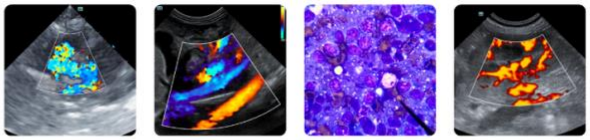


PATIENT

Iris Nelson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14 Years

WEIGHT

9.5 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Sophia Sullivan

INVOICE

13946

DATE

02/22/26

PRESENTING CLINICAL SIGNS

- P presents for evaluation of chronic vomiting.

Abnormal PE/Chem/CBC/UA Results: Feline Senior Panel through IDEXX: Mild Monocytosis, Mild Eosinophilia NSF on rest (SDMA 8 ug/dL, usg 1.045)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with a moderate amount of anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No bladder stones or masses are seen. The ureteral papilla was not visualized. There is a moderate amount of suspended echogenic debris within the urinary bladder.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Diffusely, the renal cortex is hyperechoic. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Diffusely, the renal cortex is hyperechoic. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands are not clearly seen on this exam.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Near the body of the spleen, there is a scant pocket of free fluid.

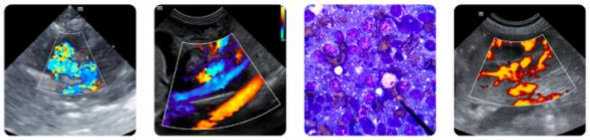
Liver

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 has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. There is a moderate amount of ingesta present within the duodenal lumen. The duodenal layering appears normal as well as the duodenal wall thickness. Diffusely, the small intestines are normal in thickness. However, the muscularis layer is subjectively thickened. Segments of jejunum measure up to 2.5 mm, which is normal. Normal feline jejunum should measure less than 2.8 mm in width. However, given the thickened muscularis, there is some concern for possible infiltrative enteritis such as inflammatory bowel disease versus small cell lymphoma and much less likely mast cell disease.



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Pancreas

Pancreas is diffusely hypoechoic. Pancreatic duct is mildly dilated. No surrounding hyperechoic fat is visualized.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Hypoechoic pancreas.
- Free fluid.
- Bilateral hyperechoic renal cortex.
- Duodenal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If a urinalysis has not been performed, recommend urinalysis and if patient has an active urine sediment, recommend urine culture.

Patient appears to have mild pancreatic inflammation, most consistent with reactive pancreatitis and less likely primary pancreatitis. Recommend submitting a Texas A&M GI panel to determine the extent of the pancreatic inflammation present and have a baseline to help monitor response to any therapy provided.

If possible, attempt ultrasound-guided aspirate of fluid and send for fluid analysis and/or cytology to help determine etiology of fluid.

The appearance of both the kidneys appears normal. The hyperechoic cortex is most likely due to lipid urea and given the division, has normal urine concentration and a reported normal SDMA, the appearance of the kidneys is most likely clinically incidental at this time.

Recommend submitting, as already discussed, Texas A&M GI Panel. If patient's GI panel suggests gastrointestinal disease as the cause of the clinical signs, recommend GI biopsies either surgically or endoscopically. Endoscopically is preferred as it is more minimally invasive. Prognosis is open, pending results of recommended diagnostics.

At this time, it appears that the patient's clinical sign of chronic vomiting is attributed to primary gastrointestinal disease, pending further diagnostics to confirm.

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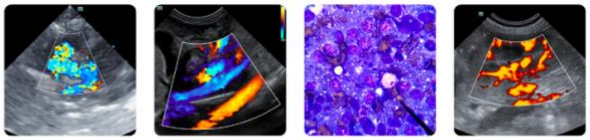

