

PATIENT

Lucky Klonin

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

9 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Jonathan Gibson

INVOICE

14546

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- chronic soft stool, fecal culture = clostridium enterotoxin positive in lower amounts - Clavamox trial did not help.
- TAMU panel - low cobalamin, high folate, normal pancreatic values.

Abnormal PE/Chem/CBC/UA Results: TLI Fasting Interpretation: Result is within the reference interval. 12-82 µg/L 81.4 µg/L Pancreatic Lipase Immunoreactivity Fasting Interpretation: Serum Spec fPL concentration is within the reference interval. It is unlikely that the cat has pancreatitis. Investigate for other diseases that could cause the observed clinical signs. ≤4.4 µg/L 1 µg/L Cobalamin Fasting Interpretation: Consistent with distal or diffuse small intestinal disease or EPI. Check feline TLI to rule out EPI. Oral or parenteral cobalamin supplementation is indicated Folate Fasting Interpretation: May indicate small intestinal dysbiosis but can also be caused by recent folate supplementation.

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was not seen.

The right adrenal gland was not seen.

Spleen

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

Liver

Diffusely, the liver is enlarged and hyperechoic with rounded margins consistent with vacuolar hepatopathy, most likely due to early hepatic lipidosis. Cannot rule out round cell neoplasia, although unlikely, such as lymphoma mass cell disease.

The gallbladder presents normal size with a small amount of gravity dependent echogenic debris that appears insignificant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Diffusely, the jejunum is thickened with sections measuring up to 3.2 mm width. 2.8



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millimeters in width is the normal size for feline intestine. Jejunum thickened due to thickened muscularis layer. These changes correlate with the patient's markedly low cobalamin from the Texas A&M GI panel that was run recently. These findings with the low cobalamin and thickened intestine suggest chronic enteropathy and most likely due to inflammatory bowel disease, possibly small cell lymphoma versus mast cell disease.

Pancreas

The left limb of the pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. The right limb of the pancreas was not clearly seen.

Free Abdomen

There are multiple moderately enlarged hypoechoic rounded mesenteric lymph nodes present with a representative node measuring 4.9 by 6.1 mm in size. These nodes, given their appearance, are possibly enlarged due to round cell neoplasia, such as lymphoma or mast cell disease.

ULTRASONOGRAPHIC FINDINGS

- Enlarged liver.
- Mesenteric lymphadenopathy.
- Chronic enteropathy pattern.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirate of liver with submission for cytology to help determine the cause of the appearance of the liver on ultrasound. Recommend ultrasound guided fine needle aspirated of the lymph nodes with submission for cytology and if warranted, PCR for antigen receptor rearrangement for PARR.

If lymph node aspirates cannot be performed or are non-diagnostic, recommend GI biopsies either surgically or endoscopically.





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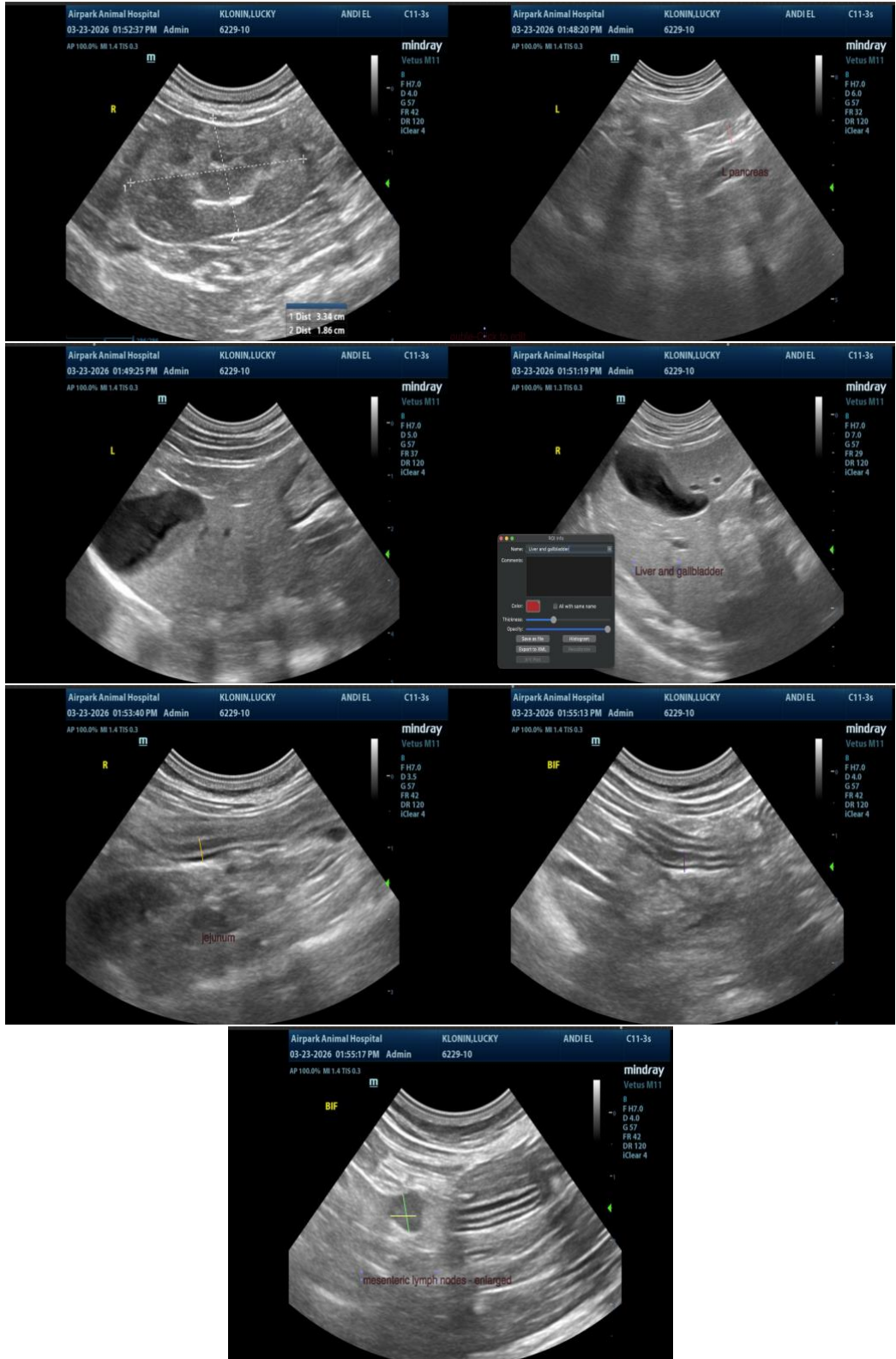
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
Veterinary Internal Medicine Specialist
info@SonoPath.com