



PATIENT

Dodo Hejnar

SPECIES

Feline

BREED

Persian

SEX

Neutered Male

AGE

6 Years

WEIGHT

3.71 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Calvise

INVOICE

75654

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Consistently begging for food but then only grazes when offered, losing weight, vomiting about 3-4X per month. No meds.

Abnormal PE/Chem/CBC/UA Results: CHOL 6.83 mmol/L (1.68-5.81)

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 right kidney is normal in size but mildly irregular in shape, measuring 3.1 cm. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.3 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 measures 3.5 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.3 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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.



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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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The visible small bowel has 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

SEX

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

ULTRASONOGRAPHIC FINDINGS

AGE

6 Years

- Urinary bladder debris.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

3.71 kg

If not already performed, recommend urinalysis. If active urine sediment is present, recommend urine culture and sensitivity.

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No cause for patient's clinical signs seen on this exam. Recommend submitting a GI panel including fPLI, TLI, cobalamin and folate to screen the patient for diseases such as exocrine pancreatic insufficiency or occult chronic enteropathy. If chronic enteropathy is identified on GI panel, consider diet trial with either novel protein or hydrolyzed diet. If patient fails diet trial, then consider intestinal biopsies.

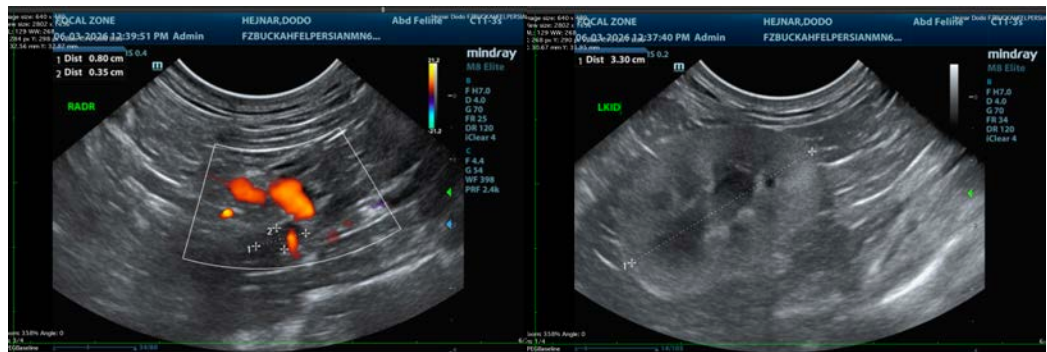
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Even though the patient is only 6 years old, if a thyroid panel has not been run, recommend submitting one to screen for possible hyperthyroidism.

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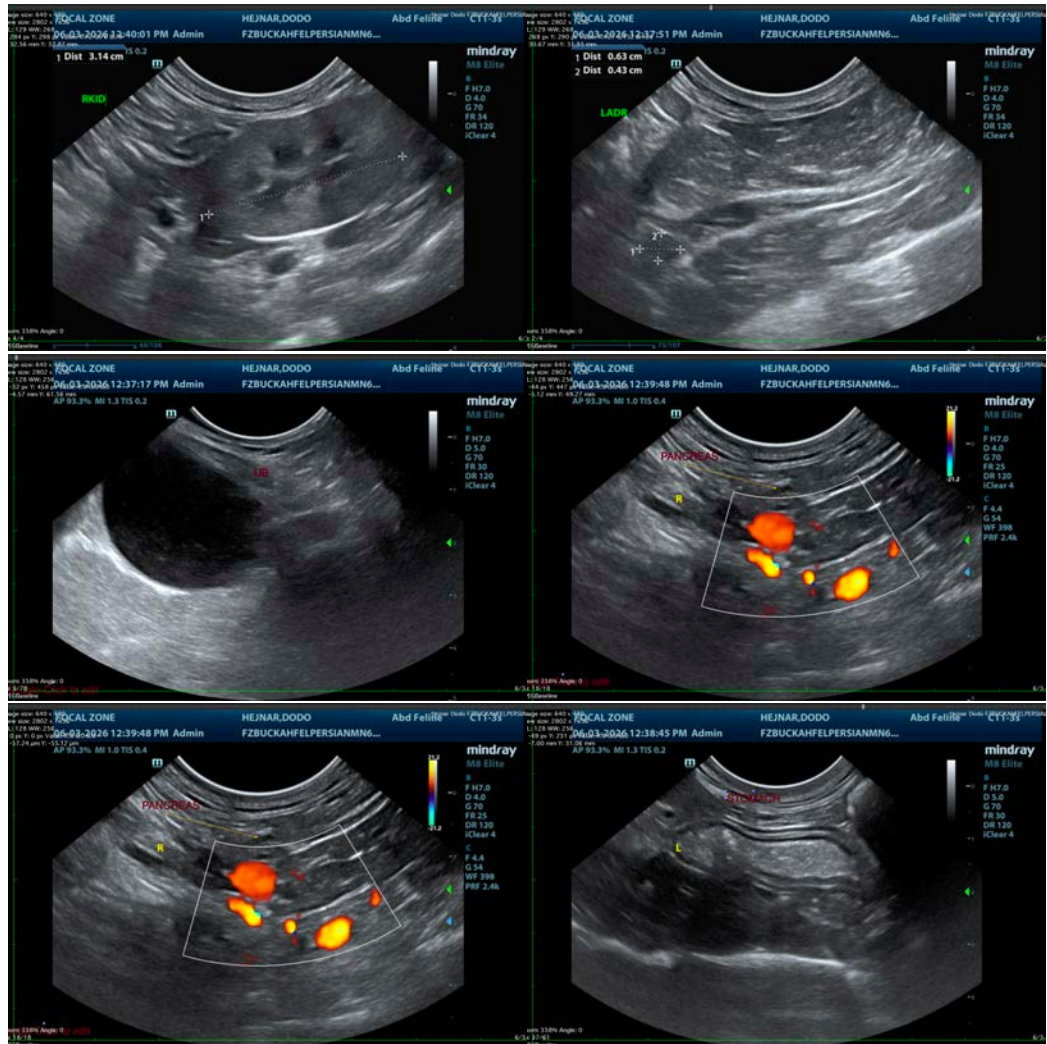
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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