

PATIENT

Sophie From

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Galt Animal Hospital

REFERRING VET

Dr. Steckle

INVOICE

16261

DATE

06/02/26

PRESENTING CLINICAL SIGNS

Presented 6/2/2026 for lethargy & inappetence 3-4 days. Vomited once. Not eating or drinking much. QAR, 5% dehydrated, PE NSF, bloodwork indicates responsive anemia, thrombocytopenia, elevated ALT. Current Medications: Prednisolone 7mg BID - first dose 11 am today

Abnormal PE/Chem/CBC/UA Results: Values ALT 850 PCV 19% Thrombocytopenia 12k Negative agglutination on SAT No platelet clumps on blood smear Radiographic Findings NA Primary Question to Be Answered in This Exam Assess liver function. Hepatic/ALT issue cause or effect of ITP/Anemia? Neoplasia?

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. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.1 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.2 cm in length.

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 right adrenal gland measures 4.1 mm width.

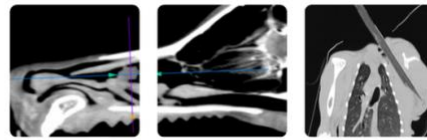
Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. There are multiple scant pockets of free fluid present in the cranial abdomen around the liver.

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



PATIENT

Sophie From

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Galt Animal Hospital

REFERRING VET

Dr. Steckle

INVOICE

16261

DATE

06/02/26

Gastrointestinal

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

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Hyperechoic hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

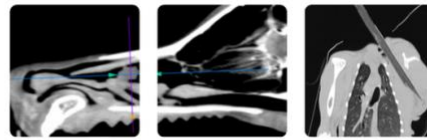
If patient has not had a urinalysis, recommend urinalysis. If active urine sediment, then recommend urine culture and antibiotic sensitivity.

The appearance of the liver is potentially concerning for hepatic lipidosis. Recommend fine needle aspirate of liver with submission for cytology. Less likely, the appearance of the liver would be due to infiltrative disease such as lymphoma. If possible, recommend fine needle aspirate of the free fluid present surrounding the liver. Submit this fluid for fluid analysis and cytology and also recommend submitting a coronavirus PCR. This can be submitted to IDEXX laboratories.

If patient is determined to have hepatic lipidosis, recommend placement of esophageal feeding tube to provide enteral nutrition while the underlying etiology of the patient's disease process is determined.

No obvious cause for the patient's anemia seen on this exam. May potentially be due to anemia of chronic inflammation or may be due to an infectious etiology such as hemotropic mycoplasma. Consider submitting a hemotropic mycoplasma PCR to evaluate further for this as a cause of the anemia.

Prognosis is open pending results of recommended diagnostics discussed in this ultrasound report.



