



PATIENT

Luna Holleman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of High
 Country

REFERRING VET

Dr. Sturgill

INVOICE

75605

DATE

6/2/26

PRESENTING CLINICAL SIGNS

P presented for US due to weight loss of 3# over the past year. Today on bloodwork serum was icteric
 Abnormal PE/Chem/CBC/UA Results: GGT 12, ALKP 136, ALT 483, T4 wnl

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.

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. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 3.5 cm. Mild non-obstructive nephrolithiasis noted in the right kidney. A single visible shadowing nephrolith measures 1.3 mm in width. The right kidney measures 3.7 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.6 mm in width.

Spleen

The spleen measures at the upper end of normal limits for size at 8.7 mm in width. It is diffusely hypoechoic.

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. The cystic duct is mildly dilated at 4.3 mm in width. No obstructive lesions seen.

Gastrointestinal

The stomach has normal wall layering and thickness. Diffusely, the small bowel is normal in thickness, measuring up to 2.2 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The areas of the left and right pancreas are seen, no pathology noted.



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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

- Urinary bladder debris.
- Age related renal changes with right-sided nephrolithiasis.
- Hypochoic spleen.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the spleen could possibly be due to infiltrative disease such as lymphoma or mast cell disease. Recommend fine needle aspirate of the spleen with submission for cytology to rule out infiltrative neoplasia.

Recommend continued monitoring of the right kidney every 3-6 months to determine if nephrolithiasis becomes obstructive at any point.

If not already performed, recommend urinalysis. If active urine sediment, recommend urine culture.





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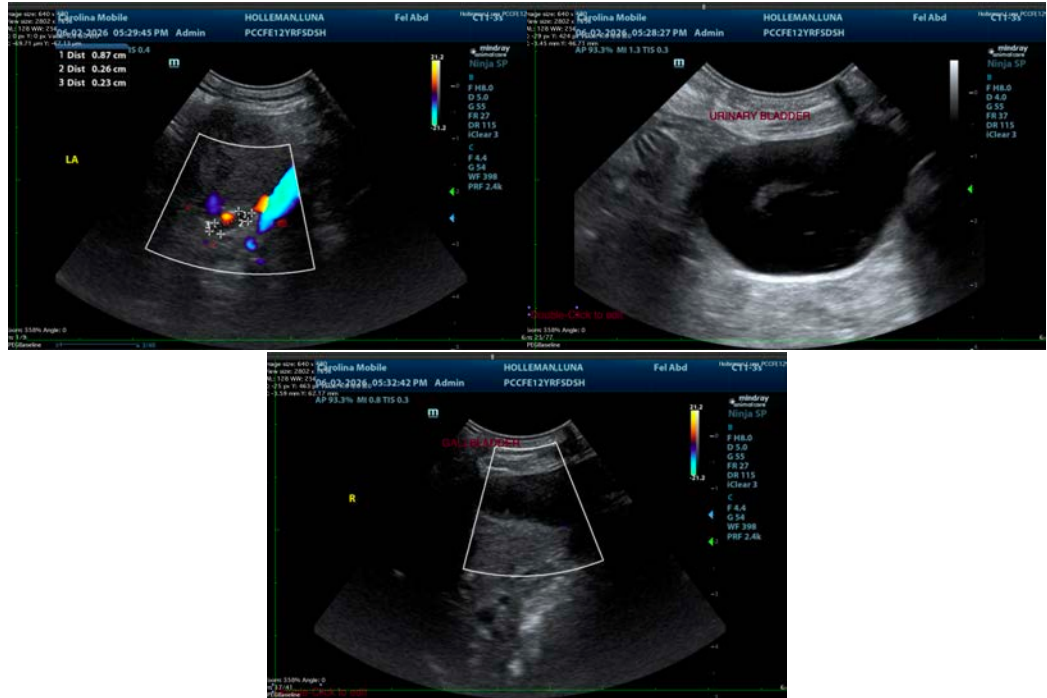
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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