

PATIENT

Siren Long

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 6 Months

WEIGHT

9.63 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Fleming

INVOICE

15932

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Weight loss - progressive 29-Apr-2026 Elevated PSL 30-Apr-2026 CKD +/- AKI 30-Apr-2026 Gallop rhythm 29-Apr-2026 Hyporexia - improving 29-Apr-2026 CKD IRIS stage 1, hypertensive 29-Apr-2026 IBD - Inflammatory bowel disease 29-Apr-2026 Bladder mass 29-Apr-2026

Abnormal PE/Chem/CBC/UA Results: Cuff size 2 cm Cuff location Left hind foot Systolic blood pressure 180 80 - 140 mmHg With gabapentin 100 mg PO 2 hours prior

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the mid-ventral urinary bladder, there is a heteroechoic, irregularly shaped, intraluminal mass lesion present. It measures 1.1 by 2.0 cm in size. It does have blood flow via Doppler. Differentials include lymphoma, transitional cell carcinoma, other malignant neoplasia. There are hyperechoic foci present throughout the mass lesion consistent with possible calcification. A carcinoma is most likely. The remainder of the bladder appears normal.

The visible right iliac lymph node is normal measuring 2.3 mm width.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 3.5 cm. The right kidney measures 3.6 cm.

Adrenal Glands

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

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.5 mm width.

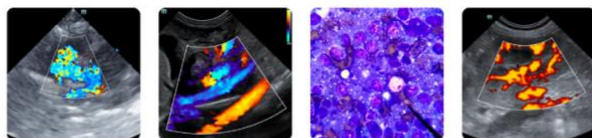
Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is seen. There are several hypoechoic lesions found throughout the spleen, most likely benign myelolipomas.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of effusion or inflammation. The duodenal papilla is normal and measures 4.3 mm width. The wall of the common



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bowel duct appears to be hyperechoic, possibly reactive due to the patient's pancreatic inflammation. Primary biliary disease not suspected.

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Gastrointestinal

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Diffusely, stomach wall appears to have loss of layering and mildly thickened at 4.4 mm width. There is a moderate amount of retained fluid within the stomach with no mechanical lesion seen. Patient appears to have gastric ileus. Colon contains normal contents with normal wall thickness. The duodenum diffusely appears normal in the scan. It measures 1.5 mm width and has normal layering present.

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Pancreas

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The pancreas is diffusely hypoechoic with nodular echotexture and at the upper end of normal in size measuring 7.7 mm in width. There are multifocal to coalescing hyperechoic foci present throughout the pancreas consistent with possible pancreatic fibrosis from chronic pancreatic disease.

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Free Abdomen

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A mesenteric lymph node was seen and appears normal in size and appearance measuring 1.6 mm width.

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ULTRASONOGRAPHIC FINDINGS

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- Intraluminal urinary bladder mass with hyperechoic foci.
- Age-related renal changes.
- Suspect benign myelolipomas in spleen.
- Mild gallbladder debris.
- Hypoechoic pancreas.
- Suspect gastric ileus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Loetitia Saint-Jacques,
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Consider fine needle aspirate of mass with submission for cytology. If cytology inconclusive, recommend surgical biopsies of mass for histopathology. Given the appearance of both kidneys, recommend continuing full staging, monitoring, and managing per International Renal Interest Society guidelines.

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These changes to the stomach may be due to the patient's pancreatic inflammation. It is recommended to submit a fPLI to screen the patient for the degree of pancreatic inflammation present and to help determine resolution of pancreatic inflammation once treatment has been initiated. Recommend treating gastric ileus supportively.

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Consider anti-nausea medications such as Cerenia, prokinetic, such as metoclopramide or erythromycin. No specific cause seen for patient's pancreatic disease. No obvious mass lesion is seen. Pancreatic neoplasia is not considered likely.

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If not performed, recommend reviewing chest radiographs to evaluate for metastatic disease, specifically metastatic disease from the urinary bladder mass.

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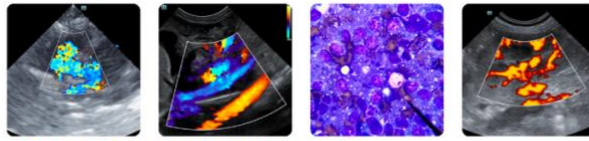
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No obvious evidence of inflammatory bowel disease seen on this exam at this time. If still suspicious for primary GI disease, submit GI panel to screen further.

