



PATIENT

Tiger Lily Dos Santos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Molly Caldwell

INVOICE

11401

DATE

2/27/2026

PRESENTING CLINICAL SIGNS

- Chronic progressive weight loss despite normal lab work and negative fecal and otherwise normal behavior - concern for lymphoma vs ibd vs other.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine containing a moderate amount of echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents small in size with normal shape and architecture. There is a moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 2.8 cm in length.

The right kidney presents normal size with irregular shape. There is a moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 3.1 mm.

Spleen

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

Liver

The liver is diffusely enlarged, and hyperechoic. No other abnormalities seen. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder contains a marked amount of suspended echogenic debris. It does not appear to be aggregating. Normal gallbladder wall. No evidence of bile duct distention or obstruction. There is a scant pocket of free fluid noted near the cranial aspect of the gallbladder.

Gastrointestinal

Ileum is normal thickness, measuring 2.6 mm, with a mildly to moderately thickened muscularis layer. The jejunum appears to have normal layering and thickness, measuring 1.9 mm in width.

Pancreas

The visible pancreas is diffusely hypoechoic without surround steatitis. This could be reactive pancreatitis, less likely primary pancreatitis.



PATIENT

Tiger Lily Dos Santos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Molly Caldwell

INVOICE

11401

DATE

2/27/2026

Free Abdomen

Diffuse, moderate mesenteric lymphadenopathy present. Two examples measure 1.65 cm x 0.87 cm, and 1.97 cm x 0.64 cm. These lymph nodes are hypochoic and have an irregular lobulated appearance.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris. Recommend urinalysis and culture if not already performed.
- Hypochoic pancreatitis. Likely reactive pancreatitis, and less likely primary pancreatitis.
- Marked gallbladder debris with a scant pocket of free fluid.
- Mesenteric lymphadenopathy.
- Mildly to moderately thickened muscularis layer in the ileum.
- Decreased corticomedullary distinction bilaterally.
- Diffusely, enlarged hyperechoic liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, and managing of the patient's kidneys per the International Renal Interest Society (IRIS) guidelines.

If the gallbladder does not appear to be ruptured at this time, there is potentially some concern for bacterial cholangitis. Recommend ultrasound guided fine needle aspirate of bile, and submitting for aerobic/anaerobic culture and cytology to rule out bacterial cholangitis.

It is possible that patient has underlying inflammatory GI disease leading to triaditis, which may ultimately be causing the reactive pancreatitis, and may also be resulting in the gallbladder disease.

The lymph nodes are most likely reactive to a combination of the gallbladder disease, suspected GI disease, and pancreatic disease. Recommendations include:

Fine needle aspirate of an enlarged lymph node, if possible. Submission for cytology and PARR testing if clinically warranted.

If cytology is inconclusive then I recommend submitting a GI Panel to Texas A&M. If the GI disease is confirmed, then recommend GI biopsies (possibly surgically?) Treatment of the suspected GI disease would most likely resolve the pancreatic and gallbladder disease ultimately.



