



## PATIENT

Peaches Singer

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

8.8 pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Mary Pearce

## HOSPITAL NAME

Chambersburg Animal  
Hospital

## REFERRING VET

Dr. Tanya Miller

## INVOICE

13929

## DATE

02/23/26

## PRESENTING CLINICAL SIGNS

- Chronic enteropathy for a few years. Started with diarrhea issues but now progressing to vomiting and hyporexia and weight loss.
- Has been on Hills GastroBiome for a few years.
- Recently started B12.
- Has been 6 weeks since starting Vit B12 injections, weight loss continues, vomiting and hyporexia continue. Plan to measure Vit B12 levels day of ultrasound.
- Reason for Ultrasound: investigate chronic enteropathy and weight loss

Abnormal PE/Chem/CBC/UA Results: BW 11/2025: RBC 11.63M/uL, HCT 46.5%, Hgb 14.0g/dL, MCV 40fl, MCH 12pg, Monocytes 0.547K/uL, Basophils 0.114K/uL, Alb 2.6g/dL, Glob 3.4g/dL, tt4 4.4ug/dL, FT4 3.8ng/dL. 12/30/25: Pancreatic Lipase 2.8u/L, Vit b12 <150ng/L, Folate 24ug/L. CBC today (2/23) - normal.

## 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 urinary bladder contains a moderate amount of suspended echogenic debris.

The left kidney presents with mild loss of corticomedullary distinction. No other abnormalities are seen within the kidney. The left kidney measured 4.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.0 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.

### 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 are segments of jejunum that are moderately to markedly thickened. A representative segment of jejunum that is thickened measures 3.8 mm in width. Normal feline jejunum should



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measure less than 2.8 mm in width. These thickened segments of jejunum are thickened due to a moderately thickened muscularis layer. These thickened segments have normal layering present. There are other segments of jejunum that have completely lost normal layering appearance. The jejunal wall in these segments is diffusely hypoechoic, measures approximately 3 mm in width.

### *Pancreas*

The pancreas is diffusely mildly hypoechoic with a mild amount of surrounding hyperechoic fat.

### *Free Abdomen*

There are several mildly enlarged mesenteric lymph nodes that are rounded with mild hyperechoic fat surrounding them.

In the caudal abdomen, there are two markedly enlarged hypoechoic lobulated mesenteric lymph nodes present. The largest of these two lymph nodes measures 2.6 by 1.7 cm. The second and smaller markedly enlarged mesenteric lymph node measures 2.7 by 0.93 cm.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral decreased corticomedullary distinction.
- Urinary bladder debris.
- Thickened jejunum.
- Mesenteric lymphadenopathy.
- Hypoechoic pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Appears the patient has early chronic kidney disease. Recommend full staging, monitoring, and managing of the patient per the International Renal Interest Society guidelines.

Patient appears to have a diffuse enteropathy with thickened small intestine. There are segments that have completely lost normal layering appearance. The appearance of these intestinal loops is consistent with infiltrative neoplasia such as lymphoma or possibly mast cell disease. There are also moderately to markedly enlarged mesenteric lymph nodes present that are most likely enlarged due to a neoplastic cause, possibly lymphoblastic lymphoma or possibly mast cell disease, less likely but possibly histiocytic sarcoma. A benign etiology to the appearance of the patient's small intestines and the enlarged mesenteric lymph nodes is unlikely.

The echogenic debris in the urinary bladder may suggest a urinary tract infection. Recommend submitting urine for urinalysis if not already performed and if active urine sediment is present, submit a urine culture.

Recommendations in terms of the appearance of the GI tract and the enlarged mesenteric lymph nodes would be to start by aspirating one of the markedly enlarged mesenteric lymph nodes and submitting for cytology. If cytology is inconclusive, consider GI biopsy at that time either surgically or endoscopically. Given the appearance of the patient's small intestine and the markedly enlarged mesenteric lymph nodes present, it does appear the patient's prognosis is guarded at this time, pending further diagnostics.



