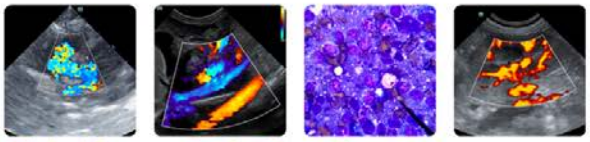


PATIENT

Princess D'Reaux

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ian Anderson

HOSPITAL NAME

Chester Animal Clinic

REFERRING VET

Dr. Ian Anderson

INVOICE

72876

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Princess, a 9-year 10-month spayed female Domestic Medium Hair, presented for a 2-3 week history of lethargy and hyporexia.

Historical Conditions: History of diabetes mellitus, which went into remission.

Diet/Appetite: The owner reports a decreased appetite for the last 2-3 weeks, which has been getting progressively worse.

Drinking/Urination: The patient shares water and litter boxes with 3 other cats, making it difficult for the owner to monitor individual intake and output.

V/D/C/S: Vomiting: None reported. Diarrhea: None reported; stools in the shared litter box appear formed. Coughing/Sneezing: None reported.

Current Medications: Not currently on any medications, supplements, or preventives.

Lifestyle Risk Factors: Indoor-only. Lives in a multi-cat household with 3 other cats. The owner reports she is an anxious cat and has shown increased agitation and standoffish behavior toward the other cats recently.

Abnormal PE/Chem/CBC/UA Results: Unremarkable PE. Lab work attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. It does contain a moderate amount of suspended echogenic debris. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 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 2.2 mm in width.

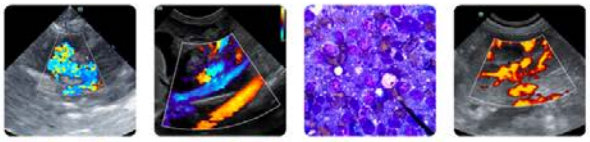
The left adrenal gland is not clearly visualized on this exam.

Spleen

The spleen appears enlarged, measuring 9.8 mm in width. Diffusely, the spleen has a mildly hypoechoic echotexture.

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.



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The gallbladder contains a mild to moderate amount of aggregating echogenic debris. Diffusely the gallbladder wall appears mildly hyperechoic and subjectively mildly thickened at 1.4 mm in width. There is mild hyperechogenicity surrounding the gallbladder, which increases suspicion for possibility of an infectious etiology to the appearance of the gallbladder.

Gastrointestinal

The stomach has normal wall layering and thickness. The stomach contains a mild to moderate amount of ingesta, which may indicate that the patient was not fully fasted for this exam, or may indicate delayed gastric emptying. Diffusely, the patient small intestines appear to have normal thickness and layer. Jejunum wall measures 2.5 mm in width, which is considered normal. 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. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, hypoechoic spleen.
- Moderate gallbladder debris and subjectively mildly thickened gallbladder wall.
- Mild to moderate gastric ingesta – patient not fully fasted or possible delayed gastric emptying.
- Moderate suspended echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend adding on a urine culture to rule out the possibility of a urinary tract infection as a cause of the patient's clinical signs. If a urinary tract infection is ruled out, then recommend submitting a UPC, given that the patient appears mildly to moderately proteinuric on recent urinalysis. If the patient is found to be proteinuric, then recommend a full workup for proteinuria, starting with a systemic blood pressure via doppler to determine if hypertension may be a cause of the patient's suspected proteinuria and clinical signs.

Given the appearance of the spleen, recommend performing a fine needle aspirate of the spleen and submitting the sample for cytology to rule out the possibility of round cell neoplasia such as lymphoma or mast cell disease. Further diagnostics regarding the spleen will be dictated by the results of the splenic aspirate.

The appearance of the patient's gallbladder may suggest a bacterial cholangitis. If feasible, recommend aspirating the gallbladder under ultrasound guidance and submitting bile for aerobic and anaerobic bacterial culture as well as cytology to determine if bacterial cholangitis may be the cause of the patient's clinical signs. If owners elect not to pursue gallbladder aspirate, then consider treating with an appropriate antibiotic such as Amoxicillin for 30 days and rechecking gallbladder appearance at that time to evaluate for possible improvement.

