



**PATIENT**

Pumpkin Clark

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

Gregory M. Kuhlman,  
 DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Humane Society of the  
 Piedmont

**REFERRING VET**

Dr. Harrington

**INVOICE**

35938

**DATE**

5/5/26

**PRESENTING CLINICAL SIGNS**

History: P presented for chronic urine leakage, intermittent bloody discharge from vulva q 3-6 months. P spayed at young age. Unknown history before that. Vulva is swollen and ulcerated. Previous exploratory found no ovarian remnant. UTI off and on, will sometimes respond to Clavamox. Has tried Proin and Estrogen with no real improvement.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder appears normal, however, what appears to be the urethra is markedly dilated, measuring 6.6 mm in width. The ureters do appear to be dilated, as they do not appear to be entering into the normal position within the trigone of the bladder. They appear to be entering into the proximal urethra. Ureters measure approximately 1.7 mm in width, which is mildly dilated. No cause for the urethral dilation is identified on this scan.

The right kidney presents normal size (5.6 cm in length). Loss of corticomedullary distinction. The right renal pelvis was dilated, measuring 1.9 mm in width. There is possibly mild obstructive disease causing the pyelectasia or possibly pyelonephritis.

The left kidney presents normal size (3.6 cm in length). Mild loss of corticomedullary distinction. Mild renal pelvic dilation was noted, measuring 2.7 mm in width. The left kidney does not appear obviously obstructed. The mildly dilated renal pelvis may be due to pyelonephritis or could potentially be enlarged due to a mild obstruction within the ureter at the ureteral vesicular junction.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 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**



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The stomach contains a mild amount of fluid. The stomach wall appears normal in thickness and layering. The small bowel appears normal, which appears to have mild gastric ileus. Colon contains normal contents with normal wall thickness.

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***Pancreas***

The pancreas is diffusely hypoechoic, measuring 1.8 cm in width, with mild surrounding hyperechoic fat.

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***Free Abdomen***

No free abdominal fluid is seen.

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Mild inguinal lymphadenopathy was present. A representative inguinal node measured 7.0 mm x 3.8 mm. A second node measured 7.7 mm x 4.0 mm.

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There is a hypoechoic lesion present caudal to the left kidney, measuring 5.1 mm in width. This appears to have blood flow.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild inguinal lymphadenopathy- These appear reactive, less likely neoplastic.
- Mesenteric lymphadenopathy- These appear reactive, less likely neoplastic.
- Hyperechoic lesion caudal to the left kidney- This is possibly ovarian remnant or possible enlarged lymph node.
- Hypoechoic pancreas-This is possible clinically significant pancreatitis.
- Mild gastric ileus
- Bilateral loss of corticomedullary distinction and pelvic dilation.

**INTERPRETED BY**

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 DVM, DACVIM (SAIM)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend fine needle aspirates of the inguinal lymph nodes.

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Regarding the hyperechoic lesion caudal to the left kidney, recommend submitting anti-mullerian hormone testing to screen for ovarian remnant.

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Recommend full staging, monitoring and managing the patient for possible chronic kidney disease.

Recommend submitting an FPLI.

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If urine culture has not been performed, recommend urine culture.

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Given the significant abnormalities seen with the patient's lower urinary tract, recommend contrast CT urethrogram be performed to further characterize the changes seen within the lower urinary tract to determine if there is a surgical correction that would be possible.

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Recommend treating symptomatically for gastric ileus.



