



PATIENT

Cheddar (Clinic Cat)

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.7 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Jennifer Todd

INVOICE

73809

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Cheddar is an eleven year old, MN, DSH cat who is our clinic cat. Recent history of Fever of Unknown Origin and anorexia. During this episode which lasted 4 days, Cheddar had an episode of vocalization, open mouth breathing, drooling and many VPCs. ECG was sent to SonoPath for evaluation. ("Cheddar's ECG demonstrates the presence of intermittent VPCs, though whether they are secondary to his HCM, his fever, or an underlying cause of the fever is difficult to say. Recent lab results in the midst of this episode showed mildly increased neutrophils and a normal chemistry screen. Solensia (routinely given once monthly) was given 3/10/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The right kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.1 cm) with normal shape and architecture. Normal 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 2.6 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.1 mm in width.

Spleen

The spleen is diffusely enlarged and hypoechoic, measuring 9.8 mm in width. The spleen has scalloped margins. Normal blood flow noted. Splenic torsion is not suspected.

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 has normal wall layering and thickness. The jejunum is diffusely mildly thickened at 2.9 mm (normal in a feline is <2.8 mm). The thickened jejunum is a result of a thickened muscularis layer. Colon contains normal contents with normal wall thickness.

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

There are multiple mildly enlarged mesenteric lymph nodes. A representative node measures 2.9 mm x 11.3 mm.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, hypoechoic, scalloped spleen – This may be a normal variation or it may represent infiltrative neoplasia such as lymphoma or mast cell disease, or possibly splenitis due to infectious disease such as bartonella or toxoplasmosis.
- Moderate urinary bladder debris.
- Thickened jejunum – Consistent with inflammatory GI disease such as inflammatory bowel disease, small cell lymphoma, mast cell disease, and if geographically relevant for the patient, histoplasmosis could be a cause.
- Multiple mildly enlarged mesenteric lymph nodes – Most likely reactive, less likely enlarged due to neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a fine needle aspirate of the spleen with submission for cytology to rule out round cell neoplasia. If cytology suggests an inflammatory process but rules out neoplasia, then recommend comprehensive infectious disease testing as mentioned. If recent FELV/FIV testing has not been performed, consider this testing as well.

If urinalysis has not been performed, recommend urinalysis. If active urine sediment, then recommend urine culture.

Recommend submitting Texas A&M GI panel to screen for chronic enteropathy. If chronic enteropathy is confirmed, then consider GI biopsies either surgically or endoscopically. Recommend splenic aspiration prior to GI biopsies to determine if diagnosis can be made via the splenic aspirate.

Prognosis is open pending further recommended diagnostics.





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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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