PATIENT

Sophie From

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Galt Animal Hospital

REFERRING VET

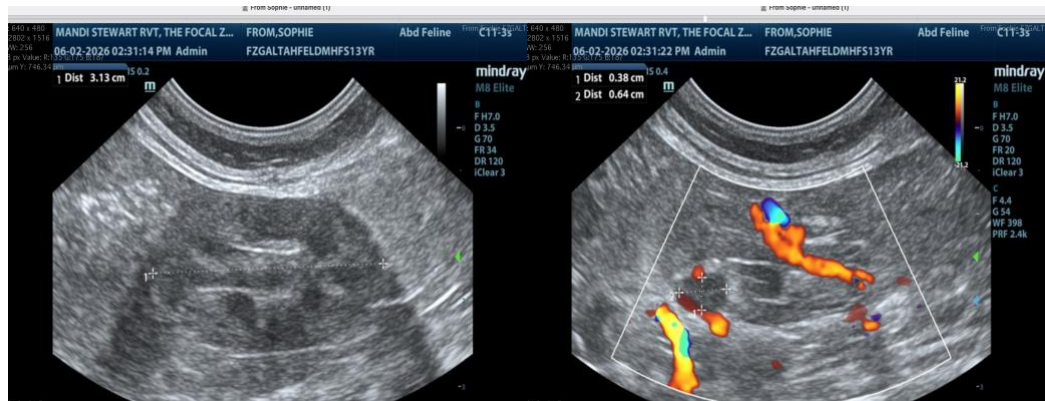
Dr. Steckle

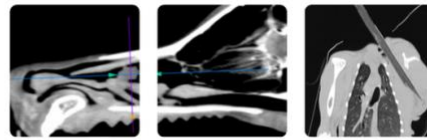
INVOICE

16261

DATE

06/02/26





PATIENT

Sophie From

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Galt Animal Hospital

REFERRING VET

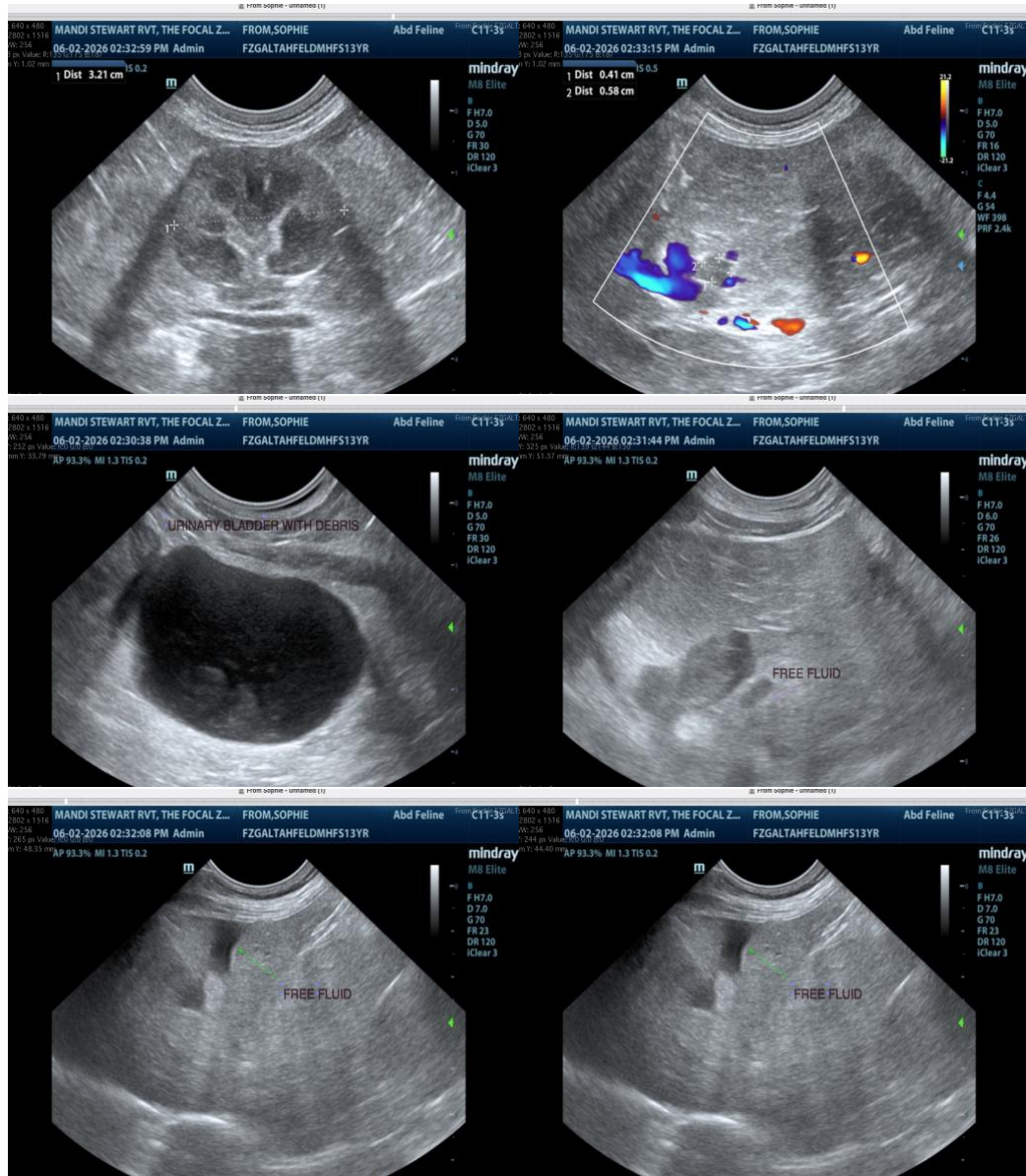
Dr. Steckle

INVOICE

16261

DATE

06/02/26



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