



**PATIENT**

Leo Obregon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years 6 Months

**WEIGHT**

10.5 pounds

**INTERPRETED BY**

Gregory M. Kuhlman,  
 DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Armstrong Animal  
 Clinic

**REFERRING VET**

Dr. Dolan

**INVOICE**

14364

**DATE**

03/16/26

**PRESENTING CLINICAL SIGNS**

- P presented for US to evaluated bloody anus- Anal glands palpate and express normally. Nothing felt on rectal exam, bloodwork/fecal unremarkable. Consult with internist recommended abdominal US, Food allergy trial, and then Colonoscopy

**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. No papilla was seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.6 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 measured 3.7 cm in length.

*Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.1 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.3 mm in width.

*Spleen*

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

*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. Ratio of portal vein to caudal vena cava is normal at approximately 1.0 cm.

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. Descending duodenum has a mildly pleated appearance. However, it does not appear to be placated, and no intraluminal mechanical obstruction is seen. Most likely the appearance of the duodenum is due to peristalsis and or mild inflammation. Colon contains formed stool. Diffusely, the colon wall has normal appearance and thickness.

*Pancreas*



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The left limb of the pancreas presents diffusely mildly hypoechoic with no surrounding steatitis and normal size measuring 5.4 mm in width.

**Free Abdomen**

Mild diffuse mesenteric lymphadenopathy was present with a representative lymph node measuring 5.0 mm length and 3.2 mm in width. Nodes appear reactive and much less likely to be mildly enlarged due to neoplasia.

**ULTRASONOGRAPHIC FINDINGS**

- Mesenteric lymphadenopathy.
- Formed stool in colon.

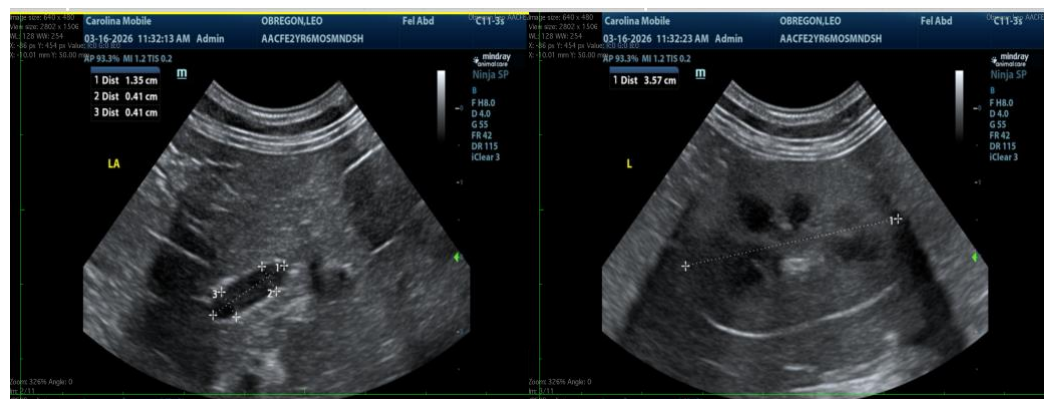
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

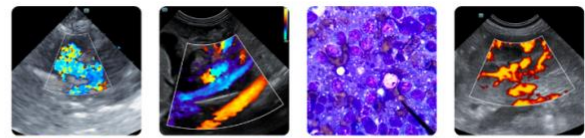
No cause for the patient's recent bloody anus seen on this exam.

At this time, recommendations would include screening the patient fully for GI parasites or protozoa. Recommend submitting a fecal pathogen PCR. If parasitism is ruled out, recommend diet trial with hydrolyzed diet for two weeks. If the patient fails diet trial, consider an antibiotic trial with Tylosin at 30 mg/kg, mix into the food twice per day.

If the patient fails antibiotic trial, then at that time it is recommended to perform GI biopsies either surgically or endoscopically. We do not recommend surgical biopsies of the colon, so endoscopic biopsies would be preferred because they are more minimally invasive.

