



**PATIENT**

Loki Armstrong

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14 years

**WEIGHT**

12.1 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Shallowford Animal Hospital

**REFERRING VET**

Dr. Eads

**INVOICE**

11392

**DATE**

2/27/2026

**PRESENTING CLINICAL SIGNS**

- P presented for not eating, vomiting, lethargy, diarrhea.
- Rads showed gas in GI tract.
- P had previous episode like this, had ex lap no foreign body but intestines appeared inflamed, has been on cisapride since this episode started.
- Meds: SQ fluids, Cerenia, Vit B, Elura, Clavamox, Metacam, Cisapride.
- P returned for US- has only eaten a very small amount.

Abnormal PE/Chem/CBC/UA Results: ALT 107, Chol 262, Precision PSL 120 (8-26) WBC 16.7, Neu 15030, Lymp 1169, usg 1.070, Pro 2+.

**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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measures 4.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measures 4.3 cm in length.

**Adrenal Glands**

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 2.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 3.6 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. There are numerous distended intrahepatic bile ducts, an example measures 1.9 mm in width. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The common bile duct measures at the upper ends of normal, measuring 3.8 mm in width.

**Gastrointestinal**

The stomach appears normal and is empty, and the gastric wall measures 2.1 mm in width. The duodenum is thickened with loss of normal layering, measuring 3.4 mm in width. Ileum appears



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moderately thickened measuring 4.2 mm. Jejunum appears mildly thickened, measuring 3.2 mm in width. Normal feline jejunum should measure no bigger than 2.8 mm in width. Colon contains normal contents with normal wall thickness.

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***Pancreas***

The visible pancreas is diffusely, mildly hypoechoic without significant surrounding hyperechoic fat.

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***Free Abdomen***

There are scant pockets of free fluid noted. Fine needle aspirates are recommended for cytology and fluid analysis, if possible.

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Diffusely, mild mesenteric lymphadenopathy. An example measures 6.1 mm x 3.7 mm.

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**ULTRASONOGRAPHIC FINDINGS**

- Thickened ileum, and jejunum consistent with inflammatory GI disease such as inflammatory bowel disease, small cell lymphoma, mast cell disease.
- Mild mesenteric lymphadenopathy and pockets of scant free fluid., most likely secondary to the patient's gastrointestinal disease.
- Mild evidence of pancreatic inflammation seen, most likely secondary to the patient's underlying gastrointestinal disease.
- Distended common bile duct, and the intrahepatic bile ducts, also likely secondary to the gastrointestinal disease.

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 DACVIM (SAIM)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

These findings are consistent with a tentative diagnosis of triaditis. The scant pockets of free fluid in the abdomen, most likely secondary to the inflammatory process occurring within the gastrointestinal tract, pancreas, and bile ducts. If possible, obtain a sample of this fluid for cytology and fluid analysis, if possible.

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If geographically relevant, consider histoplasmosis as a cause of the GI changes. Recommend a GI Panel to Texas A&M for further screening for GI disease. If identified on GI Panel, then I recommend GI biopsies (either surgically or endoscopically.)

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Patient most likely has a neutrophilic or bacterial cholangitis as a result of their underlying gastrointestinal disease. Recommend ultrasound guided fine needle aspirate of the bile, and submitting for aerobic and anaerobic bacterial culture and cytology to confirm. If this is confirmed, recommend treating for at least 30 days with antibiotic deemed appropriate by the antibiotic sensitivity panel.

