



PATIENT

Thumper Johnson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17

WEIGHT

6.3

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gallick

HOSPITAL NAME

Magnolia Springs
Veterinary Center

REFERRING VET

Dr. Gallick

INVOICE

72989

DATE

2/13/26

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes, pancreatitis, weight loss, DCM and hyperthyroidism. Was at ER on the 7th for lethargy and pu/pd, was treated with supportive care and transferred to another ER for hospitalization for pancreatitis

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

The left kidney is small (2.4 cm) with decreased corticomedullary distinction. It appears there may have been a previous insult to right kidney, no cause seen at this time. No evidence of 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

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 is small and contains only a small amount of bile at this time. The gallbladder wall subjectively appears mildly thickened at approximately 2.0 mm in width. In this case it may be best to re-image the gallbladder when it is fuller of bile to determine if there is truly any gallbladder pathology at this time. The common bile duct does appear distended, measuring approximately 4.0 mm in width, which would suggest possible gallbladder pathology, either infectious in origin such as a bacterial cholangitis, or gallbladder disease may be secondary to patient's suspected gastrointestinal disease.

Gastrointestinal

There is a moderate amount of food present within the antrum of the stomach. The fundus is emptier. There is a moderate to marked amount of ingesta present throughout the patient's small intestine, making examination of the small intestines difficult to perform. It does appear that the patient retains normal layering to their small intestines. However, it is suspected that the muscularis layer is thickened. It does appear that the intestines have good motility, so an ileus does not appear to be cause of the food within the patient's stomach and intestines. Colon contains normal contents with normal wall thickness.

Pancreas

Diffusely, the patient's pancreas is hypoechoic and there is moderate to marked pancreatic duct dilation present throughout the pancreas.



PATIENT

Thumper Johnson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17

WEIGHT

6.3

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gallick

HOSPITAL NAME

Magnolia Springs
Veterinary Center

REFERRING VET

Dr. Gallick

INVOICE

72989

DATE

2/13/26

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened gallbladder and mildly distended common bile duct – Often secondary to gastrointestinal disease.
- It appears the patient has reactive pancreatitis, most likely reacting to underlying gastrointestinal disease.
- Suspected GI disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

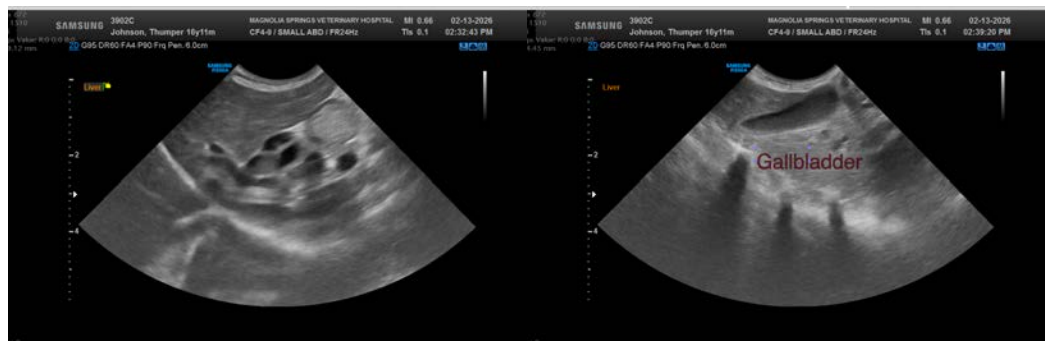
Recommend fully staging, monitoring and managing the patient per International Renal Interest Society Guidelines based on the appearance of the left kidney. It does appear that the patient has early chronic kidney disease (Stage I/IV suspected).

A longer (15-18 hour) fast would be recommended with recheck ultrasound to reevaluate the stomach and small intestines specifically. At this time, I believe there is most likely GI disease. Given the patient's age, priority of differentials is small cell lymphoma, mast cell disease, versus less likely a benign etiology such as inflammatory bowel disease. If geographically relevant, consider histoplasmosis as a differential.

Recommend submitting a Texas A&M GI panel. This will also help screen the patient for the possibility of gastrointestinal disease and the severity of pancreatitis present so that we can retest at a later date after treatment has been provided to determine the effectiveness of our treatment.