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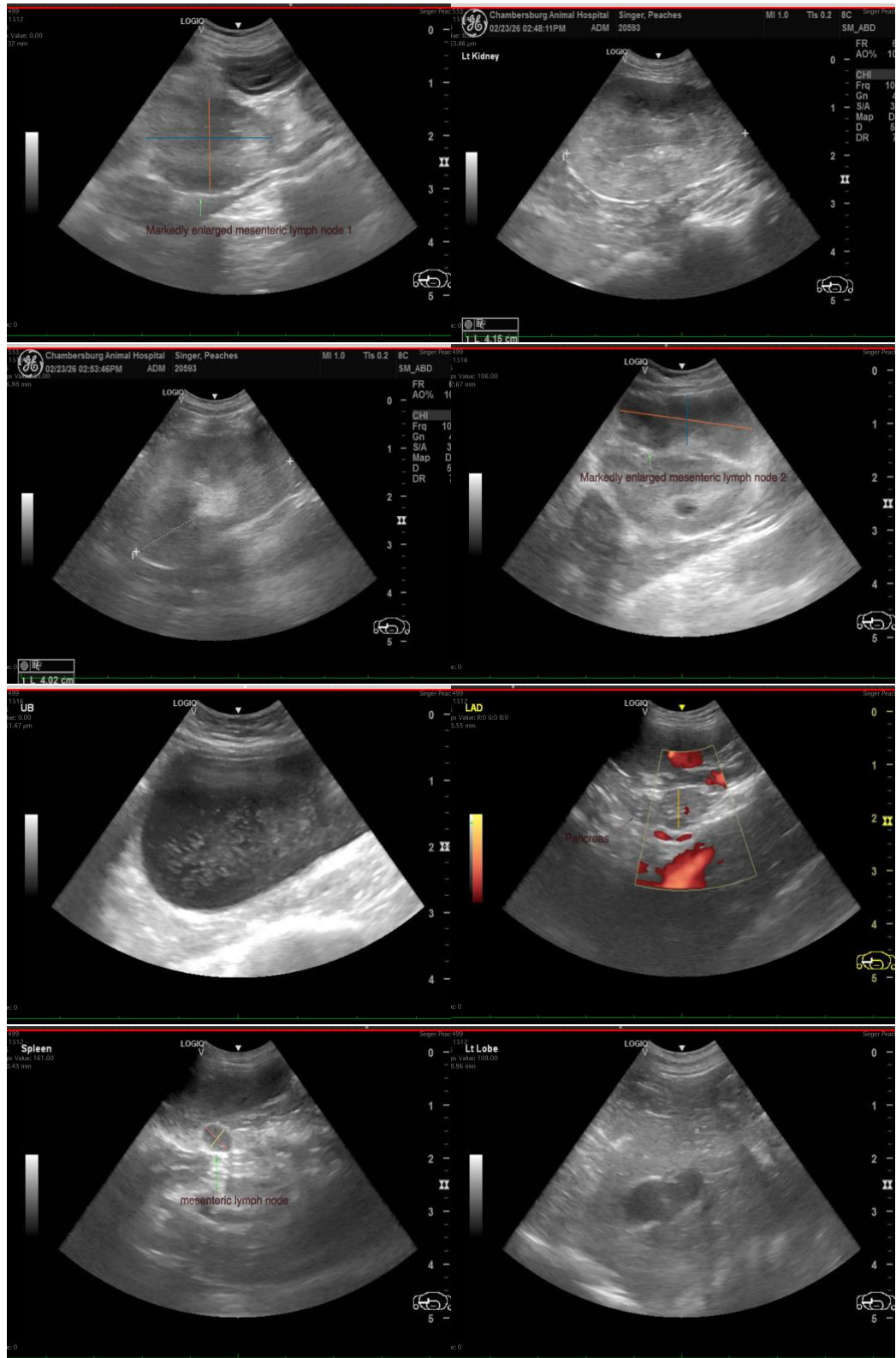
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)