



PATIENT

Reepicheep Holman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.4 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Jerebek

INVOICE

75517

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, kidney disease. Weight loss from Jan to April most noted. Repeat BW revealed elevated kidney values. US to assess kidney disease. Has been on Gabapentin last night and this AM for US.

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 presents normal size (4.0 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.1 cm) with normal shape and architecture. There is moderate 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 4.3 mm in width.

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

Gastrointestinal

Within the fundus of the stomach wall there appears to be a focal hypoechoic lesion present that measures 1.8 cm in length and 1.2 cm in width. The stomach contains a moderate amount of fluid. No obvious obstruction to the stomach seen. The remainder of the gastric wall appears normal in thickness and layering. The small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

There is scant pocket of free fluid dorsocaudal to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

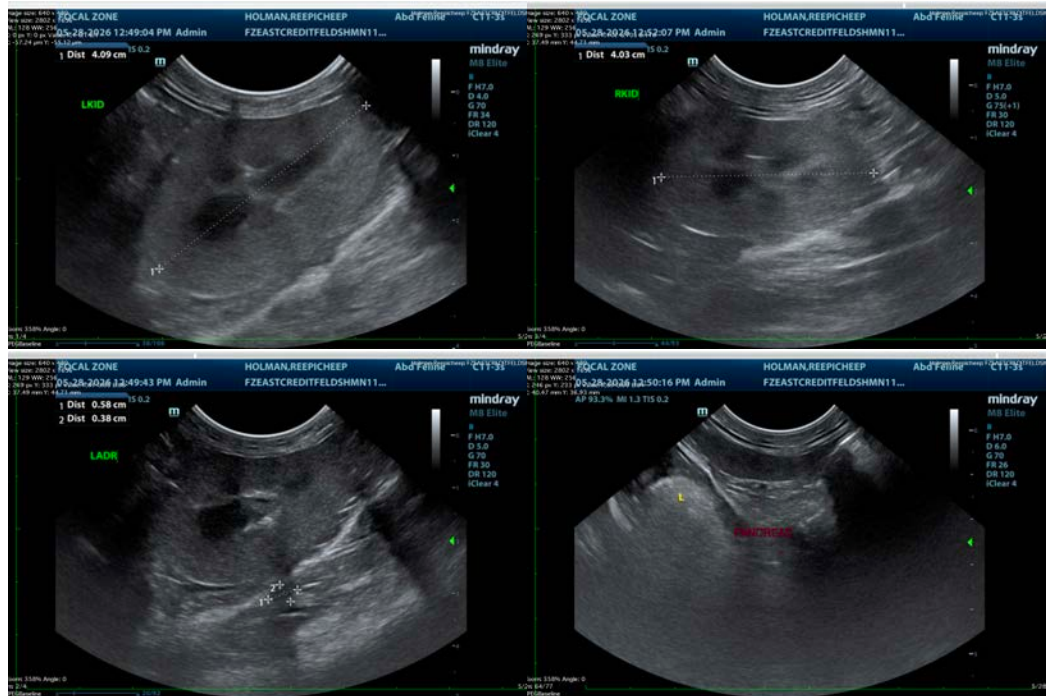
- Age related renal changes.
- Gastric fundic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have chronic kidney disease. Recommend full staging, monitoring and managing the patient per IRIS guidelines.

No cause of the free fluid identified. The fluid is in a location where aspirate would be difficult to perform. At this time, I suspect the fluid may be an incidental finding.

The focal lesion in the fundus of the stomach is concerning for a possible neoplastic lesion such as lymphoma, adenocarcinoma, leiomyosarcoma, or possibly a benign leiomyoma. Focal benign gastritis is also possible, though no cause is seen for this. It is most likely not due uremic gastritis, as in those cases the gastric wall is generally diffusely thickened. If possible, recommend a fine needle aspirate of this lesion with submission for cytology. If cytology is inconclusive, consider a CT scan as pre-surgical planning to determine if the lesion is surgically resectable. If lesion is resected, submit for histopathology. The stomach lesion may be the cause for the patient's decreased appetite.





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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