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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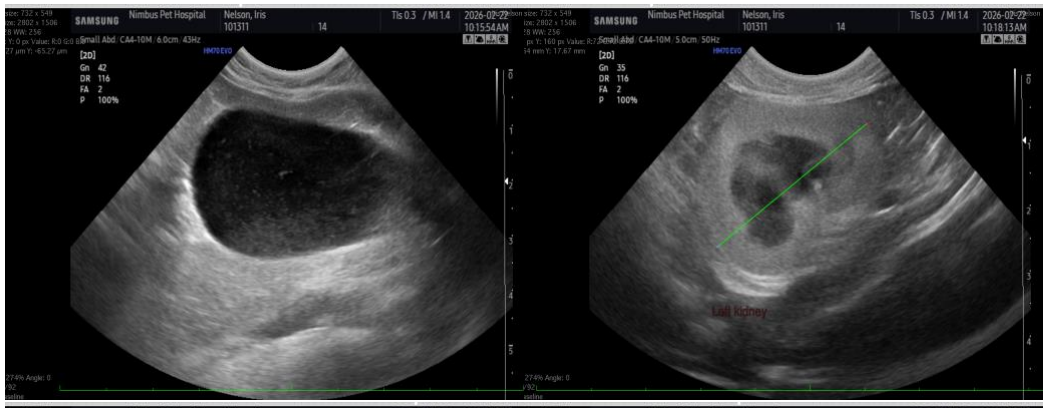

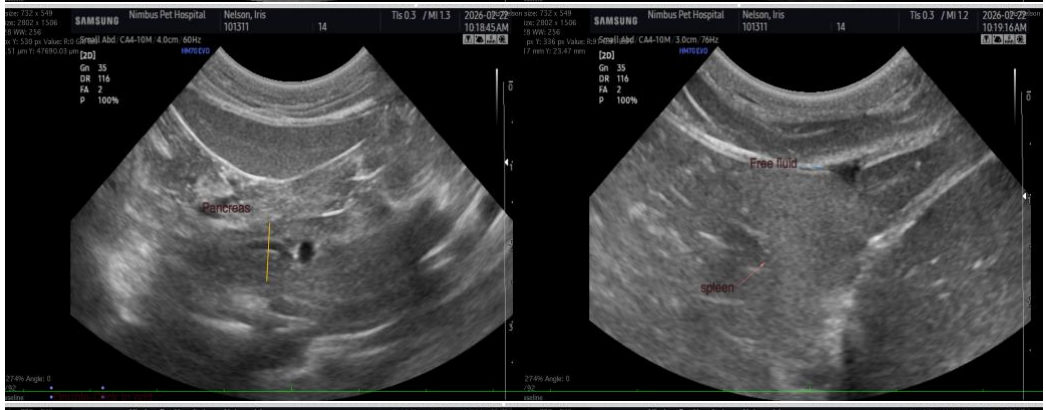

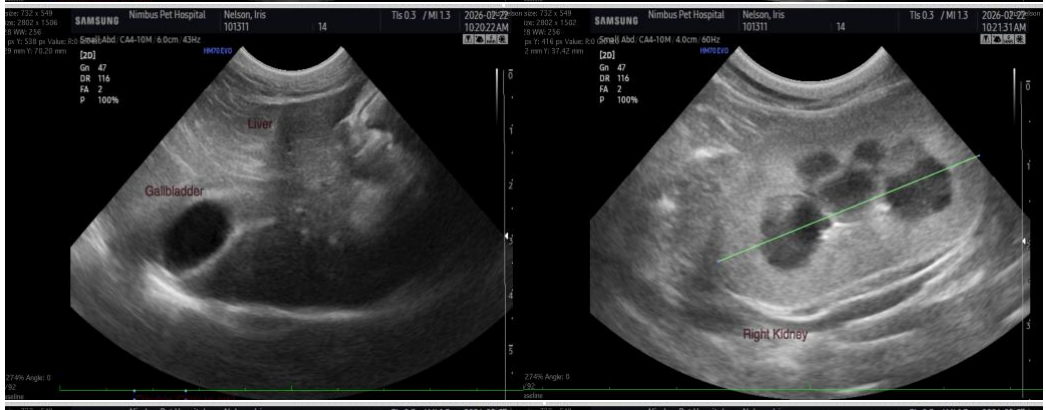

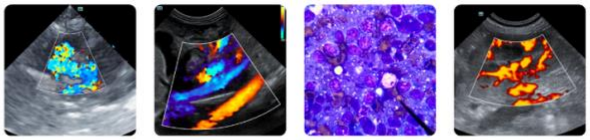

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com