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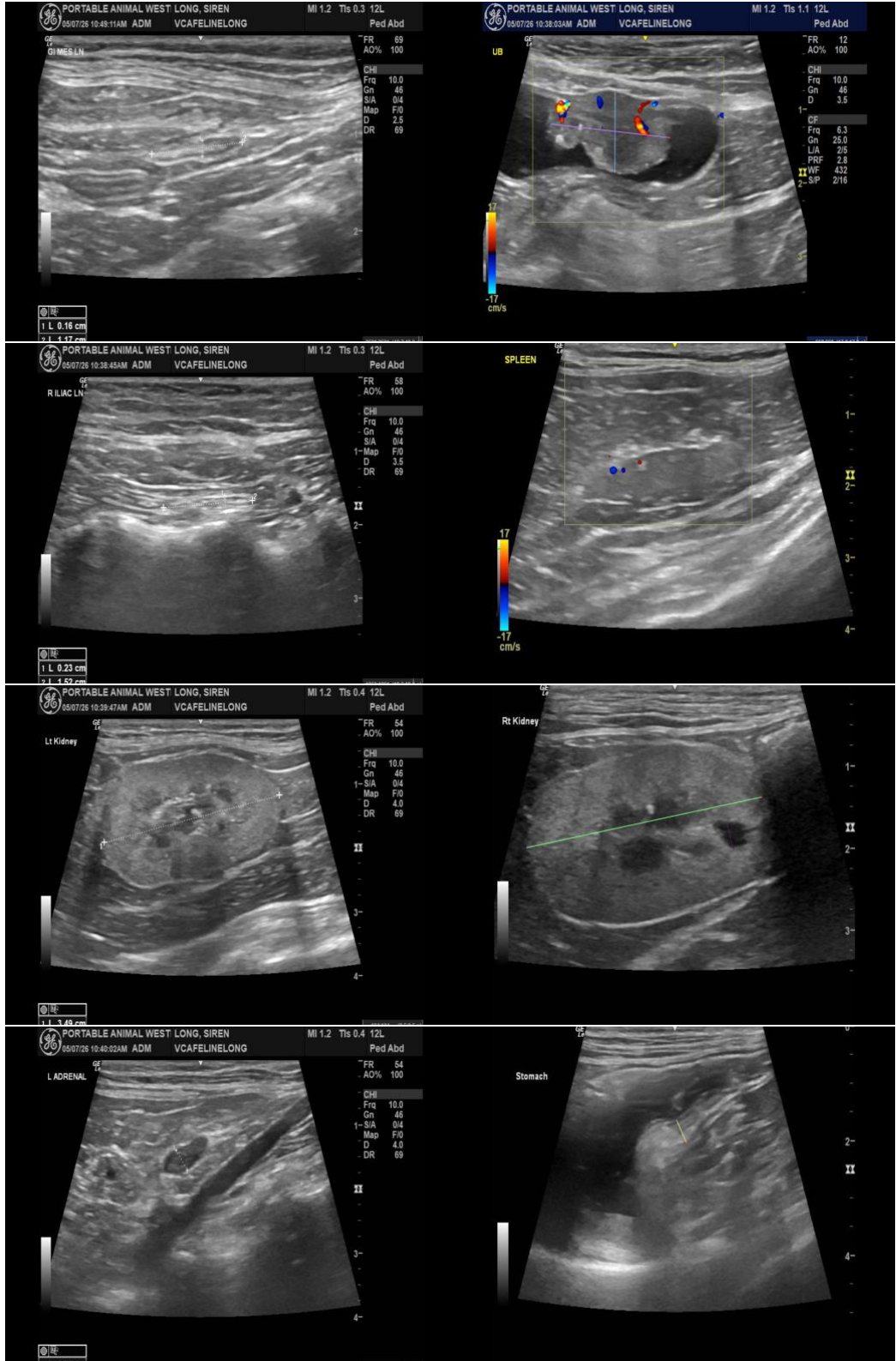
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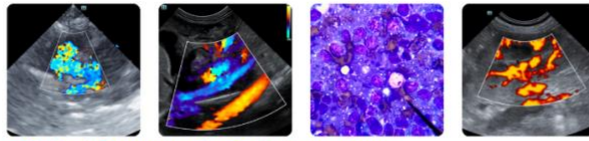
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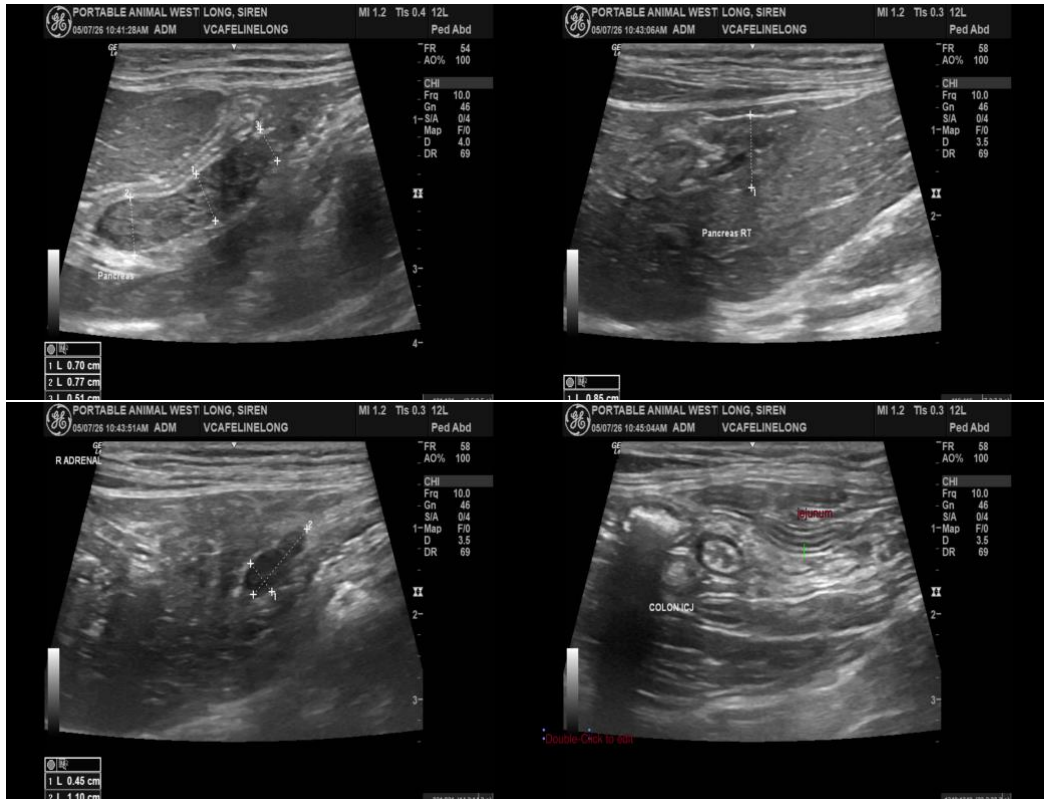
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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