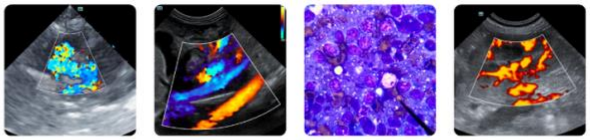


PATIENT

Link Controneo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

10.3

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sreenivasa Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Sreenivasa Maddineni

INVOICE

36044

DATE

3/1/26

PRESENTING CLINICAL SIGNS

- pt has mucous and scant blood in diarrhea.
- pt not eating and anorexic.
- pt vomits after eating.
- pt also has a history of eating dust and carpet.
- Abnormal PE/Chem/CBC/UA Results: Fecal and bloodwork done at previous vet in December for same concerns. fecal was retested on 2/26/26.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with a minor amount of hyperechoic debris within the urine. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen.

The right kidney was slightly small (2.7 cm) with mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 cm) with mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal size (3.4 mm) and appearance.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.6 cm.

Spleen

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

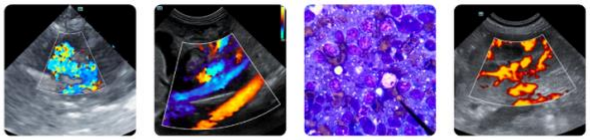
Liver

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 contains a small amount of retained fluid. No outflow tract obstruction is seen. The gastric wall is normal in appearance and thickness, measuring 2.8 mm in width. The ileum was normal in appearance and layering, measuring 1.4 mm in width. Diffusely, the small intestine has loss of layering and is thickened (3.3 mm in width). Normal feline intestine measures <2.8 mm in width.



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The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Mild mesenteric lymphadenopathy is present. A representative node measured 8.7 mm x 4.1 mm in size. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestine- Given the appearance (diffusely) of the small bowel, differentials include small cell lymphoma versus mast cell disease, or possible benign inflammatory bowel disease.
- Mild mesenteric lymphadenopathy
- Mild loss of corticomedullary distinction bilaterally in the kidneys and small right kidney
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It appears that the patient has early chronic kidney disease. Recommend full staging, monitoring, and managing of the patient per International Renal Injury Society guidelines. If urinalysis has not been performed, recommend urinalysis (if active urine sediment), and if warranted, urine culture. Prognosis is open, pending results of further recommended diagnostics.

It appears the patient's clinical signs are attributed to the primary gastrointestinal disease. Recommend Texas A&M GI panel to confirm. If GI disease is confirmed, recommend GI biopsies either surgically or endoscopically. Preferably endoscopically as endoscopic biopsies are minimally invasive. If geographically relevant, consider histoplasmosis as a cause of the appearance of the GI tract. Infectious disease, such as parasites have been ruled out through a recent fecal pathogen PCR as a cause of the GI changes seen on ultrasound.

The mild mesenteric lymphadenopathy is most likely reactive to underlying gastrointestinal disease; however, nodes may be enlarged due to infiltrative neoplasia such as lymphoma, mast cell. If possible, aspirate a mesenteric lymph node and submit for cytology.

