



PATIENT

King Chester
Millhauser

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.1

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Isabel Plourde

HOSPITAL NAME

Riverbend Veterinary
Pet Care Hospital

REFERRING VET

Dr. Isabel Plourde

INVOICE

73813

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea: hematochezia. Increased appetite for a few years. Some weight loss 0.8 lb over the last 9 months

Abnormal PE/Chem/CBC/UA Results: Slightly unkempt Neutrophils 18.156 2.62 - 15.17 K/ μ L
Lymphocytes 0.612 0.65 - 6.86 K/ μ L Monocytes 1.02 0.042 - 0.467 K/ μ L ALP 71

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 (4.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were not seen.

Spleen

The spleen is diffusely mildly enlarged at 1.1 cm in width with a diffuse hypoechoic echotexture and mild scalloped margination. Normal blood flow.

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. Within the common bile duct, which is distended at 5.7 mm in width, there are several heterochoic lesions present within the lumen. Two of these objects were measured at 3.4 mm x 5.2 mm, and 5.0 mm x 5.6 mm. These lesions are most likely inspissated bile or possibly aggregating inflammatory debris. The gallbladder otherwise appears normal with a small amount of suspended echogenic debris within the anechoic bile. The gallbladder does not appear fully obstructed at this time.

Gastrointestinal

The stomach has normal wall layering and thickness. There are segments of jejunum that are markedly thickened, measuring 4.1 mm in width, due to a markedly thickened muscularis layer. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is mildly hypoechoic without surrounding steatitis.



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Free Abdomen

There are multiple moderately to markedly enlarged mesenteric lymph nodes present. A representative node measures 7.4 mm x 1.5 mm in size. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Segmentally thickened jejunum – Most consistent with inflammatory GI disease such as small cell lymphoma versus mast cell disease, less likely but possibly inflammatory bowel disease. If geographically relevant, consider histoplasmosis as a diagnosis for patient's GI disease.
- Moderately to markedly enlarged mesenteric lymph nodes – Most likely enlarged due to a neoplastic cause such as infiltrative lymphoma or mast cell disease, less likely enlarged due to metastatic carcinoma or sarcoma.
- Partially obstructive lesions within the common bile duct.
- The patient appears to have reactive pancreatitis. Primary pancreatitis is not suspected.
- Mildly enlarged scalloped spleen – These findings are potentially consistent with infiltrative neoplasia such as lymphoma or mast cell disease, or an infectious disease such as bartonella or possibly toxoplasmosis. It is possible the appearance of the spleen is a normal variation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirates of the spleen and submission for cytology. If round cell neoplasia is ruled out and an inflammatory process is suspected, recommend infectious disease testing as previously mentioned.

Given the appearance of the GI tract, recommend submitting a urine histoplasmosis antigen test (if geographically relevant). If histoplasmosis is ruled out or not relevant, then recommend GI biopsies either surgically or endoscopically. If possible, perform fine needle aspirate of an enlarged lymph node and submit for cytology prior to performing GI biopsies to determine if diagnosis can be made in this manner.

I suspect the gallbladder disease is due to patient's underlying gastrointestinal disease. Once the GI disease is treated, it is suspected that the gallbladder disease will resolve itself. Recommend periodic checking of liver values (specifically bilirubin) to verify that no gallbladder obstruction is occurring. Recommend starting Ursodiol at 15 mg/kg by mouth split into two daily doses to help treat the gallbladder disease.

Prognosis is open pending results of recommended diagnostics.



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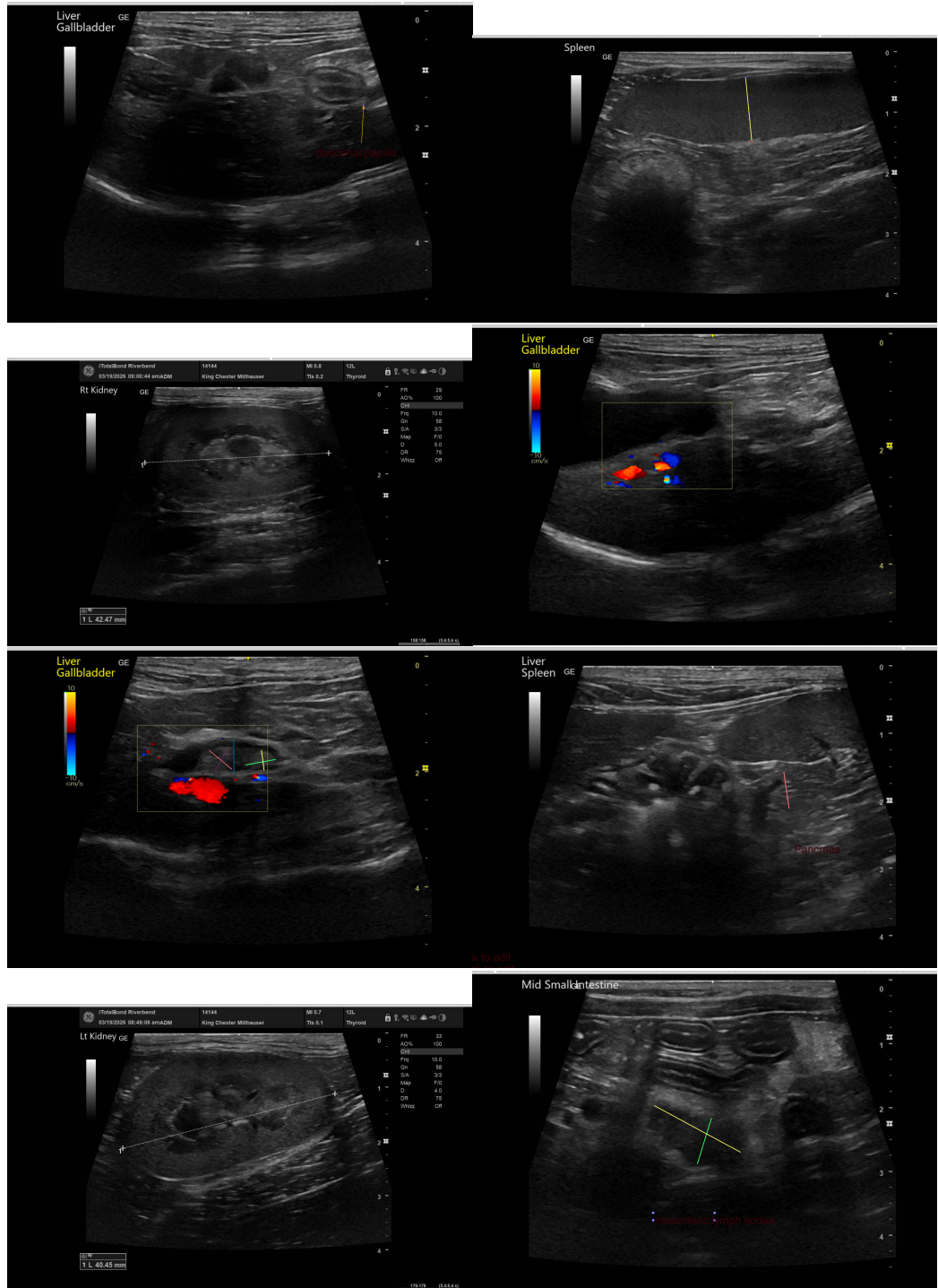
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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