



## PATIENT

Marshall Shelley

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

10 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Traci Holder DVM

## INVOICE

15990

## DATE

05/08/26

## PRESENTING CLINICAL SIGNS

About 1 week history of abdominal distension and lethargy. Fluid wave palpable on exam. Scheduled for AUS and fluid collection for analysis. Fluid collected today was yellow in color.

## 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.

The left kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.1 cm in length. A moderate amount of hypoechoic fluid surrounding the left kidney.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.8 cm in length. A moderate amount of hypoechoic fluid surrounding the right kidney.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.1 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.9 mm width.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The spleen measures 7.0 mm width.

### *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.

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

### *Gastrointestinal*

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

### *Pancreas*



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

### Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. Marked amount of free abdominal fluid present in the caudal abdomen. There is a moderate amount of echogenic debris present within this fluid in the caudal abdomen consistent with cellular debris. This fluid in the abdomen is reported to be aspirated and a fluid sample obtained.

### ULTRASONOGRAPHIC FINDINGS

- Degenerative renal changes.
- Urinary bladder debris.
- Free abdominal fluid.
- Heteroechoic liver.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of both kidneys may be due to regional inflammatory disease causing their decreased corticomedullary distinction or given the patient's age, renal dysplasia could be considered as a differential or early chronic kidney disease. Recommend restaging the appearance of the patient's kidneys on this ultrasound and once patient is recovered for their current illness. One other differential to consider would be a possible pyelonephritis. If patient has not had a urine culture performed, recommend submitting urine culture.

Recommend submitting for fluid analysis and cytology. Also recommend submitting fluid for coronavirus PCR testing as feline infectious peritonitis is the top differential at this time for the patient's set of comorbidities.

The changes seen on this ultrasound within the liver may be due to the presence of the free fluid in the abdomen causing an inflammatory process affecting the liver. If comprehensive lab work including liver values have not been performed, recommend performing to help determine if patient has clinically significant hepatopathy present. If hepatopathy is identified, it may be due to an infiltrative disease such as lymphoma or an infectious disease such as feline infectious peritonitis. If hepatopathy is identified, consider FNA of liver with submission for cytology.





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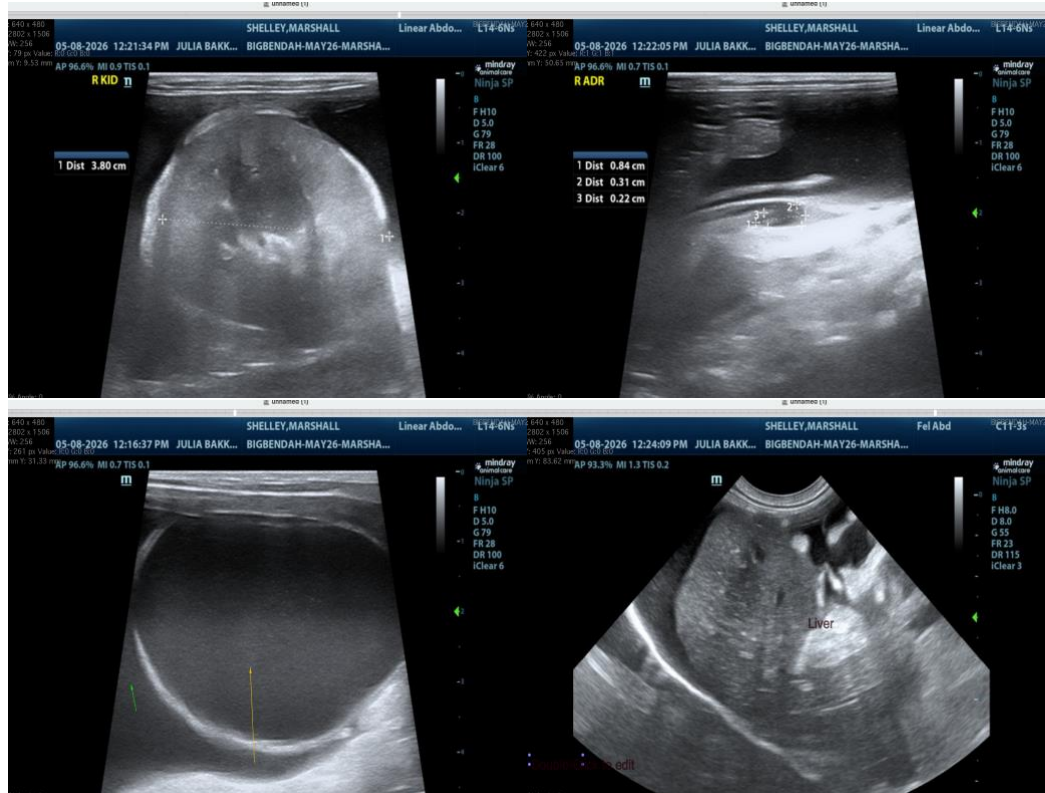
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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