

**PATIENT**

Bullseye Wojcik

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

7.75 lbs

INTERPRETED BYGreg Kuhlman, DVM,
DACVIM (SAIM)**IMAGING
PERFORMED BY**Jenni Tudini, MRCVS,
SDEP Certified (Abd)**HOSPITAL NAME**East Aurora Veterinary
Hospital**REFERRING VET**

Dr. Sara Huckabone

INVOICE

72976

DATE

2/13/26

PRESENTING CLINICAL SIGNS

Patient has been experiencing weight loss over the past 4-5 months and has experienced a reduction in appetite and hyporexia. Some days are better than others and he may eat normally one day, but then decline food for a few days in a row. Patient sporadically vomits some pink tinged vomit. No hairballs are brought up. Stool consistency is normal. Patient is an indoor/outdoor cat and is an avid hunter. Profender applied today following scan.

Abnormal PE/Chem/CBC/UA Results: Patient QAR from PVP administered, mm pink, moist, cardiac and thoracic ausc unremarkable. Patients BCS 3.5/9 - muscle loss over spine, pelvis and poor body fat. Abdominal palpation revealed very thickened and ropey feeling SI bowel loops, no ascites noted, no defined mass effects and no defined pain response during palpation. All peripheral LN's palpate WNL. Bloodwork from 11/25: - CBC: WNL - Biochem: WNL - T4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.1 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 right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.0 mm.

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 stomach is moderately fluid distended. No mechanical obstruction is seen. Diffusely, the gastric wall appears normal in thickness and layering. Stomach wall measures 2.0 mm in width. This is likely gastritis due to suspected severe gastrointestinal disease.



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Diffusely, the patient's small intestines are markedly thickened due to markedly thickened muscularis layer. There are segments of jejunum that measure up to 3.4 mm in width (normal feline jejunum should measure 2.8 mm or less).

Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely hypoechoic. There is no significant surrounding steatitis. The patient does not appear to have primary pancreatitis, more likely reactive pancreatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Markedly thickened intestines – suspect infiltrative neoplastic process such as small cell lymphoma or possibly mast cell disease. Less likely a benign process such as inflammatory bowel disease.
- Mild pancreatic inflammation – likely secondary due to patient's severe GI disease.

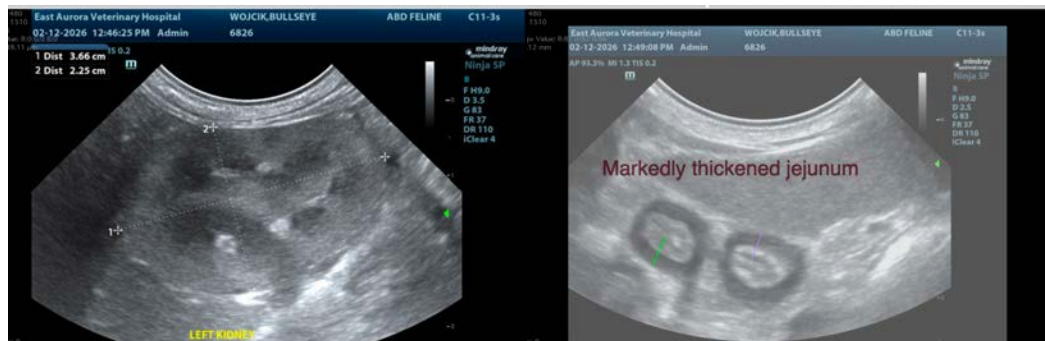
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the significant thickening of the intestines, I recommend GI biopsies either performed endoscopically (which is preferable since it is minimally invasive) versus surgically.

Recommend treating the patient supportively with antiemetics and prokinetic such as erythromycin at 0.50-1.0 mg/kg by mouth every 8 hours to help increased gastric motility.

Recommend submitting a Texas A&M GI panel to determine if cobalamin and/or folate supplementation may be recommended, given the patient's severe gastrointestinal disease.

Prognosis at this time is guarded pending final diagnosis as to etiology of patient's GI disease.





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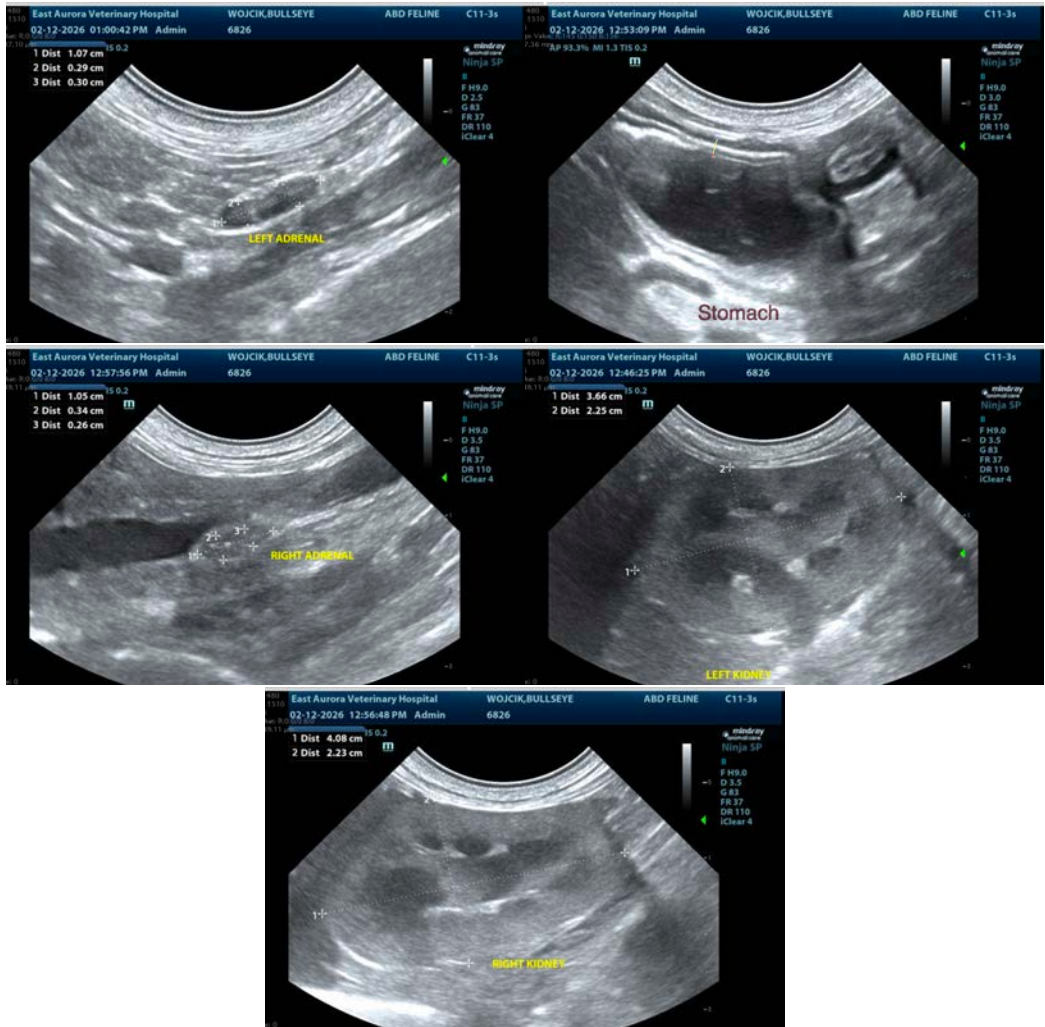
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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