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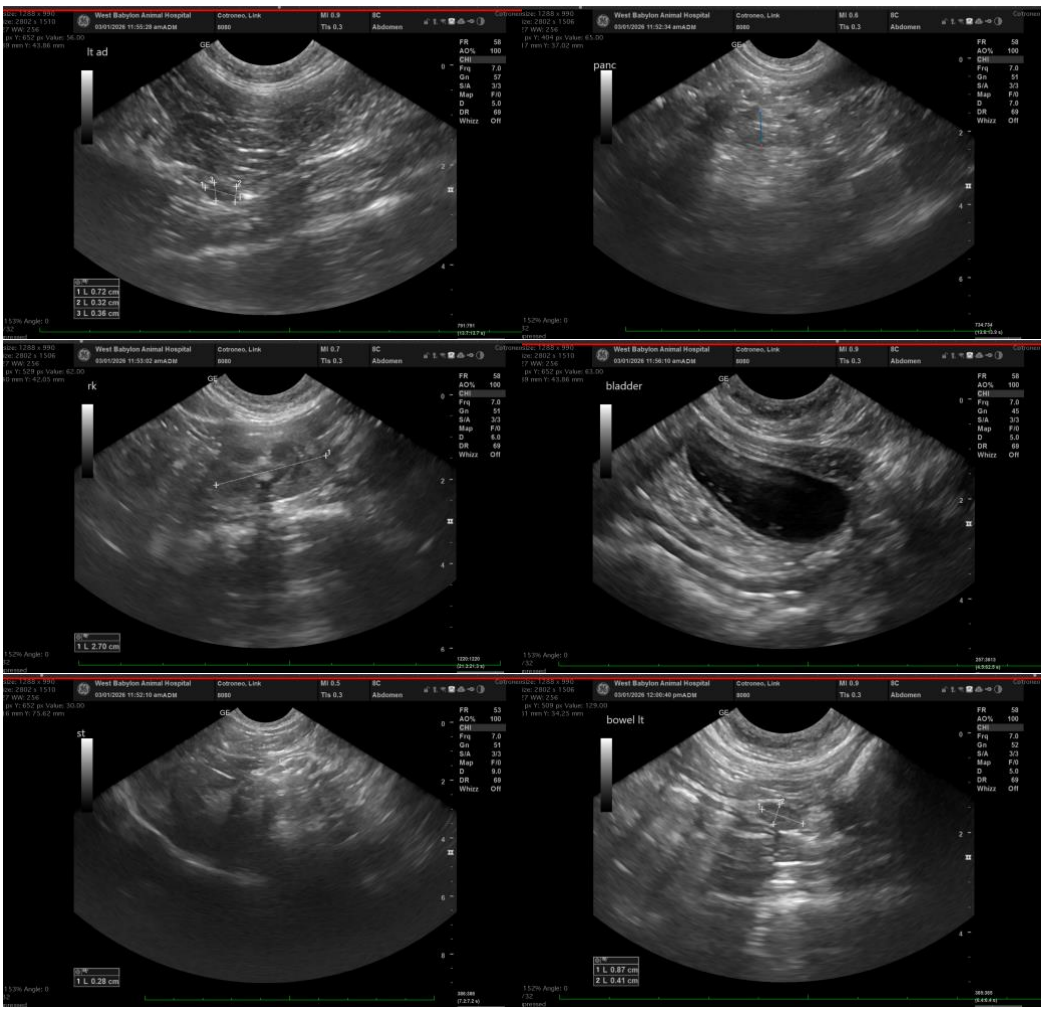

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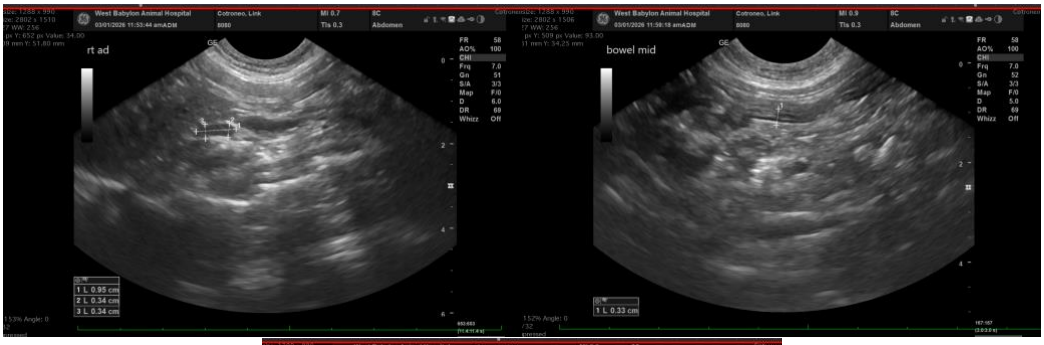

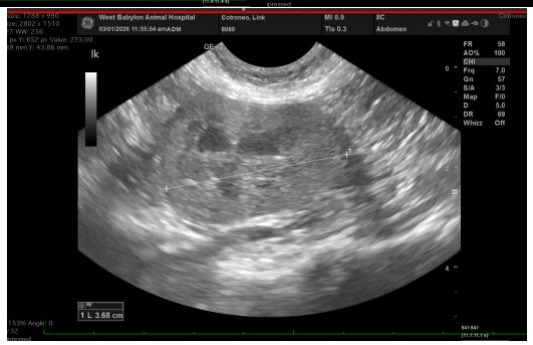

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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