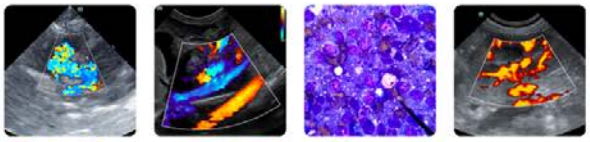



**PATIENT**

Mini Kish

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

9.5 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Nikki Kollman, RVT

**HOSPITAL NAME**

Airpark Animal Hospital

**REFERRING VET**

Dr. Ben Kable

**INVOICE**

75724

**DATE**

6/5/26

## PRESENTING CLINICAL SIGNS

Losing weight, unclear cause, not eating, drinking normally.

Abnormal PE/Chem/CBC/UA Results: BW submitted was largely unremarkable. ALP elevation, possible early hepatic lipidosis. Came in for tech apt to get mirtazapine and Cerenia prior to ultrasound. Suspect possible enteropathy of some sort (IBD/lymphoma) to explain weight loss without major lab work changes. T4 1.7.

## 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 presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The adrenal glands were not visualized.

### *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.

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

### *Gastrointestinal*

The stomach has normal wall layering and thickness. There is a small amount of retained fluid within the stomach, consistent with possible gastritis causing gastric ileus. The small intestine diffusely has retained normal layering and is normal in thickness, with sections measuring up to 2.8 mm in width. However, the muscularis is mildly to moderately thickened, consistent with inflammatory disease causing a chronic enteropathy. Colon contains normal contents with normal wall thickness.

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### *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. No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Hyperechoic hepatomegaly.
- Retained gastric fluid.
- Mild to moderately thickened muscularis layer in the small intestine.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

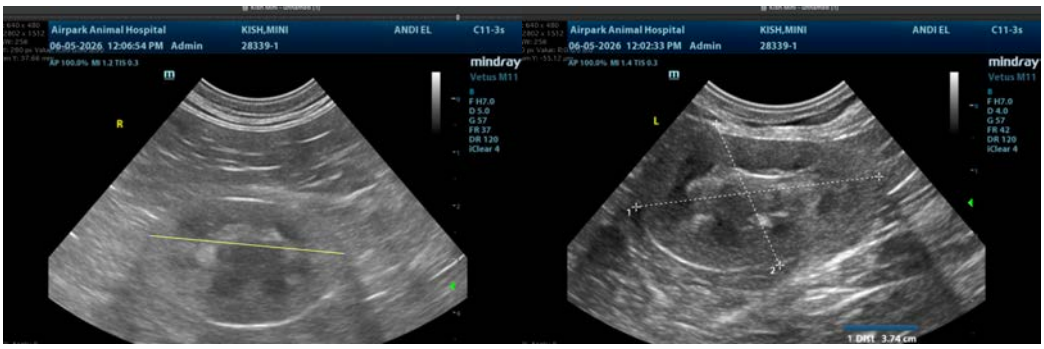
If not already performed, recommend urine culture.

The gastritis may be due to a benign process such as dietary indiscretion or food hypersensitivity, or possibly an inflammatory cause such as inflammatory bowel disease, or a neoplastic cause such as small cell lymphoma or mast cell disease.

Recommend submitting GI panel to confirm chronic enteropathy. Differentials include inflammatory bowel disease versus small cell lymphoma versus mast cell disease. Less likely infectious disease such as histoplasmosis unless geographically relevant.

Recommend treating the patient supportively with antiemetics, prokinetics as necessary. Recommend a diet trial with either novel protein or hydrolyzed diet. If patient fails supportive care and/or diet trial, then consider intestinal and gastric biopsies.

The appearance of the liver is consistent with possible hepatic lipidosis. The appearance of the liver is unlikely to be due to infiltrative neoplasia such as lymphoma or mast cell, although fine needle aspirate for cytology would need to be performed to eliminate these diseases completely. If hepatic lipidosis is confirmed, recommend placement of an esophageal feeding tube while performing additional diagnostics and implementing a treatment plan.



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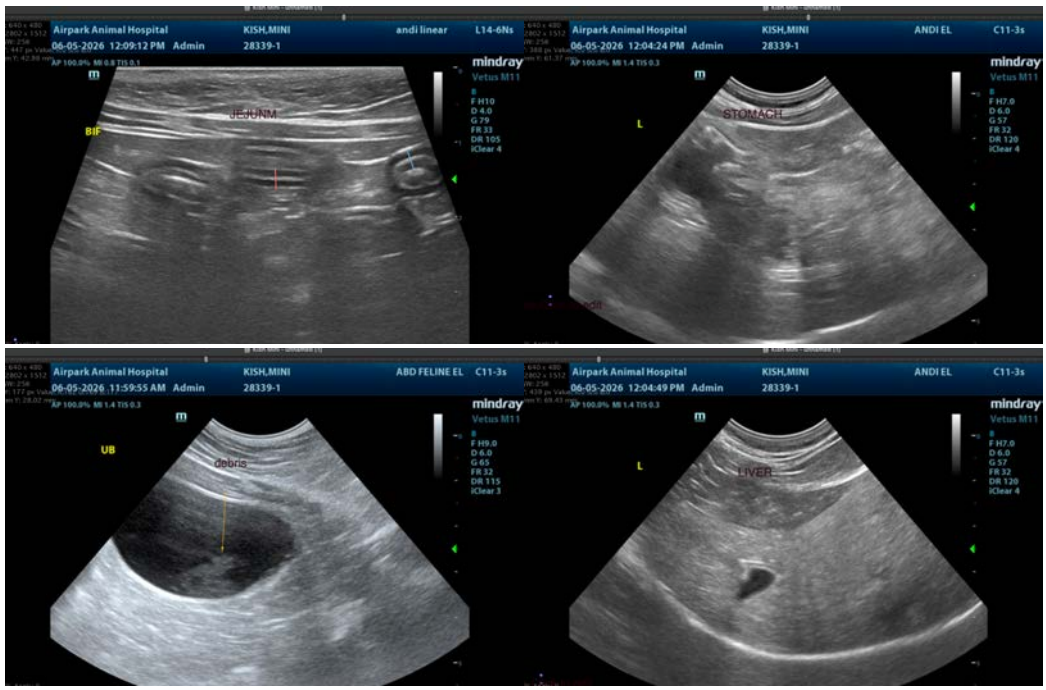


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@SonoPath.com