



## PATIENT

Cleopatra Bernier

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

7.0 Pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Jessica Milligan, DVM

## HOSPITAL NAME

Dockside VI

## REFERRING VET

Melissa Floyd, DVM

## INVOICE

36062

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Cleo presents for intermittent inappropriate urination and defecation, as well as chronic diarrhea.
- The owner reports the inappropriate elimination began around Christmas and occurs on the couch. The diarrhea has been ongoing for some time, with a notable increase in looseness around mid-January. A fecal test from that time was negative. The owner has not observed a normal stool recently.
- Vomiting of bile and foam occurs multiple times per day on some days. Appetite and drinking are considered normal by the owner, although she is a slow eater and the owner suspects she may drink and urinate more than normal.
- The owner attempted a course of proivable starting in late January without noticeable improvement. There have been recent household stressors, including visitors, and the owner has been administering transdermal Gabapentin with questionable efficacy. The owner notes the Gabapentin leaves a significant residue on the patient's ears.
- The patient is also reported to be flatulent.
- Pet is not able to be orally medicated by owner.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is moderately distended with mild hyperechoic debris suspended within urine. The bladder wall is normal in appearance and thickness. No masses are seen. No urethral papilla is seen.

The right kidney presents normal in size (3.2 cm) with moderate loss of corticomodullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents small in size (2.8 cm in length) with decreased corticomodullary distinction. Mild renal pelvic dilation is noted. Renal pelvis measures 1.9 mm in width.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.1 mm.

The left adrenal is not seen on this exam.

### *Spleen*

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

### *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.



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The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The common bile duct appears to be mildly diffusely distended from the entire length of the gallbladder to the duodenum. It measures at the upper end of normal at 2.8 mm in width.

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***Gastrointestinal***

The stomach has normal wall layering and thickness. The jejunum is diffusely enlarged with decreased loss of layering. The muscularis layer is markedly thickened. The jejunum measures 3.6 mm in width (normal feline jejunum should measure <2.8 mm in width). Colon contains normal contents with normal wall thickness.

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***Pancreas***

**SEX**

Spayed Female

Diffusely, the pancreas is markedly enlarged and has diffuse moderate to marked pancreatic duct dilation. In what appears to be the right limb of the pancreas, there is a 1.9 cm x 1.3 cm hypoechoic nodule present that may potentially be a pancreatic mass. The appearance of the pancreas would suggest an obstructive process causing pancreatic duct dilation.

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***Free Abdomen***

There is diffuse moderate mesenteric lymphadenopathy. A representative node measures 0.59 cm x 2.59 cm. It appears these nodes may be reactive as the cause of their enlargement, or may be enlarged due to neoplastic cause, such as round cell neoplasia. A scant amount of free fluid is noted dorsal to the urinary bladder. There are multiple other pockets of free abdominal fluid throughout the abdomen.

**WEIGHT**

7.0 Pounds

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Greg Kuhlman, DVM,  
DACVIM (SAIM)

**ULTRASONOGRAPHIC FINDINGS**

- The changes to the GI tract are consistent with infiltrative neoplasia, such as lymphoma or mast cell disease, or less likely a benign process, such as inflammatory bowel disease.
- Enlarged mesenteric lymph nodes- most likely reactive, but possibly could be enlarged due to neoplasia.
- Free abdominal fluid - no specific cause for the abdominal fluid is seen on this exam, it is most likely present due to an inflammatory process in the abdomen, although a neoplastic cause for the fluid cannot be ruled out.
- Enlarged pancreas with moderately to markedly dilated pancreatic ducts- may be due to a neoplastic process, such as pancreatic carcinoma or possibly either a pancreatic or gallbladder stone (not seen on this exam).
- The appearance of the kidneys is consistent with possible chronic kidney disease.
- Mild urinary bladder debris- this may be due to urinary tract infection

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full renal staging, monitoring and managing per International Renal Interest Society guidelines. Recommend urinalysis, and if active urine sediment is present, recommend urine culture.



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Recommend aspirate of free fluid, submitting for fluid analysis and cytology to rule out neoplastic cause.

Recommend aspirate of enlarged mesenteric lymph nodes with submission for cytology.

Given the significance of the changes seen with the patient's pancreas, recommend CT scan of abdomen to further characterize these changes, and to help determine next steps in this case.

Prognosis is open pending results of recommended diagnostics and of CT scan. Consider three view chest xrays prior to CT scan to rule out pulmonary metastatic disease.

Given the appearance of the GI tract, after determination as to the cause of what is occurring within the pancreas, if a benign process is suspected within the pancreas, consider GI biopsies (either surgically or endoscopically).





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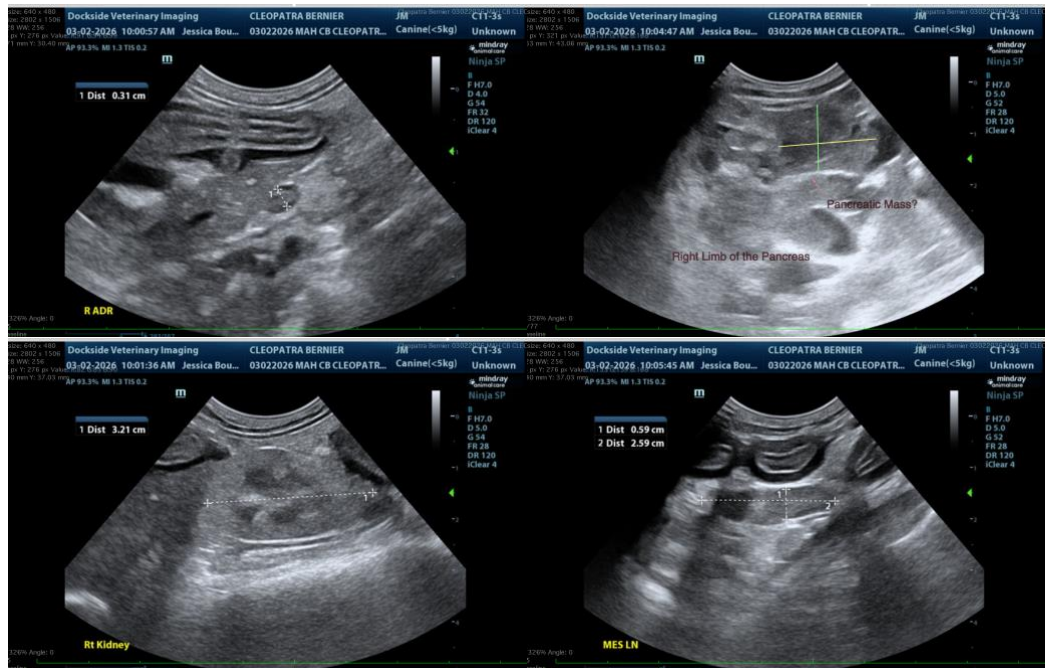
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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