



PATIENT

Kitty DeMatteo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Central Jersey Animal
Hospital

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

16288

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Diarrhea, doesn't respond to medication, losing weight, fever was resolved with convenia 2 weeks ago, drips urine at home, presented today for partial urinary obstruction

Abnormal PE/Chem/CBC/UA Results: cbc/chem WNL high T4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately to markedly distended with anechoic urine that contains a moderate amount of echogenic suspended debris concerning for pyuria, possibly crystalluria. The proximal urethra was mildly dilated at 3.5 mm width. There is no obvious cause for dilation seen. It may be due to a mechanical obstruction not seen on this exam or may be due to inflammation from possible lower urinary tract infection.

The left kidney presents normal size with irregular shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.5 cm in length.

Adrenal Glands

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

The right adrenal gland is not clearly seen on this exam.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas



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The visible left 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.
- Moderate gallbladder debris- clinically incidental.
- Bilateral chronic kidney disease- pyelonephritis possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis and urine culture if active urine sediment is present. If urinary tract infection is confirmed, consider pyelonephritis as a possible differential. No obvious signs of pyelonephritis seen on this exam. However, it is known in recent literature that the feline species has occult pyelonephritis more frequently than previously expected. If urinary tract infection is confirmed, recommend treating with an appropriate antibiotic for 30 days and re-culturing urine after completion of antibiotic therapy. No other abnormality that would explain the patient's clinical signs seen on this exam.

Given that the patient's main clinical problem is diarrhea and has not responded to medical management, if not already performed, recommend fecal pathogen PCR testing and a Texas A&M GI panel to help narrow down the cause of patient's persistent diarrhea.



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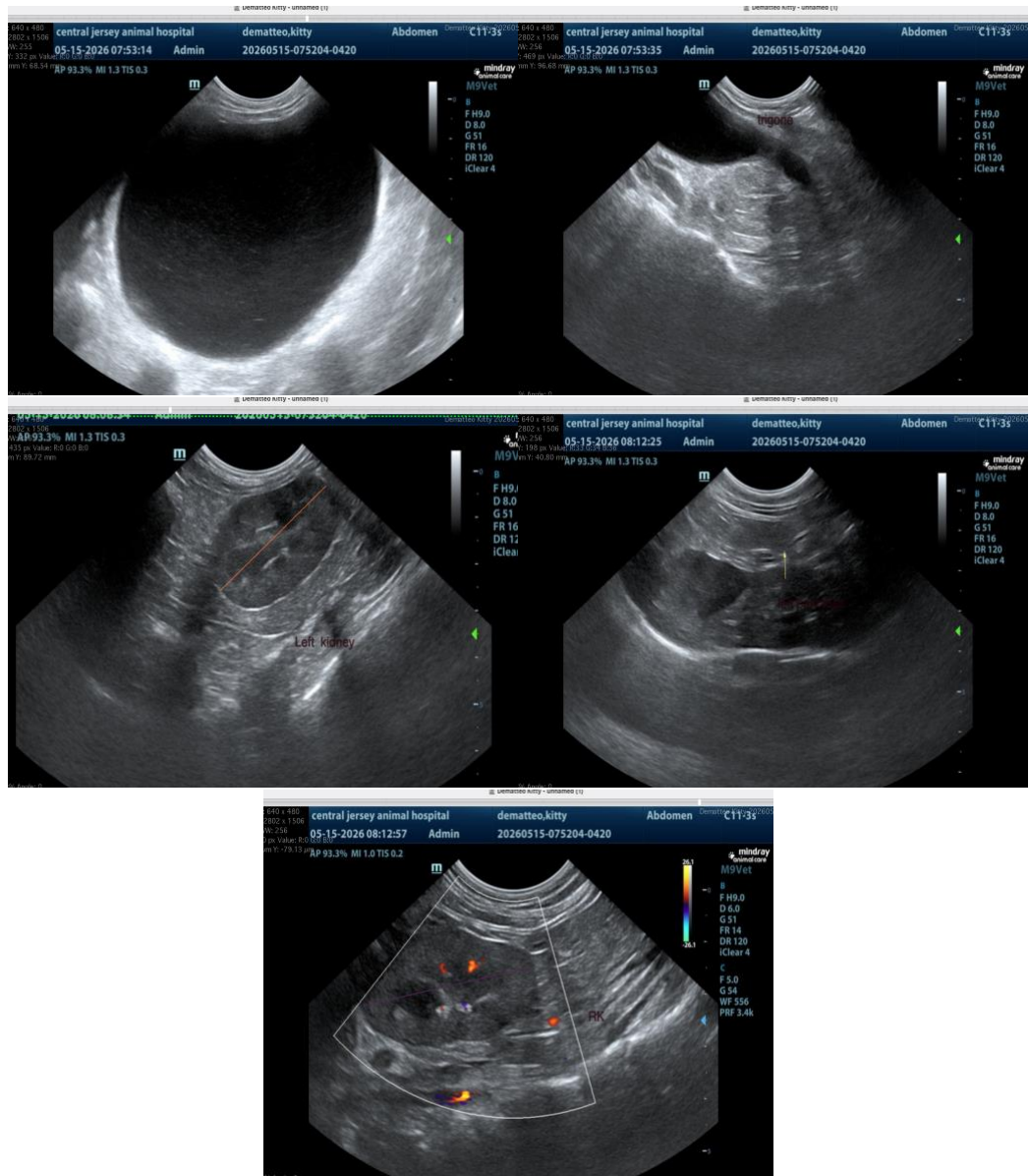
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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