



PATIENT

Boots Scordino

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5.5 Years

WEIGHT

9.63 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel Animal
 Hospital

REFERRING VET

Dr. Neill

INVOICE

75422

DATE

5/26/26

PRESENTING CLINICAL SIGNS

2-3 day history of anorexia and lethargy, normally very food motivated. Only accepting treats now. History of repeated episodes of constipation. PE - QAR, sweet boy, T 38.6C, HR 138, RR purring for most of the visit. Treated with large bolus SQ fluids and an enema yesterday. No evidence of jaundice, abdomen soft and palpable, large volume of feces palpable in colon. Has been on Cisapride 5mg SID

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results. Recommend US due to changes on bloodwork. fPLI was WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is mildly enlarged, measuring 7.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.9 mm in width.

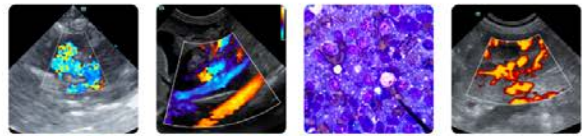
Spleen

The spleen is diffusely enlarged measuring 1.1 cm in width with scalloped margins and diffuse hypoechoic echogenicity consistent with possible infiltrative neoplasia such as lymphoma or mast cell disease. At the tail of the spleen there is a 1.7 cm isoechoic enlarged area of the spleen. This area is not cavitated.

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 stomach and intestines have normal wall layering and thickness. The stomach contains a moderate amount of partially digested food material. No mechanical obstruction seen within the stomach. Colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged right adrenal gland.
- Urinary bladder debris.
- Diffusely enlarged spleen.
- Moderate ingesta in stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend urinalysis. If active urine sediment, recommend urine culture.

Recommend a fine needle aspirate of the general spleen as well as the enlarged area at the tail of the spleen with submission for cytology to rule out neoplastic disease. If neoplasia is ruled out and an inflammatory process is seen, consider screening the patient for bartonella.

The significance of the mildly enlarged right adrenal gland is uncertain. The appearance of the right adrenal gland is otherwise normal. Patient's potassium is normal, so hyperaldosteronism is not highly suspected. This may be a normal variation or may be enlarged due to hyperplasia from chronic stressful situation. Recommend continuing to monitor potassium. Also recommend checking the patient's blood pressure. If the patient is found to be hypertensive or potassium begins to decrease, recommend screening patient for hyperaldosteronism via submitting an aldosterone level to Michigan State University.

No cause for the patient's elevated ALT and bilirubin are seen on this exam. The liver appears normal. No obvious sign of hepatic lipidosis at this time. Considerations would include an infiltrative disease such as lymphoma. For this reason, recommend a fine needle aspirate of the liver, submitting for cytology. If cytology is inconclusive and the patient's ALT and ALP continue to elevate, consider liver biopsy at that time.



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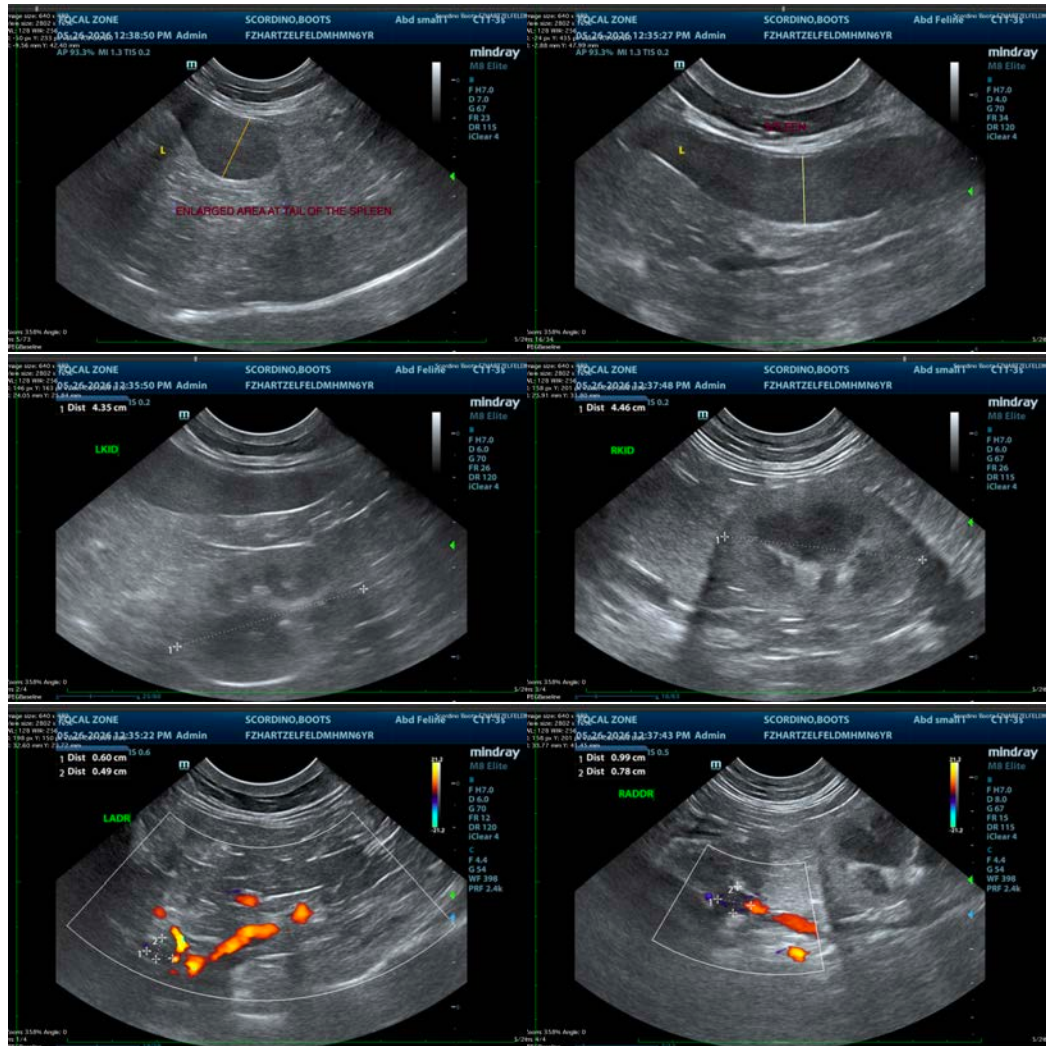
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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