



PATIENT

Dallas Spalding

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

5.37

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal
Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

75242

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Patient presented to weight loss, decreased appetite, and owner concerned she may not be urinating. PE unremarkable. Lab work showed elevated ALT: 727 AST: 399. History of CKD but stable stage 2. History of hyperthyroidism-currently T4 is WNL without methimazole.

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.

The right kidney is small in size (3.0 cm) and is irregular in shape with moderate loss of corticomedullary distinction.

The left kidney presents normal size (3.4 cm) but is irregular in shape with moderate loss of corticomedullary distinction.

Adrenal Glands

The adrenal glands were not 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.

The gallbladder contains a moderate amount of aggregating echogenic debris. The gallbladder wall diffusely appears normal in thickness. No evidence of gallbladder obstruction seen at this time.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Segments of jejunum measure approximately 2.4 mm in width. Colon contains normal contents with normal wall thickness. No obvious evidence of chronic enteropathy.

Pancreas

The area of the left and right pancreas is seen, no obvious pathology noted.

Free Abdomen

Numerous moderately to markedly enlarged hypoechoic, rounded mesenteric lymph nodes are present.

No free abdominal fluid is seen.



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ULTRASONOGRAPHIC FINDINGS

- Irregular kidneys with loss of corticomedullary distinction bilaterally.
- Gallbladder debris.
- Moderately to markedly enlarged mesenteric lymph nodes.

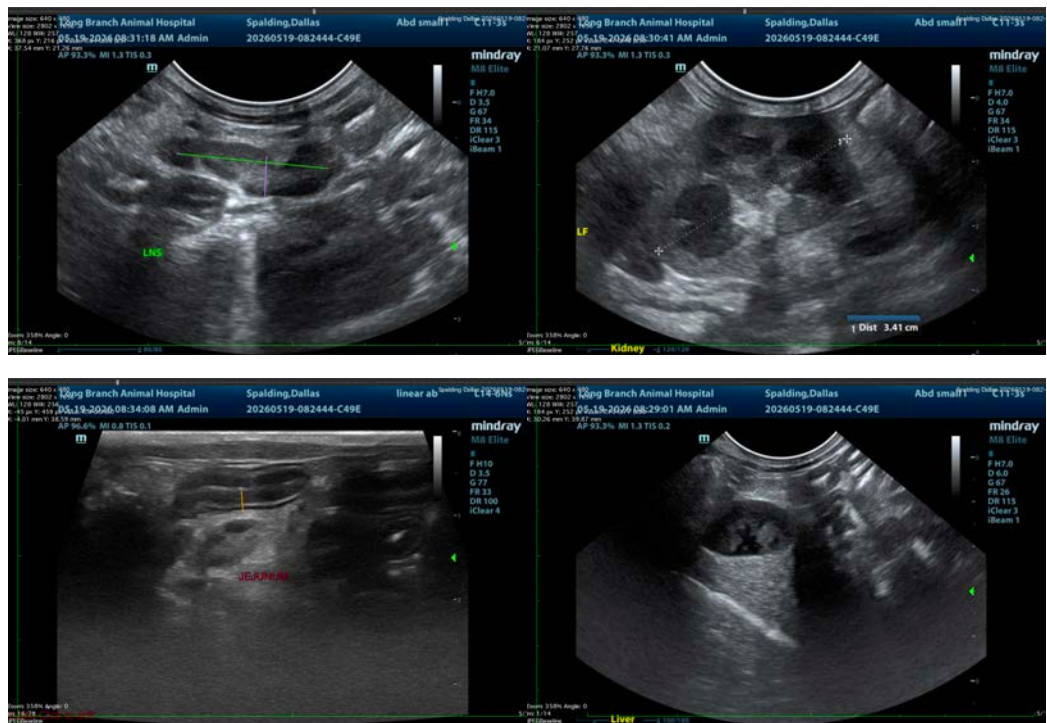
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have mild cholangitis, which may be contributing to elevated liver values. Consider ultrasound guided aspirate of the gallbladder to obtain bile for aerobic and anaerobic bacterial culture and cytology to determine if bacterial cholangitis may be present. If the owners elect not to pursue this procedure, then consider starting Ursodiol and antibiotic such as Amoxicillin empirically, treat for 6-8 weeks, and recheck the appearance of the gallbladder via ultrasound at that time.

The appearance of the mesenteric lymph nodes is most likely due to a neoplastic process such as lymphoma or possibly mast cell disease. Recommend an ultrasound guided fine needle aspirate of lymph nodes with submission for cytology to determine underlying etiology.

I suspect the patient's weight loss and decreased appetite are attributed to the cause of the markedly enlarged mesenteric lymph nodes. It is suspected that fine needle aspirate samples for cytology will most likely provide a diagnosis as to the cause of the enlarged lymph nodes. If lymph node aspirates are non-diagnostic, surgical mesenteric lymph node biopsy may be necessary for histopathology to determine etiology.

The appearance of the kidneys is consistent with patient's reported chronic kidney disease. Recommend continued staging, monitoring and managing per IRIS guidelines.





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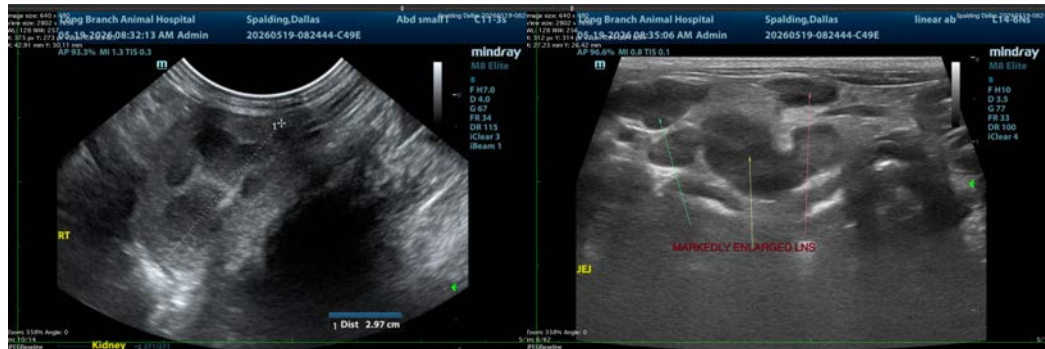
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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