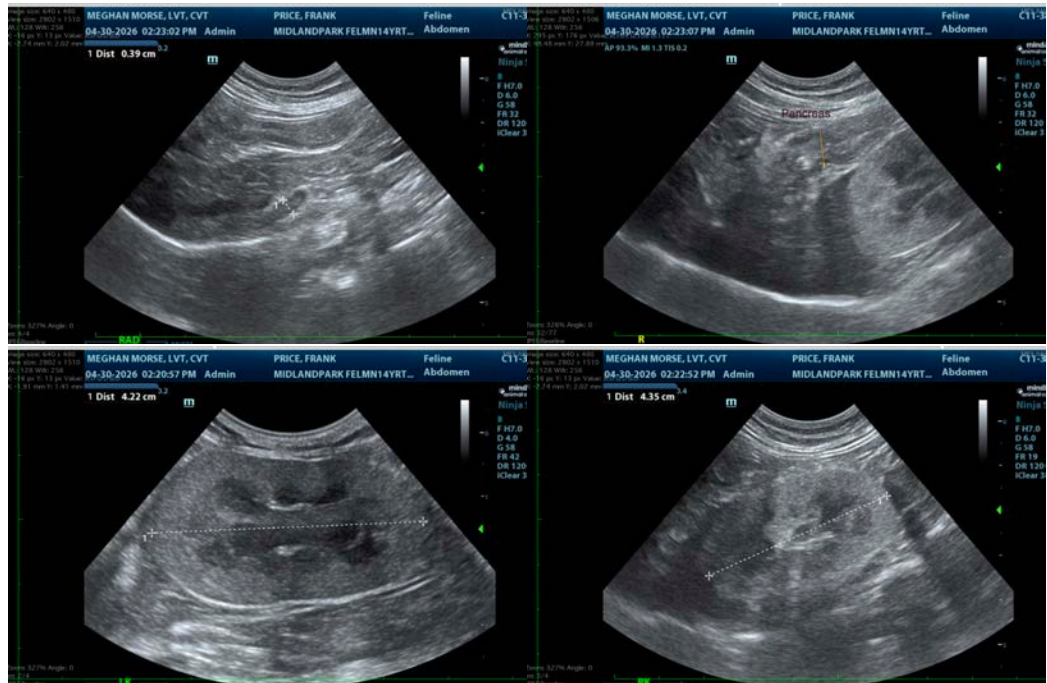
**ULTRASONOGRAPHIC FINDINGS**

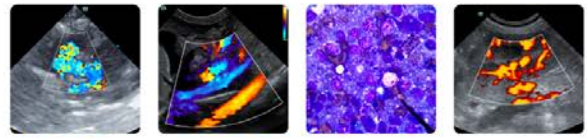
- Thickened, irregular urinary bladder wall with three adhered uroliths.
- Mild loss of corticomedullary distinction in the right kidney.
- Subjectively enlarged, heterogeneous liver.
- Gastric ingesta.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient's clinical signs are most likely attributed to the presence of these uroliths. At this time, surgery is recommended to remove the uroliths to culture the urinary bladder wall. A sample of the urinary bladder for histopathology would be recommended to rule out any potential neoplastic cause for the appearance of the urinary bladder wall.

Recommend full staging, monitoring and managing of the patient per IRIS guidelines for chronic kidney disease.





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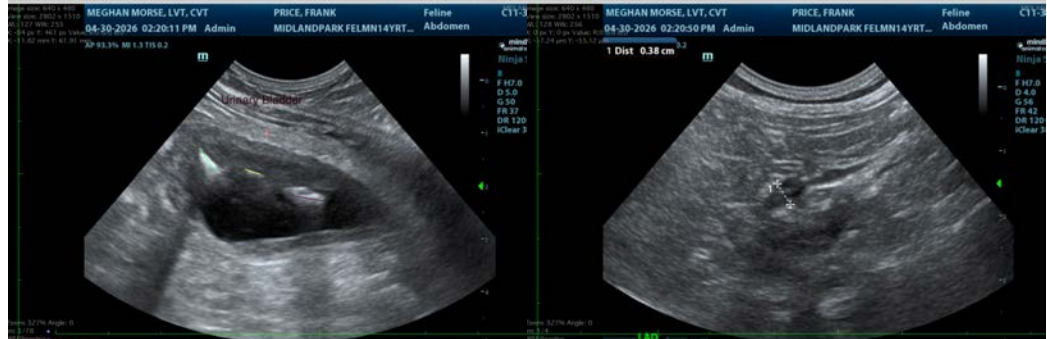
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)