



PATIENT

Cricket Castro

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year 8 Months

WEIGHT

9.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Watson

INVOICE

75004

DATE

5/6/26

PRESENTING CLINICAL SIGNS

P presented for US due to elevation of liver values
 Abnormal PE/Chem/CBC/UA Results: ALT 773, ALKP 225

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. No papillae seen.

The right kidney presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. Normal 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 measures 4.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 2.5 mm in width.

Spleen

The spleen is normal in size (9.4 mm in width), shape, margination and echogenicity. No masses are seen.

Liver

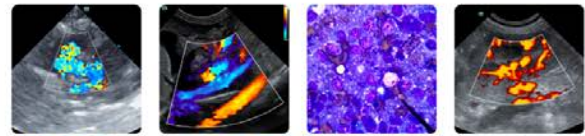
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

The portal vein to caudal vena cava ratio is 0.87, which is considered normal and not indicative of a portosystemic shunt.

Gastrointestinal

The stomach has normal wall layering and thickness. Diffusely the small bowel appears normal, measuring 2.1 mm in width. It also has normal layering. Colon contains normal contents with normal wall thickness.



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Pancreas

The pancreas is diffusely mildly hypoechoic with a nodular echotexture. No significant surrounding hyperechoic fat.

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Free Abdomen

There are multiple mildly enlarged hypoechoic rounded mesenteric lymph nodes present. A representative node measures 6.0 mm in width. No free abdominal fluid is seen.

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Mildly hypoechoic, nodular pancreas.
- Mildly enlarged, rounded mesenteric lymph nodes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The patient appears to have mild pancreatic inflammation, most likely chronic in nature. This has been determined due to the nodularity of the visible pancreas.

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The enlarged mesenteric lymph nodes are most likely reactive and less likely enlarged due to neoplasia. However, given the appearance of the nodes, disease such as round cell neoplasia, lymphoma, mast cell disease is possible. Less likely due to metastatic neoplasia since no primary tumor has been identified.

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No cause for the patient's elevated ALT and ALP seen on this exam. Even though the liver appears normal, consider fine needle aspirate of the liver to rule out the possibility of an infiltrative disease such as lymphoma. If fine needle aspirate is inconclusive as to the cause of the elevated liver values, consider performing a liver biopsy.

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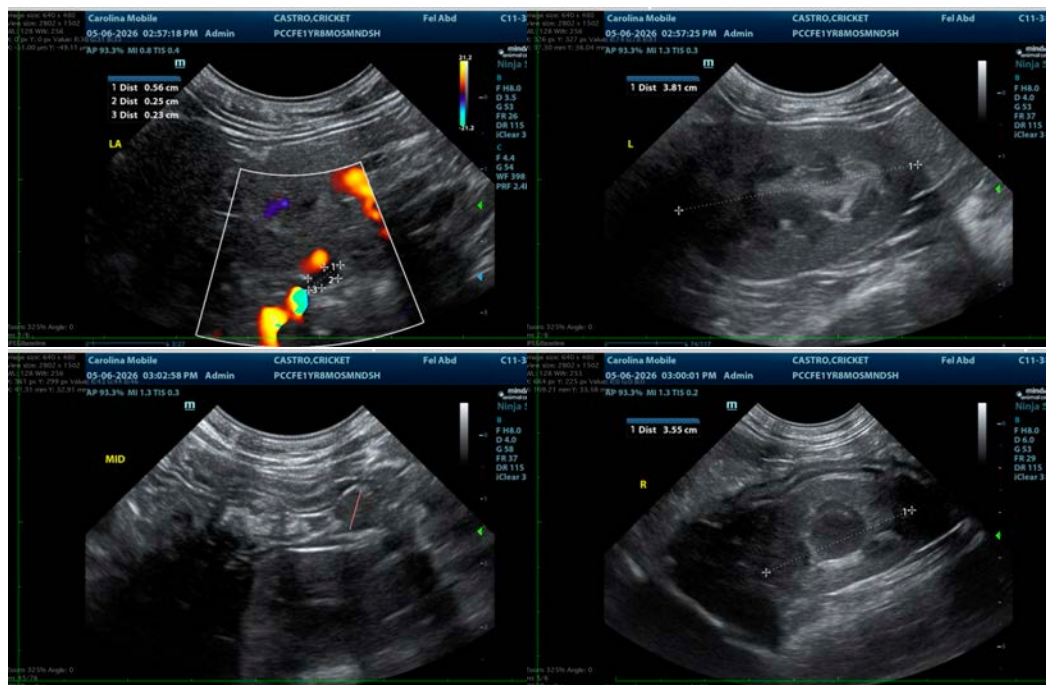
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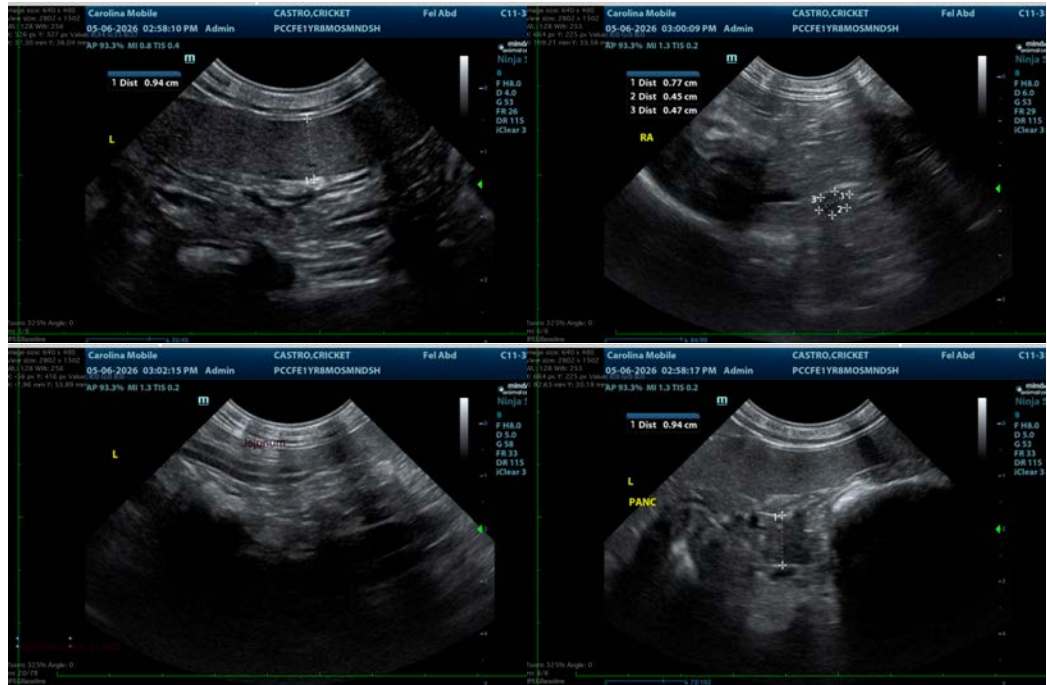
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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