

PATIENT

Luna Byrne

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.23 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road
 Animal Hospital

REFERRING VET

Dr. Dogar

INVOICE

16503

DATE

05/25/26

PRESENTING CLINICAL SIGNS

BAR HR 160 RR 20. Normal heart and lungs. Moist pink mm's. CRT < 2 sec. No obvious oral FB. Has chronic history of regurgitation/vomiting. with blood noted as well on occasion
 Bilateral lens sclerosis. Normal ears and LN. No obvious FB or mass noticed on abdominal palpation.
 Temp 38.7 C. Current Medications: Cerenia

Abnormal PE/Chem/CBC/UA Results: Radio-opaque material in stomach; food vs FB No obvious obstructive pattern. Gas in small intestine. Stool in colon Primary Question to Be Answered in This Exam Mass Vs foreign body in GI tract

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 left kidney has moderate to marked renal pelvic dilation. The renal pelvis measures 1.3 cm x 1.5 centimeters in diameter. Left kidney itself measures slightly enlarged and measures 4.6 cm in length. Corticomedullary distinction cannot be assessed given the renal pelvic dilation. Left kidney appears to be obstructed. No cause for the obstruction is seen on this exam. No nephrolith seen within the renal pelvis. However, consider three main causes for obstruction. One would be obstructive ureterolith, second would be possible circumcaval ureter, and third would be a neoplastic mass obstructing the left ureter. None of these are seen on this exam. The left kidney fat within the renal pelvis appears mildly hypoechoic and the fat surrounding the kidney is also mildly hypoechoic. These findings are consistent with an inflammatory process. A fourth differential for the moderate to marked renal pelvic dilation of the left kidney could possibly be, however it does seem unlikely, to be pyelonephritis.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.1 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 3.1 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.9 mm width.

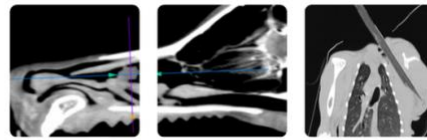
Spleen

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



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Gastrointestinal

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

The majority of the stomach appears normal with normal thickness and layering. There is a focal lesion, it appears to be an intramural lesion within the gastric wall of the fundus and measures 2.3 cm x 1.2 cm in size and has hypoechoic loss of layering, concerning for focal gastric neoplastic mass, possible lymphoma, adenocarcinoma, leiomyosarcoma, most likely a benign leiomyoma.

Pancreas

The visible 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

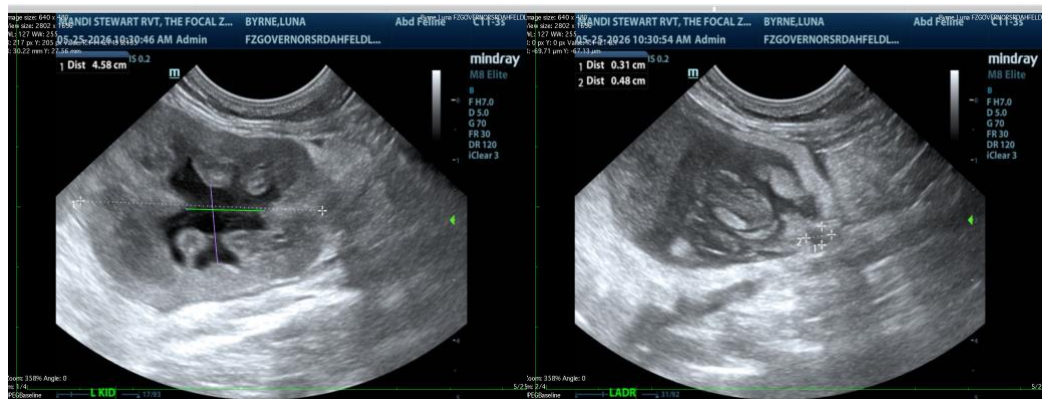
- Left kidney obstruction.
- Gastric lesion.

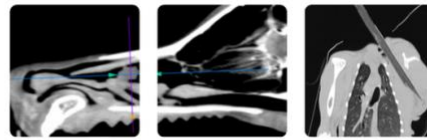
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider CT scan to further evaluate for the cause of the apparent left kidney obstruction.

Recommend, if possible, fine needle aspirate of gastric lesion with submission for cytology. If lesion cannot be aspirated or if cytology is inconclusive, consider gastric biopsies either surgically or preferably endoscopically as endoscopy is minimally invasive to obtain biopsies for histopathology.

Patient's chronic vomiting may be due to either the changes seen with the left kidney or more likely changes seen within the gastric wall.





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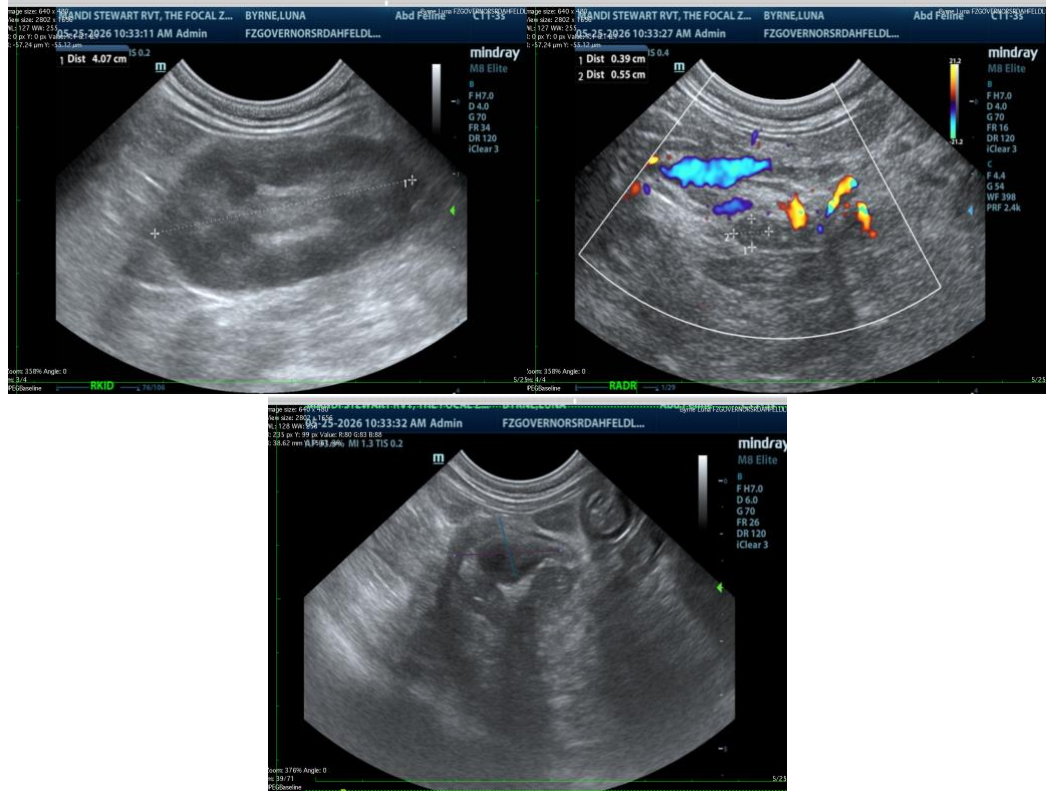
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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