



PATIENT

Martha Washington
Rivera

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.47 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. Elshafie

INVOICE

75964

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Assess pancreas, R/O causes of weight loss and hypercalcemia. Abnormal FPL and hypercalcemia
Abnormal PE/Chem/CBC/UA Results: Ca 15.9, Tb 8.3, Amy 1197, Lym 0.86, FPL abnormal

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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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 right kidney presents normal size (4.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.2 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 gland measured 4.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.4 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

The stomach wall diffusely has normal layering and thickness. The stomach retained a small amount of fluid consistent with possible mild functional gastric ileus. No mechanical obstruction seen. The small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is normal in size at 4.6 mm in width. It is mildly hypoechoic. There is a mild amount of surrounding hyperechoic fat.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder debris.
- Small amount of retained gastric fluid.
- Mildly hypoechoic pancreas with mild hyperechoic surrounding fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder debris appears insignificant at this time.

Given the abnormal fPLI value and the appearance of the pancreas on this ultrasound, it appears patient has mild pancreatic inflammation that is most likely not highly significant. This pancreatic inflammation is likely to be reactive.

Recommend submitting GI panel to evaluate the patient further for possible chronic enteropathy as a potential cause of the patient's weight loss. If chronic enteropathy is identified, consider a diet trial with a hydrolyzed diet for 2-4 weeks. If the patient continues to lose weight, then consider GI biopsies either surgically or endoscopically.

A cause for the patient's hypercalcemia is not seen on this exam. Recommend submitting a Michigan State hypercalcemia of malignancy panel to further evaluate causes for hypercalcemia.





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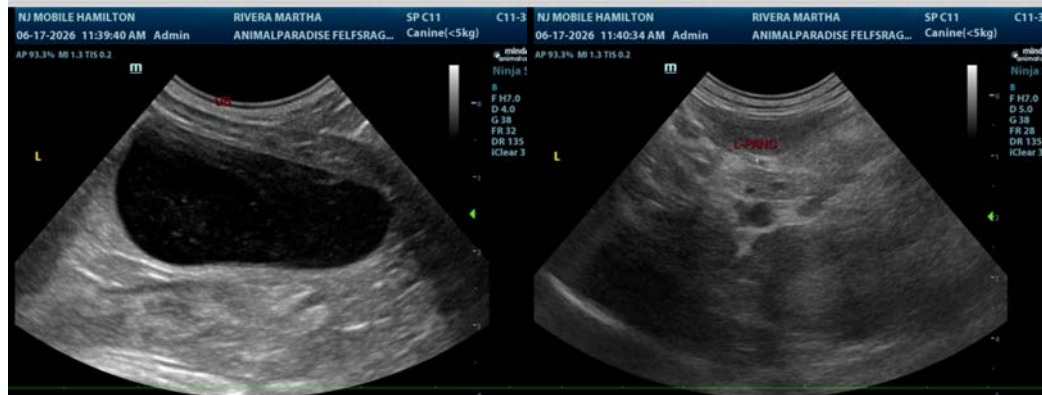
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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