Prognosis at this time appears fair to good, pending results of further diagnostic testing.





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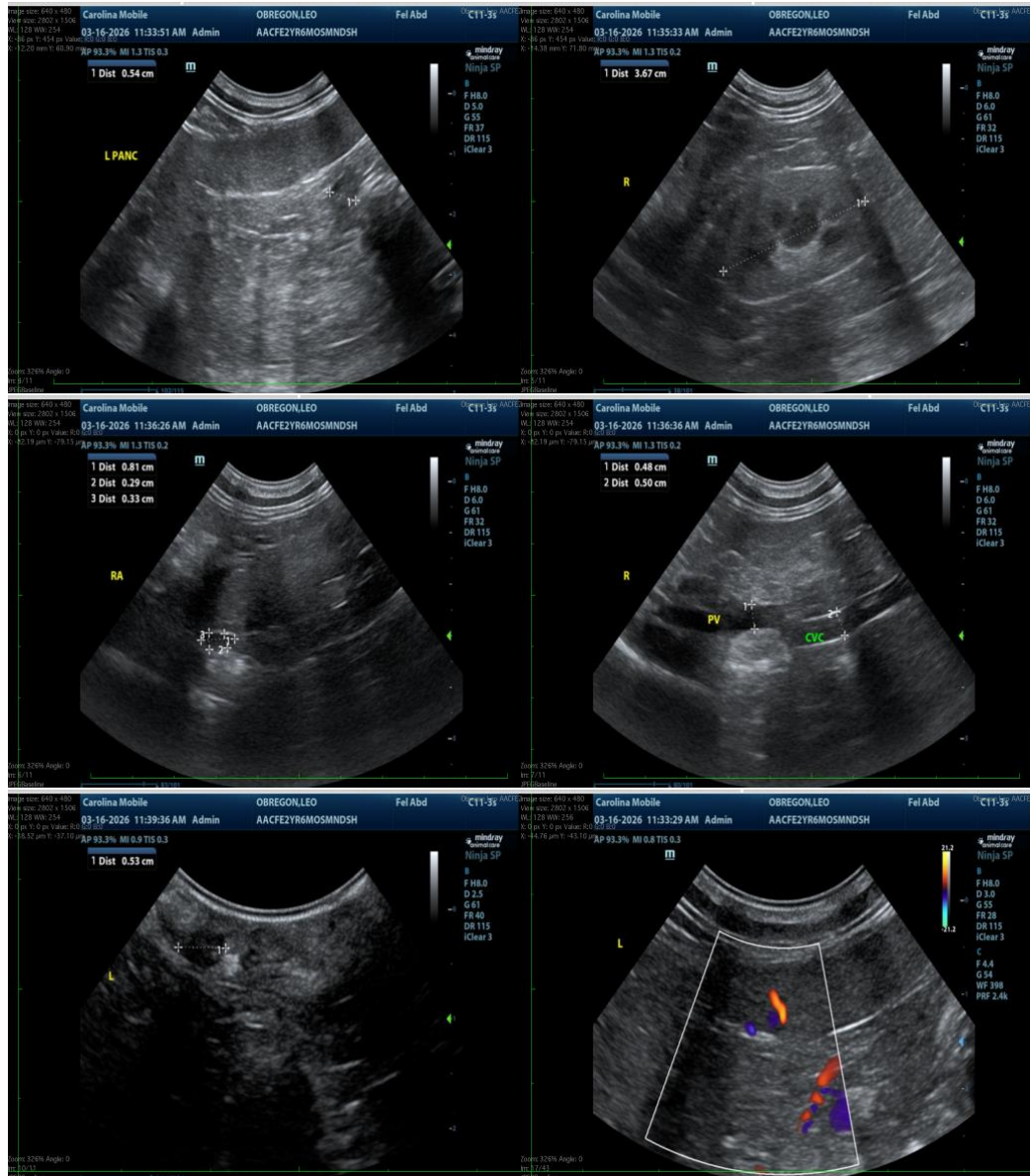
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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