



PATIENT

Chloe Linyard

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.78 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Webster

INVOICE

75516

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History of previous noted liver nodule of unknown significance. Presumed chronic enteropathy managed on diet and B12 supplementation. Annual PE April 26 - owner reports 2 vomiting episodes which contained hairballs otherwise doing well. Recheck US to assess liver. Has been on Hypo diet and Vit B12 injections.

Abnormal PE/Chem/CBC/UA Results: Please see attached US report from 2025 and lab results attached.

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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 (3.7 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.3 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.1 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.8 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

There is a poorly defined, subtle, small hypoechoic, slightly cystic nodule visualized in the left liver, measuring 1.2 cm x 1.6 cm. On the previous exam it measured 1.0 cm x 0.80 cm. Otherwise similar in appearance. The remainder of the liver appears normal.

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

Gastrointestinal

The stomach has normal wall layering and thickness. The appearance of the small bowel has changed slightly since the previous exam. There are sections of small bowel at this time that measure up to 3.6



PATIENT

Chloe Linyard

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.78 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit Veterinary
Hospital

REFERRING VET

Dr. Webster

INVOICE

75516

DATE

5/28/26

mm in width due to a thickened muscularis layer. *Normal feline jejunum should measure <2.8 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peripancreatic 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.
- Mild loss of corticomedullary distinction bilaterally in the kidneys.
- Hepatic nodule, slightly larger than on previous exam.
- Thickened small intestines.

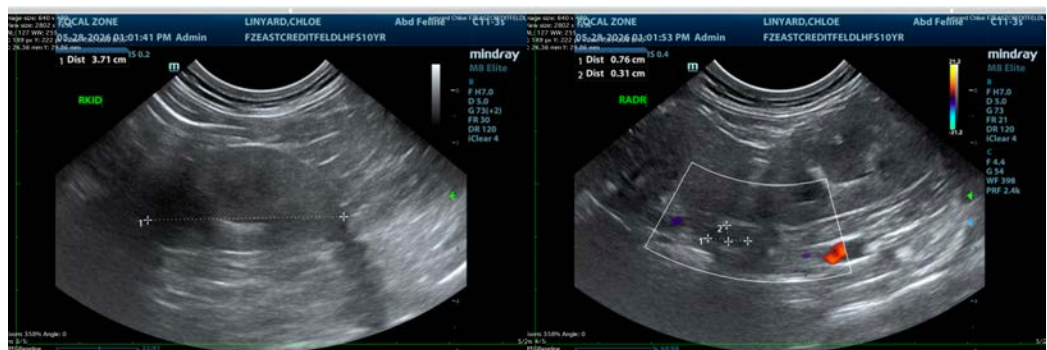
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver nodule is slightly larger on this exam but given the timeframe between the two exams (2 years), it has not significantly changed in my opinion. Given the small change in the last two years, this is most likely a benign lesion consistent with a cystadenoma, unlikely to be a cystadenocarcinoma. Recommend continued monitoring as previously discussed.

It does appear that the patient's GI disease has progressed slightly since the previous ultrasound. Differentials include inflammatory bowel disease, possible small cell lymphoma, less likely mast cell disease, less likely an infectious disease such as histoplasmosis. Recommend continuing monitoring of GI changes. If frequency of patient's vomiting increases or the patient starts to show signs of weight loss or persistent diarrhea, at that time I would recommend GI biopsies be performed either surgically or endoscopically to rule out a neoplastic cause.

Recommend full staging, monitoring and managing per IRIS guidelines for apparent early chronic kidney disease based on this ultrasound.

Recommend urinalysis. If active urine sediment, recommend urine culture.





PATIENT

Chloe Linyard

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.78 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

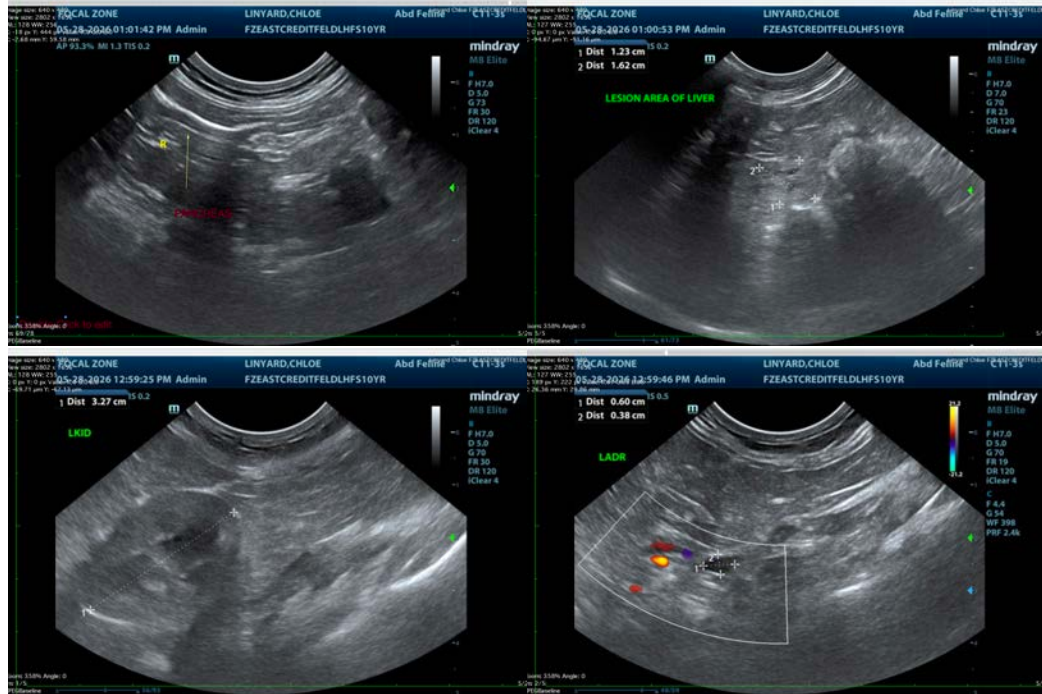
Dr. Webster

INVOICE

75516

DATE

5/28/26



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