



PATIENT

Cooper Weaver

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10 Months

WEIGHT

11 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

Colleen Andrews, DVM

INVOICE

73819

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Since 2/17, NAR and lethargic, decreased mobility- possible (really not jumping up on this like normal), decreased eating, no weight loss. Summary of current diagnostics performed: Roundworm- Keyscreen (treated). Normal BW. Fairly normal Rads. Fever of unknown origin panel- all negative (including feline coronavirus). GI panel pending.

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.

The right kidney presents normal size (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. Mild medullary rim sign present, which may be insignificant or could indicate possible pyelonephritis. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were not clearly visualized on this exam.

Spleen

The spleen is mildly subjectively enlarged (1.1 cm in width) with normal echogenicity and echotexture.

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 is bilobed and presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. However, there is one segment of jejunum that is distended with food material, and there is a hyperechoic lesion within the lumen of this segment of small intestinal that is hyperechoic, measuring 6.2 mm in width. This object is causing dirty shadowing, not complete shadowing. 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

There is a mildly enlarged mesenteric lymph node present measuring 19.6 mm x 5.6 mm. There are approximately 4-5 enlarged mesenteric lymph nodes present. No free abdominal fluid is seen.



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ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged spleen.
- Mildly enlarged mesenteric lymph node – most likely reactive, less likely enlarged due to a neoplastic cause.
- Possible partially obstructive GI foreign body in jejunum.
- Mild medullary rim sign left kidney.
- Bilobed gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

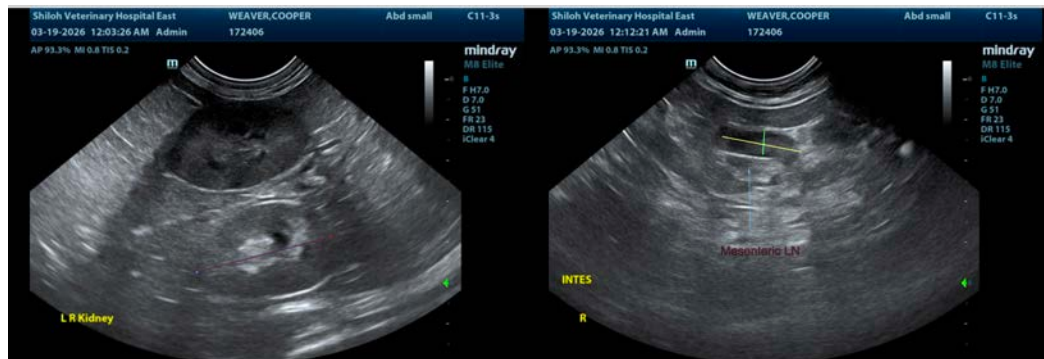
Consider submitting urinalysis and urine culture, if warranted.

Consider fine needle aspirate of the spleen to rule out infiltrative neoplasia such as lymphoma or mast cell disease, or to determine if possible splenitis is present due to an infectious disease such as bartonella or toxoplasmosis, less likely feline coronavirus given the recent negative fever of unknown origin panel. If infectious disease is suspected based of splenic aspirate, consider submitting a splenic aspirate sample for coronavirus PCR if indicated.

Consider either rechecking the object in the small intestine in 24 hours via ultrasound to determine if it is still present, or, if there is enough clinical evidence, then consider exploratory laparotomy at this time to further evaluate for the presence of a partially obstructing small intestinal foreign object. If surgery is performed, a fine needle aspirate of the spleen can be obtained during the procedure. This foreign object does not appear to be completely obstructing the intestines, as the upper small intestine and stomach are not fluid dilated.

The enlarged lymph nodes are most likely reacting to the patient's possible splenic disease or more likely due to the foreign object seen within the small intestines causing an inflammatory process.

Prognosis is open pending recommended further diagnostics and procedures.





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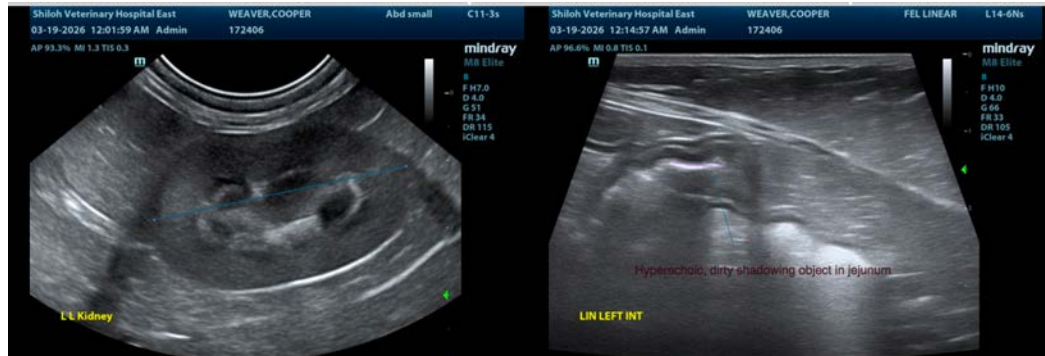
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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