PATIENT

Tiger Lily Dos Santos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

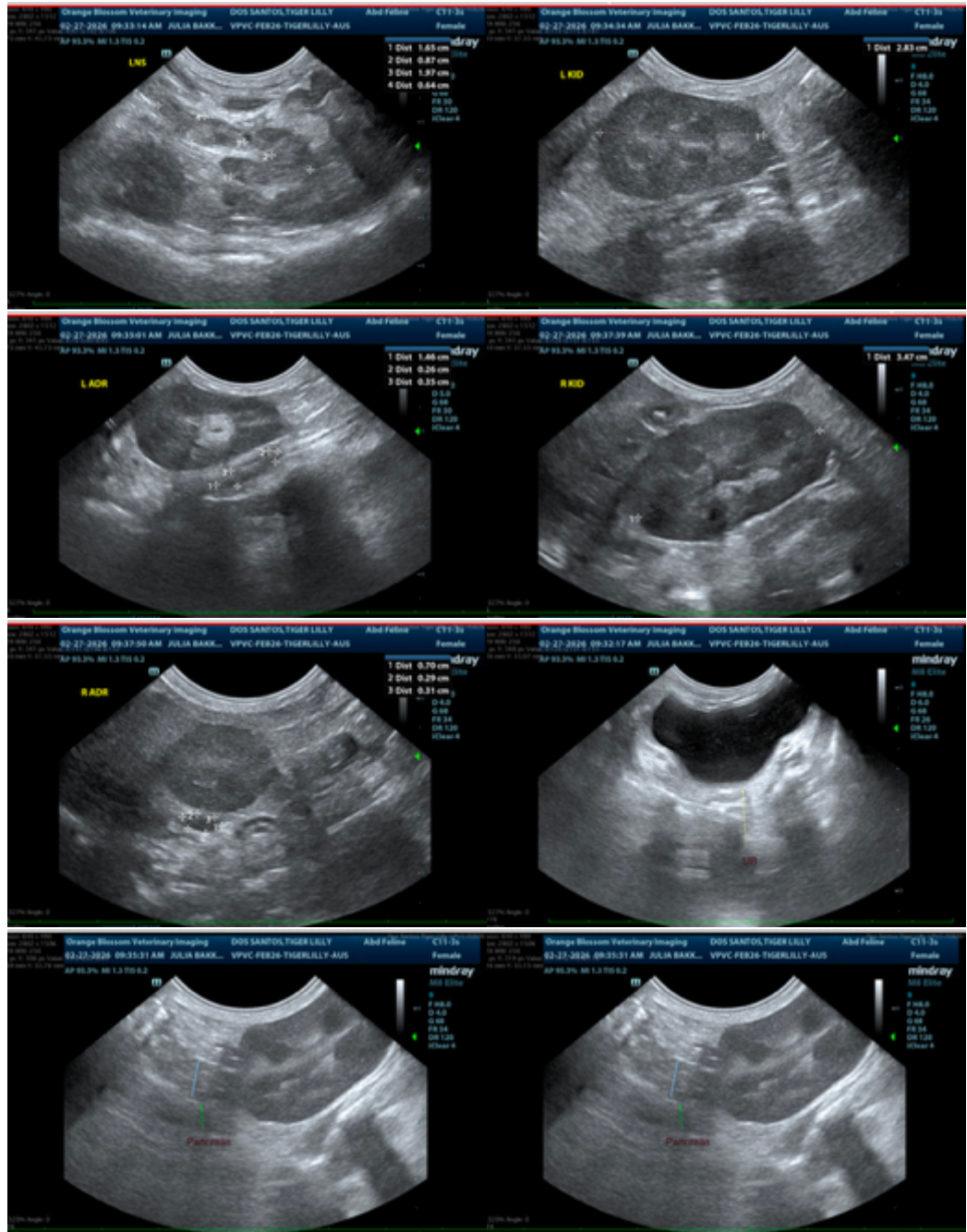
Dr. Molly Caldwell

INVOICE

11401

DATE

2/27/2026





PATIENT

Tiger Lily Dos Santos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

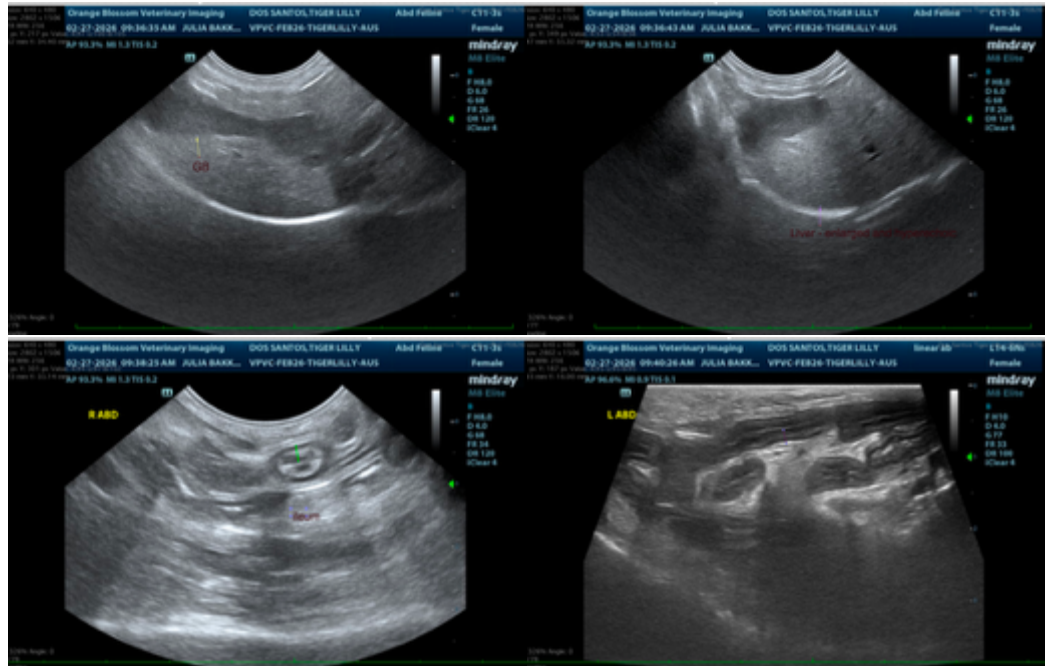
Dr. Molly Caldwell

INVOICE

11401

DATE

2/27/2026



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