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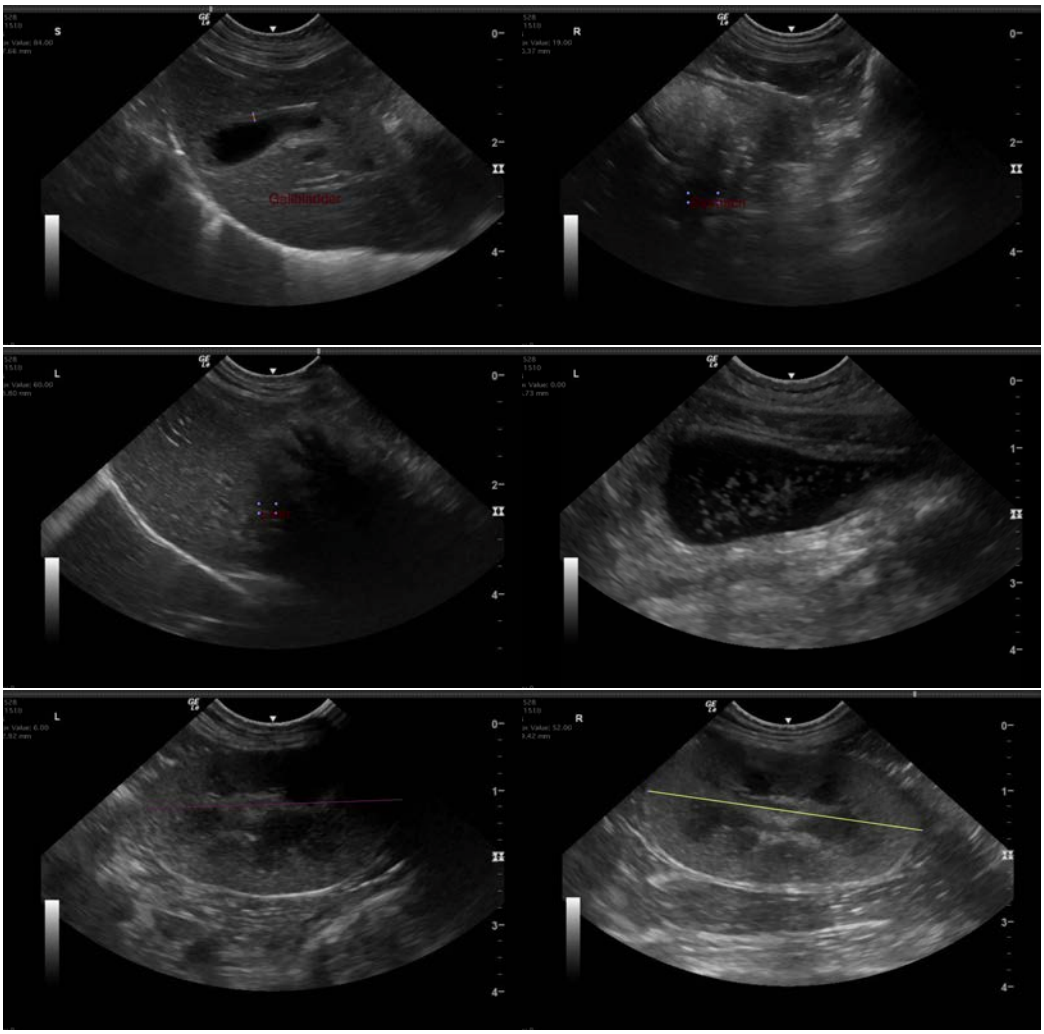
Recommend starting prokinetic medication such as erythromycin at 0.5-1.0 mg/kg given by mouth every 8 hours to help facilitate gastric emptying and determine if a prokinetic can possibly resolve the patient's clinical signs of decreased appetite.

No obvious evidence of gastrointestinal disease seen on this exam. The remainder of the exam appears normal. Patient's prognosis is open pending results of the further recommended diagnostics discussed in this report.



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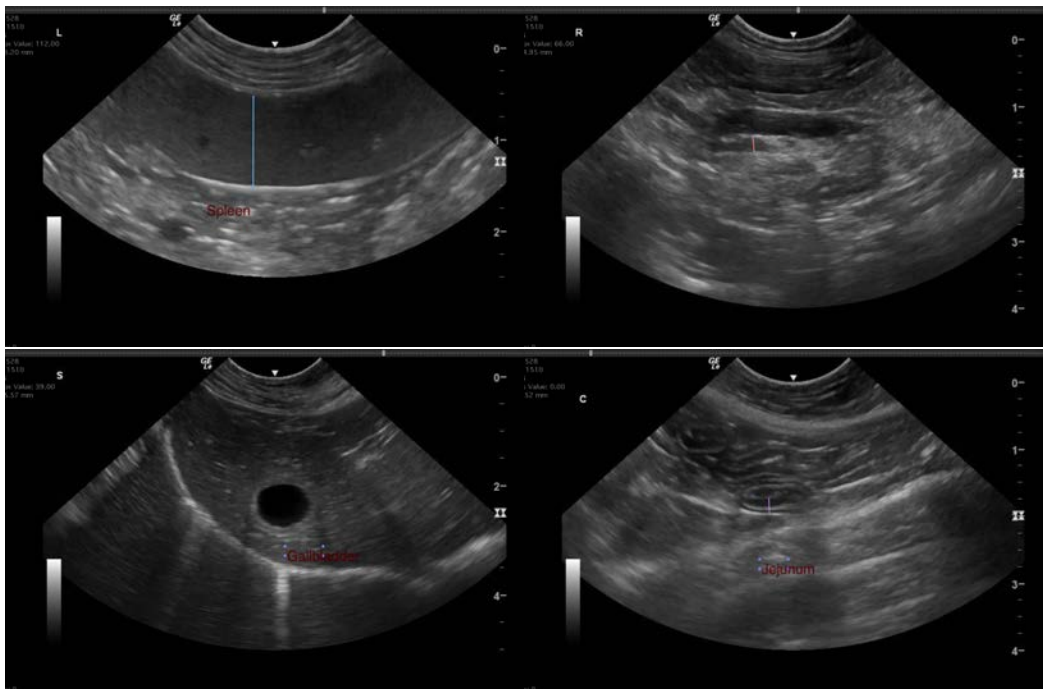

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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