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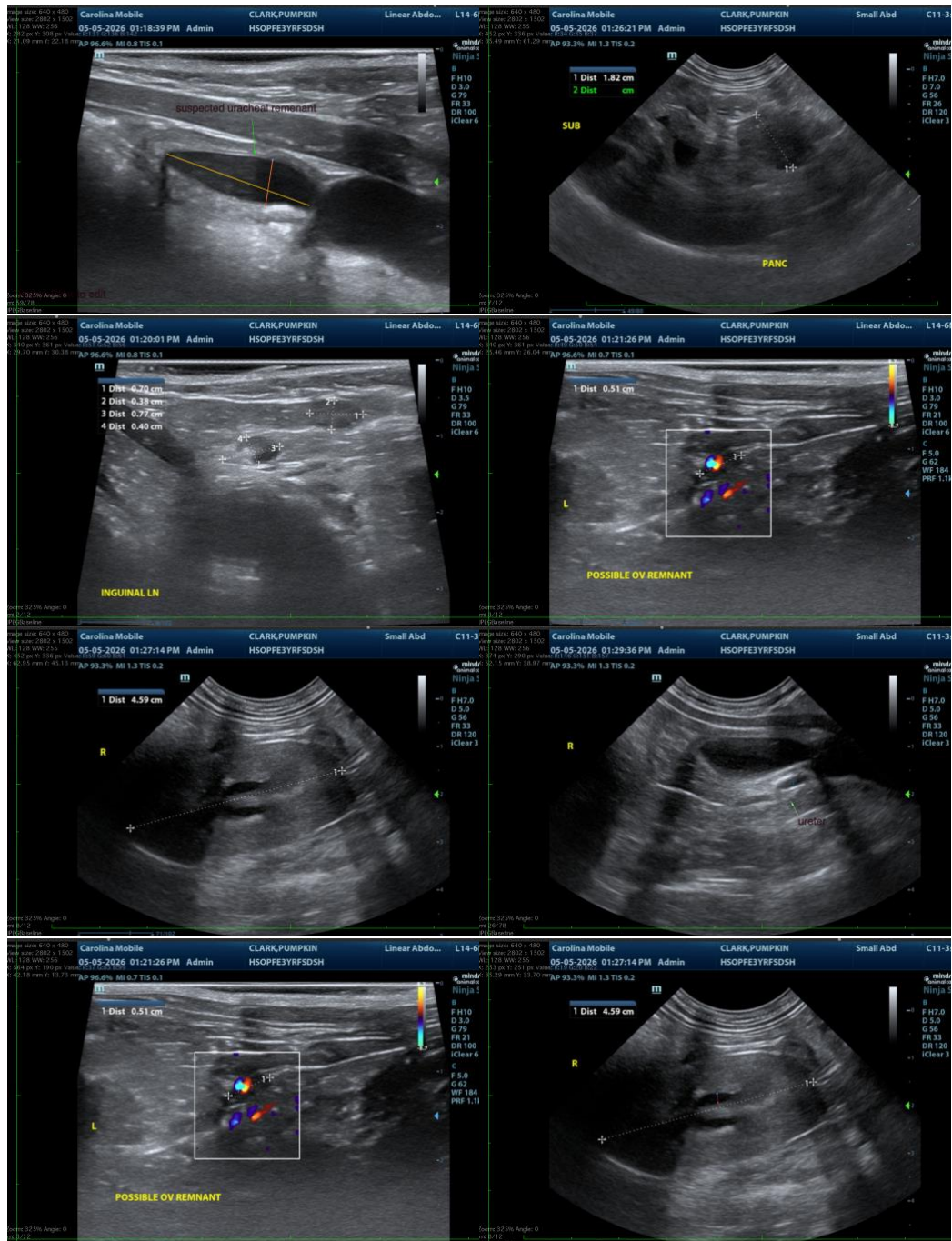
Dr. Harrington

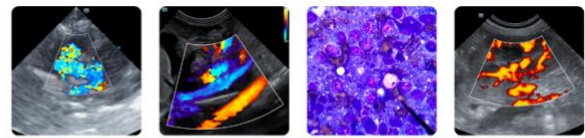
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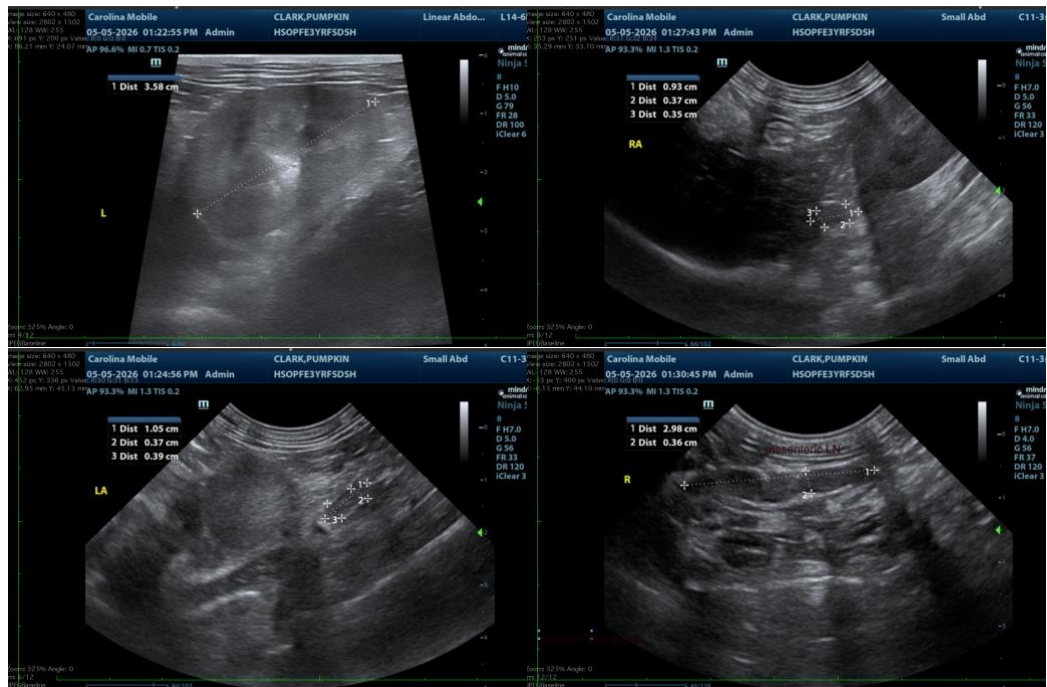
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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