



**PATIENT**

Bird Handelong

**SPECIES**

Feline

**BREED**

Tonkinese

**SEX**

Spayed Female

**AGE**

15 Years 6 Months

**WEIGHT**

11.3 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Leck Veterinary  
 Hospital

**REFERRING VET**

Dr. Doyle

**INVOICE**

73746

**DATE**

3/17/26

**PRESENTING CLINICAL SIGNS**

BCS 7/9. Restlessness & possible stranguria, increased thirst overnight. Hx of intermittent constipation, decreased appetite last 4 mos. Passed bloody soft tissue mass in urine today. Mineralization in pyloric region seen on radiographs today. (rads attached)

Current meds: Gabapentin 50mg bid; Fortiflora

Abnormal PE/Chem/CBC/UA Results: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder wall is irregular in shape and thickness. There are segments of urinary bladder wall that are thickened at 3.6 mm in width. The urine appears normal. No papillae seen. The urethra appears normal.

The right kidney presents normal size (4.0 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.3 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.2 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.6 mm in width.

**Spleen**

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

**Liver**

The liver overall appears normal. There are several hyperechoic intrahepatic bile duct gall stones present. None of the intrahepatic bile ducts appear distended at this time.

Within the common bile duct there is at least one hyperechoic gall stone present. Representative stone measures 1.7 mm x 4.5 mm. The gallbladder and common bile duct do not currently appear obstructed. There are several small hyperechoic gall stones present within the gallbladder. A representative stone measures 2.8 mm in width.

**Gastrointestinal**

The stomach has normal wall layering and thickness. Diffusely, the jejunum appears to have normal layering and thickness, measuring up to 2.7 mm in width. However, the muscularis layer of the jejunum appears to subjectively be moderately thickened. The colon contains segments of formed stool. There are segments of empty colon wall that appeared normal in appearance and thickness at 2.2 mm in width in the empty segments.

**Pancreas**



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

**Free Abdomen**

A mildly enlarged, rounded, hypoechoic right medial iliac lymph node is noted measuring 5.3 mm x 6.7 mm.

No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Thickened muscularis layer of the jejunum – Consistent with inflammatory bowel disease or possibly a neoplastic cause including small cell GI lymphoma or mast cell disease.
- Enlarged, rounded, hypoechoic right medial iliac lymph node – I suspect these are due to patient's underlying GI disease.
- Gall stones found in the gallbladder, common bile duct, and intrahepatic bile ducts – These are most likely present due to cholangitis. The underlying cause of cholangitis is suspected to be primary gastrointestinal disease. The gall stones and stones within the common bile duct are most likely the cause for the hyperechoic object seen near the pylorus of the stomach on recent radiographs.
- Mild loss of corticomedullary distinction in both kidneys – consistent with CKD.
- Mild irregular shape to the urinary bladder wall – No specific cause seen. Neoplasia is not suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend submitting Texas A&M GI panel to confirm chronic enteropathy. If chronic enteropathy is confirmed, consider GI biopsies either surgically or endoscopically to determine appropriate treatment plan. Treatment of GI disease will most likely ultimately result in resolution of the patient's biliary disease.

Recommend full IRIS staging, monitoring and management for the patient's suspected chronic kidney disease.

Recommend urine culture to rule out urinary tract infection. Ultimately, if urinary tract infection is ruled out and patient's clinical signs persist, possible surgical biopsies of the urinary bladder wall may need to be performed. No cause seen on this exam for passing of the soft tissue mass within the urine.

Consider starting Ursodiol at 15 mg/kg by mouth every 12 hours.



