



**PATIENT**

Susie Pisatowski

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

9 Pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Wayne AH

**REFERRING VET**

Dr. Hoskin

**INVOICE**

37410

**DATE**

6/8/26

**PRESENTING CLINICAL SIGNS**

History: Anorexia, fever on/ off for past 6 months with worsening clinical signs over the past 2 weeks. Diagnosed with hyperthyroid on 5/27 but has not started Methimazole. Meds: Convenia given 6/2c B13 on 6/2, mirtaz, Cerenia , Pepcid all given on 6/6

Abnormal PE/Chem/CBC/UA Results: SDMA 16, 6/8 blood work Monocytes high 1.21 ( 0.05-0.67) Glucose high 195 (71-159) . Prev lab work had elevated ALP at 119 (14-111) and low potassium 3.3(3.5-5.8) T4 is 6.7, urine: protein 2+, RBC 4-10, culture no growth, USG 1.037

**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 mineral or infarcts observed. Mild pelvic dilation was noted in the left kidney, measuring 2.2 mm in width, potentially due to pyelonephritis. Right kidney also has renal pelvic dilation of 6.3 mm in width. The left kidney measures 2.8 cm. The right kidney measures 4.1 cm.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.7 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**



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

***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

***Free Abdomen***

A mildly prominent mesenteric length node was noted, measuring 4.0 mm x 20.0 mm in size. The lymph node was hypoechoic and slightly rounded in appearance.

No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with bilateral pyelectasia - given the patient's clinical signs, suspect pyelonephritis.
- Age-related pancreatic changes - no evidence of acute pancreatitis.
- Pathologic urinary bladder debris
- Mildly prominent mesenteric length node- this is most likely reactive and unlikely to be enlarged due to neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is the bilateral pyelectasia. Recommend urine culture when patient is showing clinical signs. If a urine culture has not been submitted, I recommend submitting a urine culture. Since the patient received Convenia antibiotic on the 2nd of June, it may be prudent to wait until the patient has a fever to submit a urine culture. If pyelonephritis is ruled out as a cause of the patient's repeat clinical signs, consider submitting a GI panel that includes a CPLI, TLI, cobalamin and folate to screen the patient for potential occult pancreatic or GI disease.

Recommend the owners begin methimazole treatment as soon as possible to achieve a euthyroid state.



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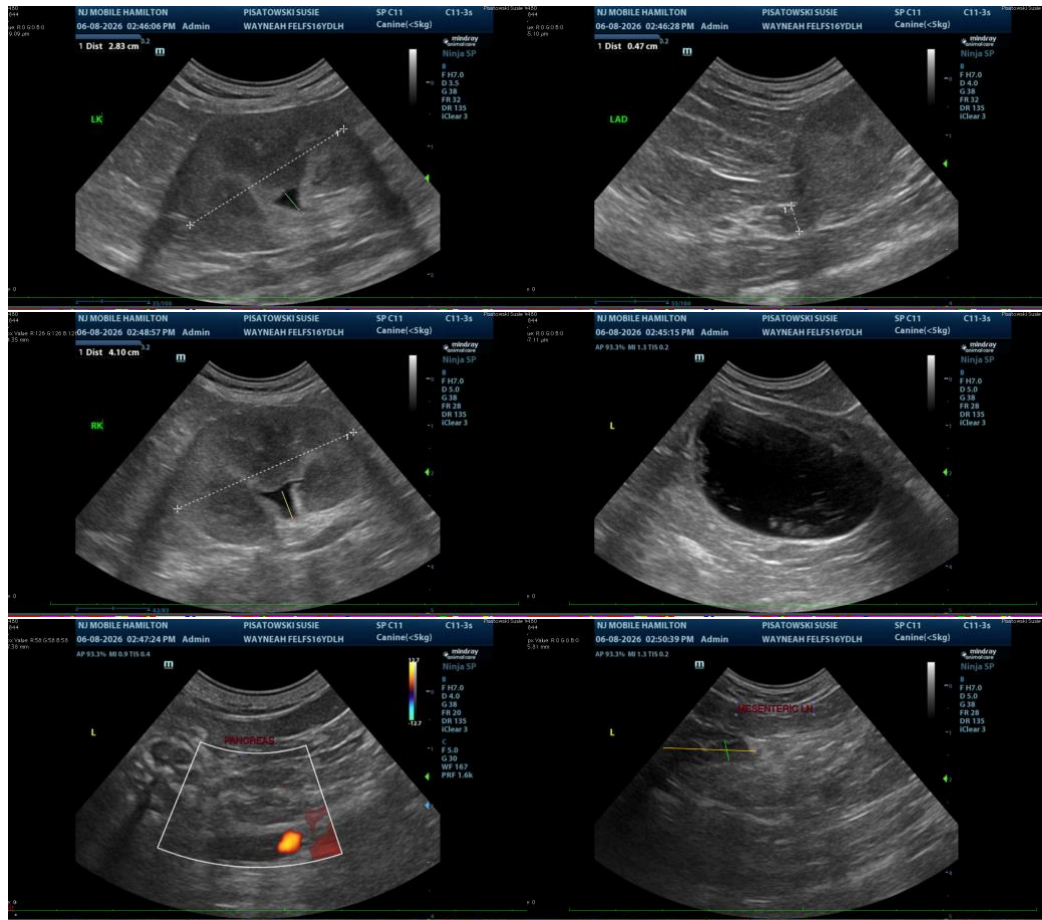
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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