

PATIENT

Rosemary Carter

PRESENTING CLINICAL SIGNS

P presented for US due to elevation in liver values.

SPECIES

Feline

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 mild 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.

BREED

DSH

SEX

Spayed Female

The right kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

AGE

5 Years

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

WEIGHT

9.9 lbs

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.7 mm in width.

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.4 mm in width.

The ratio of the portal vein to caudal vena cava is approximately 0.83, which is within normal limits. Portosystemic shunt not suspected.

IMAGING PERFORMED BY

Kathleen Byrnes

Spleen

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

HOSPITAL NAME

Harmony Heights
 Animal Hospital

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

REFERRING VET

Dr. Sechrist

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

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Gastrointestinal

DATE

5/7/26

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.



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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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The small bowel is distended with a moderate amount of ingesta. It appears that the small bowel retains normal layering and most likely is normal in thickness.

Colon contains normal contents with normal wall thickness.

BREED

DSH

Pancreas

The visible pancreas is diffusely hypoechoic with mildly nodular echotexture. No surrounding steatitis at this time.

SEX

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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

AGE

5 Years

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Enlarged, heterogeneous liver.
- Ingesta filled stomach and small bowel.
- Hypoechoic, mildly nodular pancreas.

WEIGHT

9.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

The patient appears to have evidence of chronic active pancreatitis. The nodularity to the pancreas would suggest possible chronicity. Recommend submitting fPLI to screen the patient further for clinically significant pancreatic inflammation.

Recommend urine culture if not already performed.

IMAGING PERFORMED BY

Kathleen Byrnes

The appearance of the liver would suggest the patient has possible chronic hepatopathy. Differentials would include possibly infiltrative disease such as lymphoma. Recommend a fine needle aspirate of the liver to rule out lymphoma. If infiltrative disease is ruled out, primarily hepatic disease would be suspected. Consider liver biopsy if patient's liver enzymes remain persistently elevated.

HOSPITAL NAME

Harmony Heights
Animal Hospital

If any clinical evidence is present for possible GI disease, recommend rechecking ultrasound of patient's stomach and small bowel after a longer fast to determine if any evidence of an enteropathy may be present.

REFERRING VET

Dr. Sechrist

I suspect that patient's pancreatic inflammation is most likely secondary to underlying hepatopathy that appears to be present. Suspect pancreatic inflammation will resolve once the hepatopathy is diagnosed and treated. If liver biopsy is pursued, recommend obtaining GI biopsies at the same time to rule out possibility of occult gastrointestinal disease contributing to the hepatopathy.

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

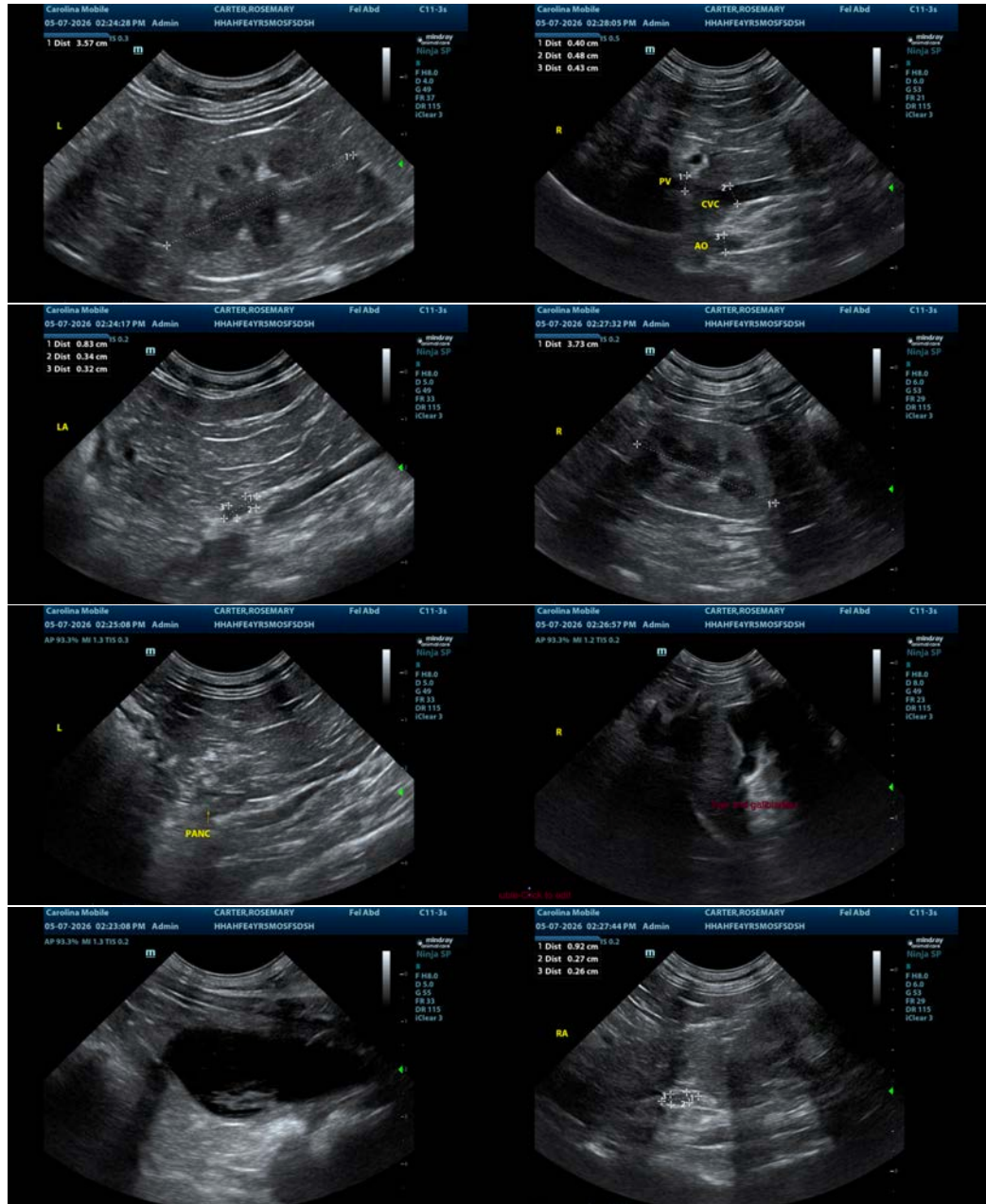
Dr. Sechrist

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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