



PATIENT

Luna Losoya

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3.5 Years

WEIGHT

8

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas Vet
Medical Center

REFERRING VET

Dr. Jenny Russell

INVOICE

73195

DATE

2/23/26

PRESENTING CLINICAL SIGNS

Luna first presented in November of 2024 for weight loss, diarrhea with fecal incontinence. Cat at that time weighed 6#. Routine CBC/Chem/UA at that time were wnl. fecal and Giardia test were negative. She was dewormed with fenbendazole and ponazuril at that time, despite negative fecal exams and issues continued. Miravista fungal panel showed no evidence of infection. Further diagnostics were limited at that time, so a trial of pred and ha diet was tried. Cat responded favorably and increased in weight to 8.8#. O discontinued therapy with pred/ha at the end of 2026 and diarrhea returned and weight was recorded at 7.6# Cat has been on HA and pred consistently for 2 weeks. Stool is occasionally firm, but diarrhea has not subsided. Cat is 8.1# today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. There is a mild amount of suspended echogenic debris within the anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. The urethra is 1.0 mm in diameter, which is normal.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.0 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 2.9 mm in width.

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

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow noted.

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. Diffusely the jejunum appears to have mild loss of layering. It is difficult to discern the boundary between the mucosal and submucosa. The muscularis layer appears mildly to moderately thickened. Overall, the jejunum is normal in thickness at approximately 2.5 mm in width. Colon contains normal contents with normal wall thickness.



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Pancreas

The pancreas is diffusely mildly hypoechoic as compared to the surrounding mesenteric tissues. There is no significant hyperechoic fat surrounding the pancreas. The pancreas appears to be mildly reactive. Less likely the patient has a primary pancreatitis.

Free Abdomen

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

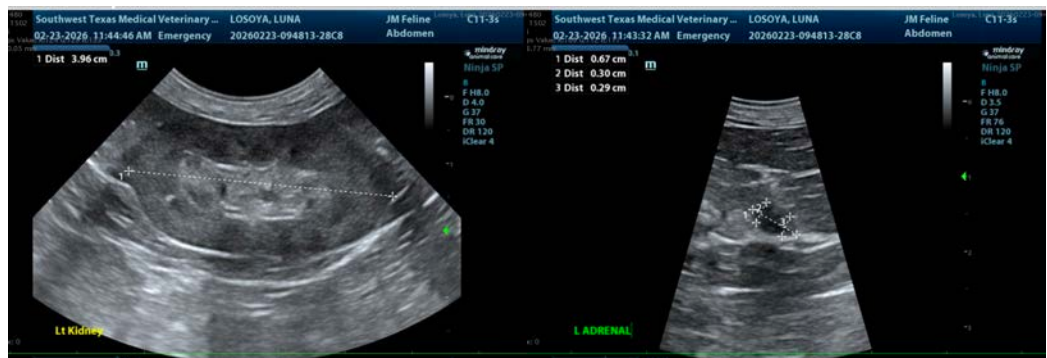
ULTRASONOGRAPHIC FINDINGS

- Loss of layering of the jejunum and mildly to moderately thickened muscularis layer – Consistent with primary gastrointestinal intestinal disease such as inflammatory bowel disease versus small cell lymphoma versus mast cell disease.
- Mildly hypoechoic pancreas – consistent with mild pancreatic inflammation, most likely a reactive process. The pancreas is suspected to be reacting to patient’s underlying gastrointestinal disease.
- Echogenic suspended hyperechoic debris in the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If patient has not had a recent urinalysis, recommend a urinalysis. If active urine sediment is present, then recommend a urine culture to rule out urinary tract infection or pyelonephritis as possible cause of the patient’s clinical signs.

Recommend submitting a Texas A&M GI panel to screen the patient further for gastrointestinal disease. If the GI panel is suggestive of gastrointestinal disease, recommend performing GI biopsies either surgically or endoscopically. It does appear that the patient’s clinical signs are attributed to gastrointestinal disease pending GI panel results.





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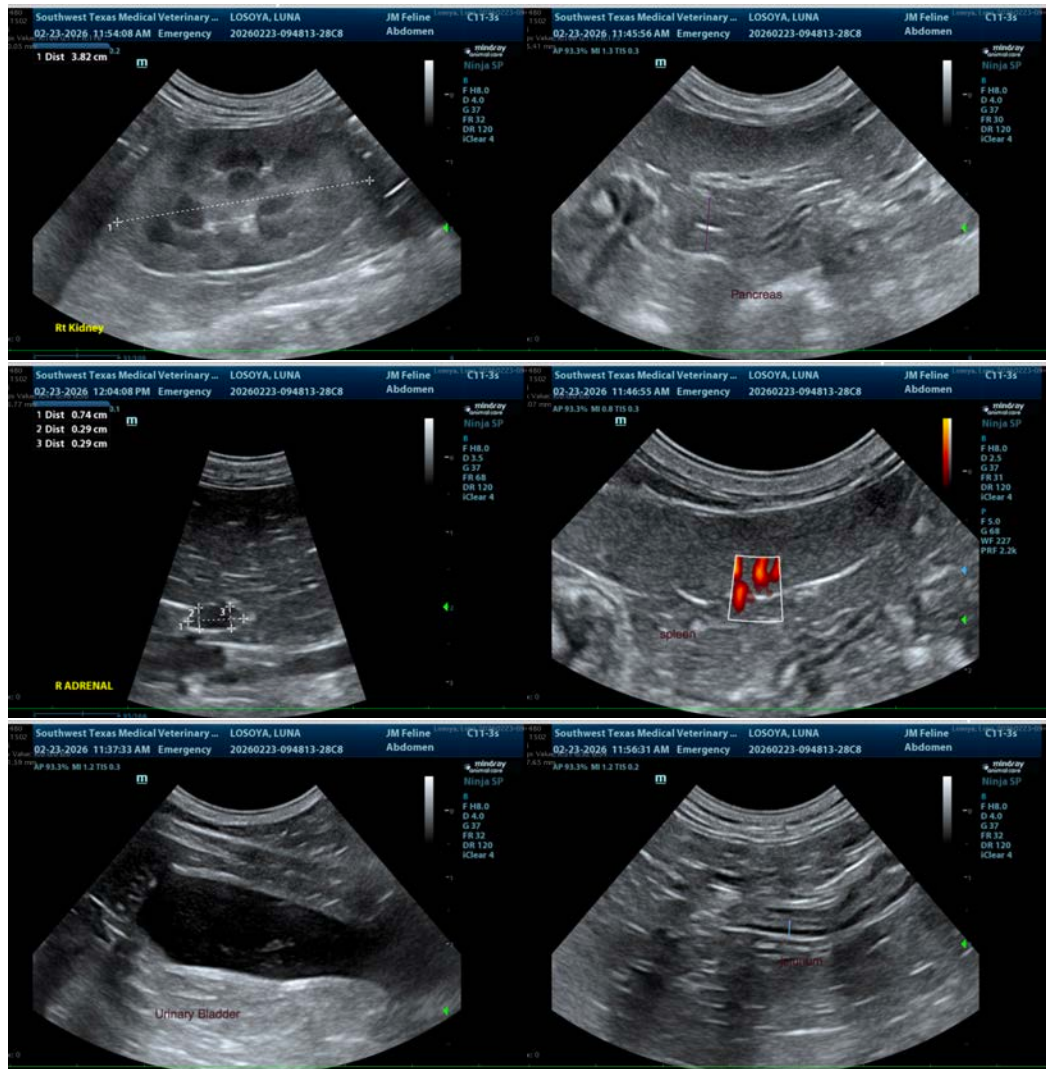
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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