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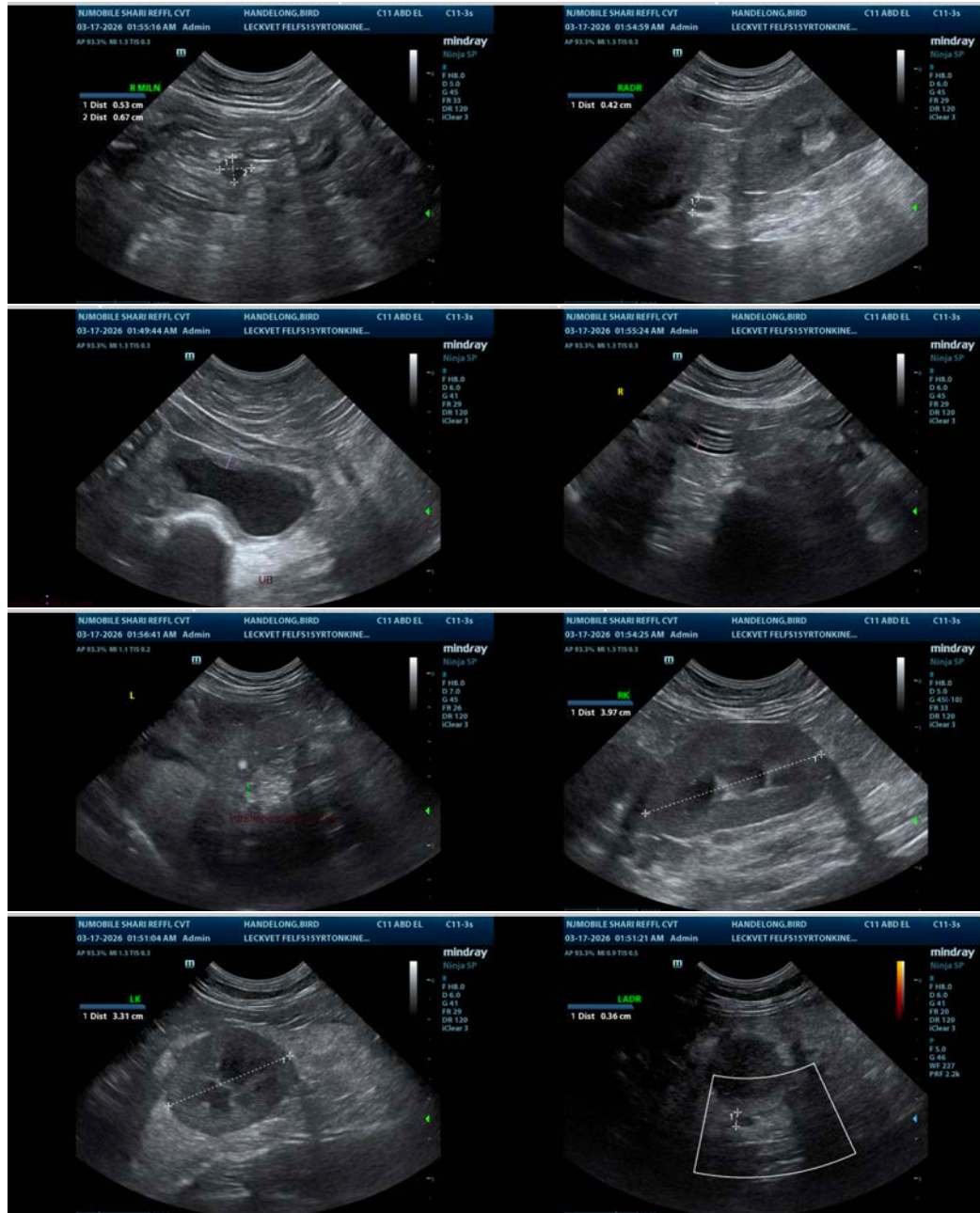
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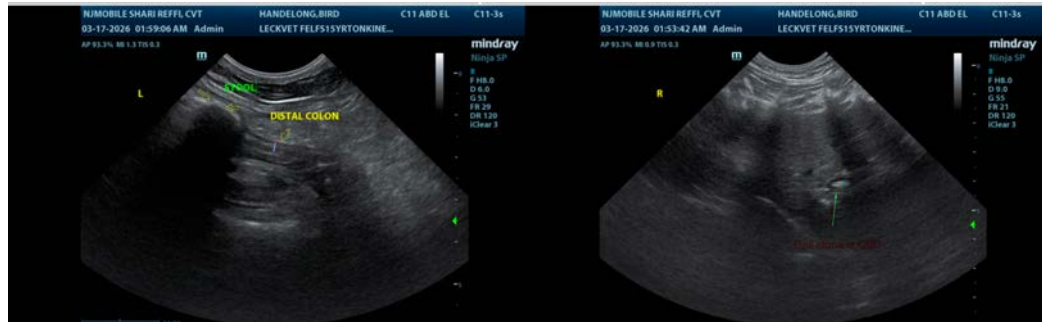
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)