



PATIENT

Golia Crea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

10.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. Zelinski

INVOICE

75429

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Not eating, elevated AP and ALT. Moderate anemia. Clinical findings - lethargic and thin. Current medications - Cerenia, Methimazole, Mirataz

Abnormal PE/Chem/CBC/UA Results: 5/21/26 - HCT 18%, Low Retic. Normocytic normochromic. ALT 150, AP 309. Was off methimazole 1 wk, T4 - 12.7. Jan 2026, on 5 mg BID methimazole. T4 was 0.8 and prior to that it was 23 (dx hyperthyroid Oct 2025).

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.2 cm. Right kidney measures 4.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.3 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.5 mm in width.

Spleen

The spleen is diffusely enlarged (1.1 cm in width) with scalloping margins and hypoechoic echogenicity.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. 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 and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The area of the left and right pancreas is evaluated. No pathology noted.



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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

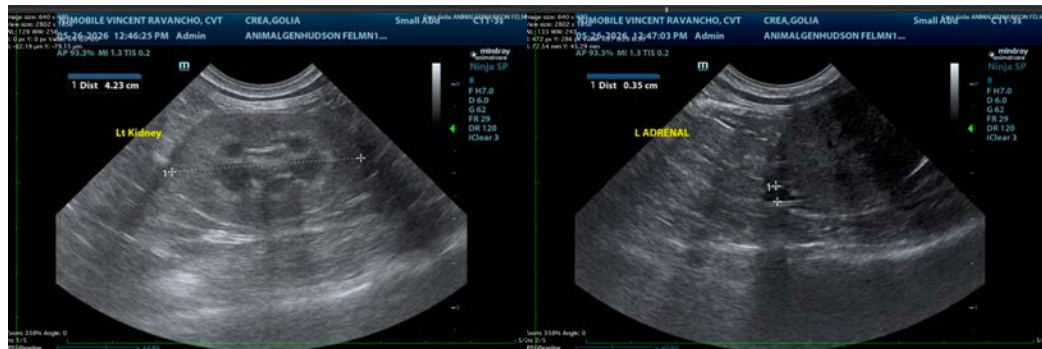
- Enlarged spleen.
- Age related renal changes.
- Hyperechoic hepatomegaly.

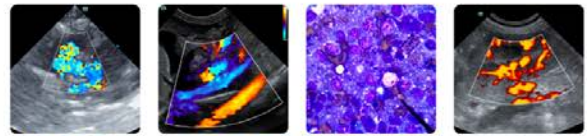
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen could represent infiltrative neoplasia such as lymphoma or mast cell disease, less likely an infectious disease such as bartonellosis. Recommend a fine needle aspirate to rule out infiltrative neoplasia. If infiltrative neoplasia is ruled out, and an inflammatory splenitis is identified, consider testing for bartonellosis and submitting a sample to North Carolina State University for this testing.

Regarding the kidneys, recommend full staging, monitoring and managing for possible chronic kidney disease per IRIS guidelines.

Ultimately, if no significant disease is identified off splenic aspirate or IRIS staging, the cause of the patient's clinical signs may be due to unregulated hyperthyroidism. Given the high values of the patient's T4 at the time of diagnosis and currently while under treatment with Methimazole, recommend discussing referral for I-141 treatment with owners.





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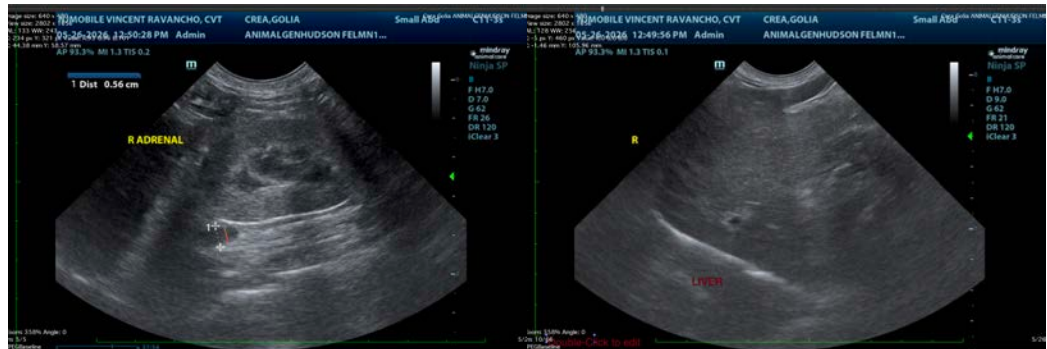
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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