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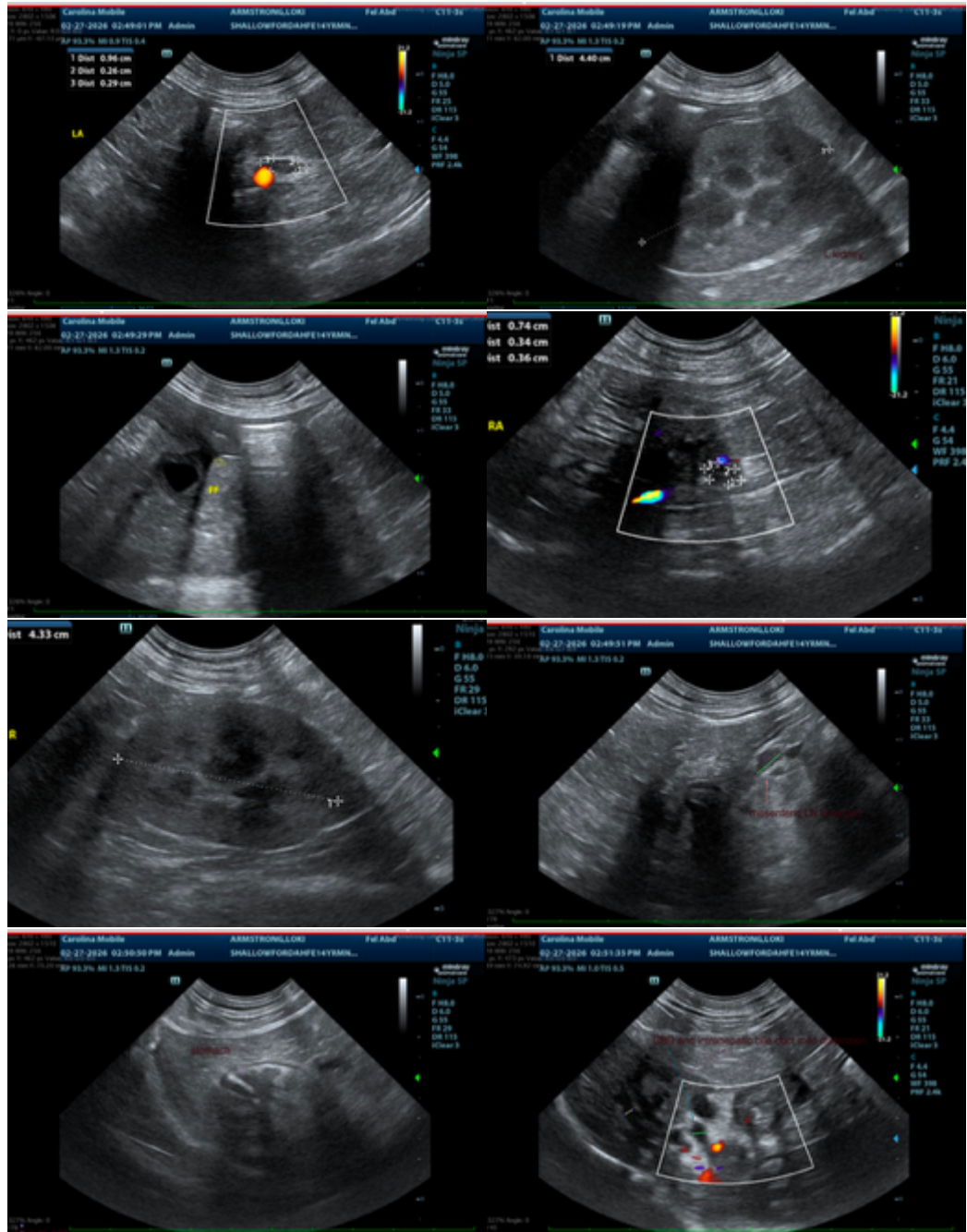
Dr. Eads

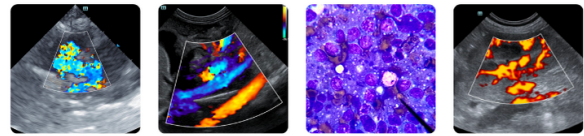
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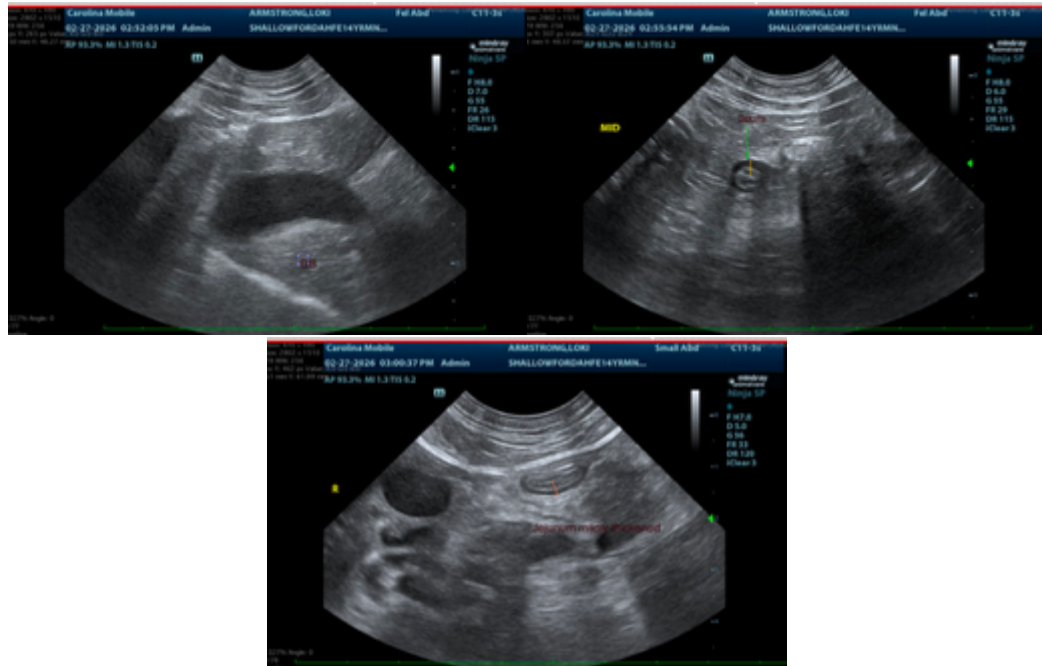
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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