In a feline patient with elevated liver values chronically, who is known to have hyperthyroidism, recommend ensuring the patient's thyroid is well regulated with submission of a T4. We would like to see a T4 at the bottom end of reference range to show that it is well regulated.

Prognosis is open pending re-imaging of the stomach when the patient is more fasted.





PATIENT

Thumper Johnson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17

WEIGHT

6.3

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gallick

HOSPITAL NAME

Magnolia Springs
Veterinary Center

REFERRING VET

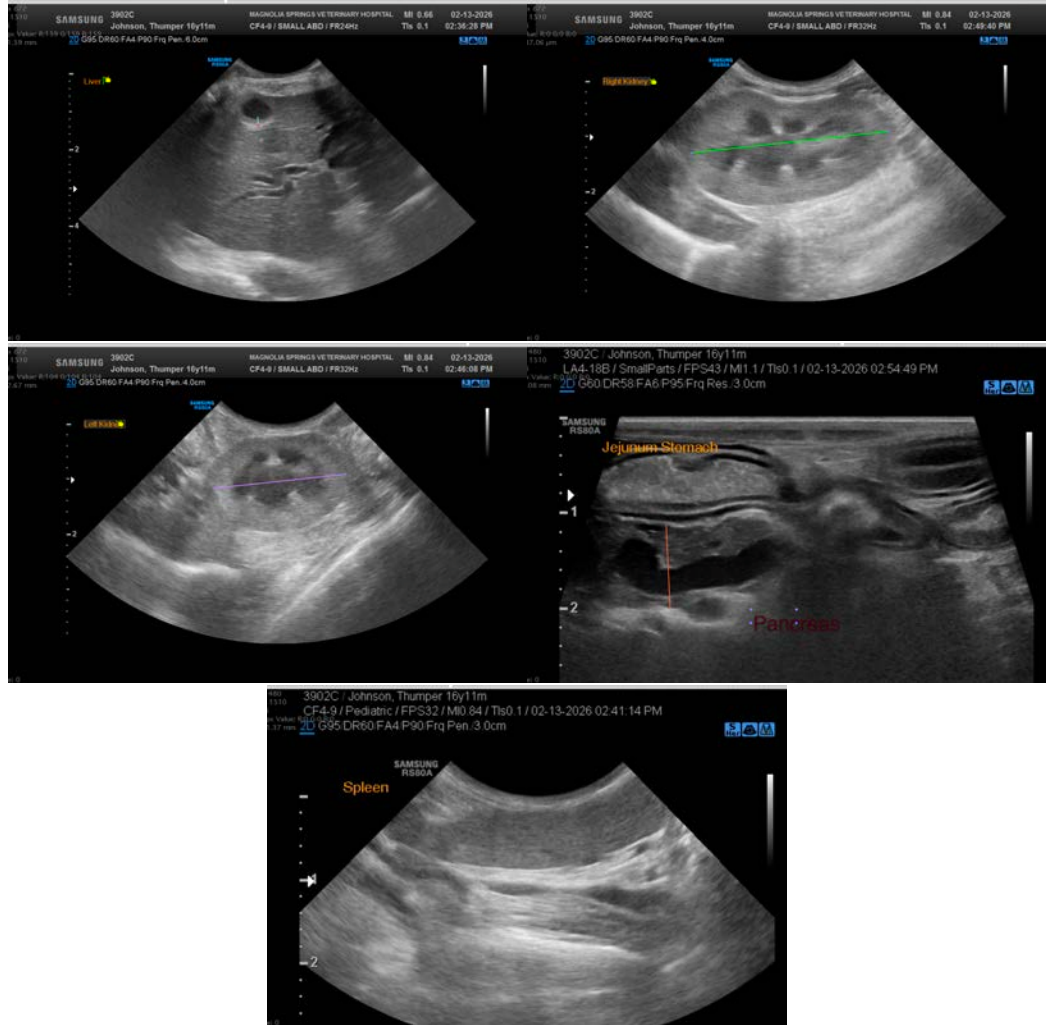
Dr. Gallick

INVOICE

72989

DATE

2/13/26



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