

PATIENT

Ziggy Trueblood

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

13.36 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Wolf

INVOICE

73951

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Discussed forgoing vaccines due to concerns addressed today, low risk, and age. FNA and send out cytology to determine malignancy of mass - discussed that many cells were seen on slide - concern for Mast Cell tumor. Senior BW to check organ function.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. A mild amount of aggregating echogenic debris is noted. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 cm) with normal shape and architecture. There is mild loss of 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 3.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.6 mm in width.

Spleen

The cranial pole of the spleen revealed a hyperechoic lesion measuring 5.5 mm in width. This lesion does not displace the capsule.

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. Diffusely, the jejunum is thickened with sections measuring 3.2 mm in width due to a moderately thickened muscularis layer. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peripancreatic mesentery.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened muscularis in the jejunum – Consistent with chronic enteropathy such as small cell GI lymphoma versus mast cell disease, less likely inflammatory bowel disease given the patient’s age.
- Hyperechoic splenic lesion – Most likely benign myelolipoma. Possible round cell neoplasia, lymphoma or mast cell disease.
- Mild loss of corticomedullary distinction in the kidneys bilaterally – Likely age related findings.
- Urinary bladder debris.

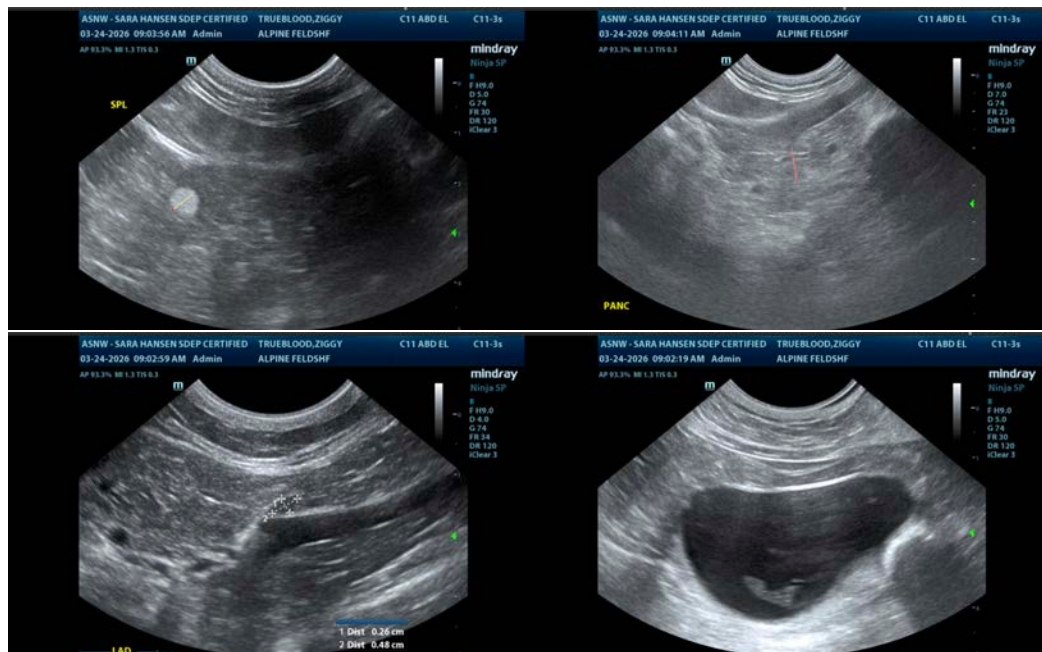
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting a Texas A&M GI panel to confirm the presence of a chronic enteropathy. If chronic enteropathy is confirmed, recommend GI biopsies either surgically or endoscopically.

The splenic lesion is most likely insignificant. If not already performed, recommend a fine needle aspirate of the splenic lesion to rule out round cell neoplasia such as lymphoma or mast cell disease. If round cell neoplasia is ruled out, then periodic ultrasound rechecks of this lesion would be recommended to determine if it is changing in size or appearance.

If not already performed, recommend urinalysis. If active urine sediment, recommend urine culture.

Recommend full staging, monitoring and managing of the kidneys per IRIS guidelines.





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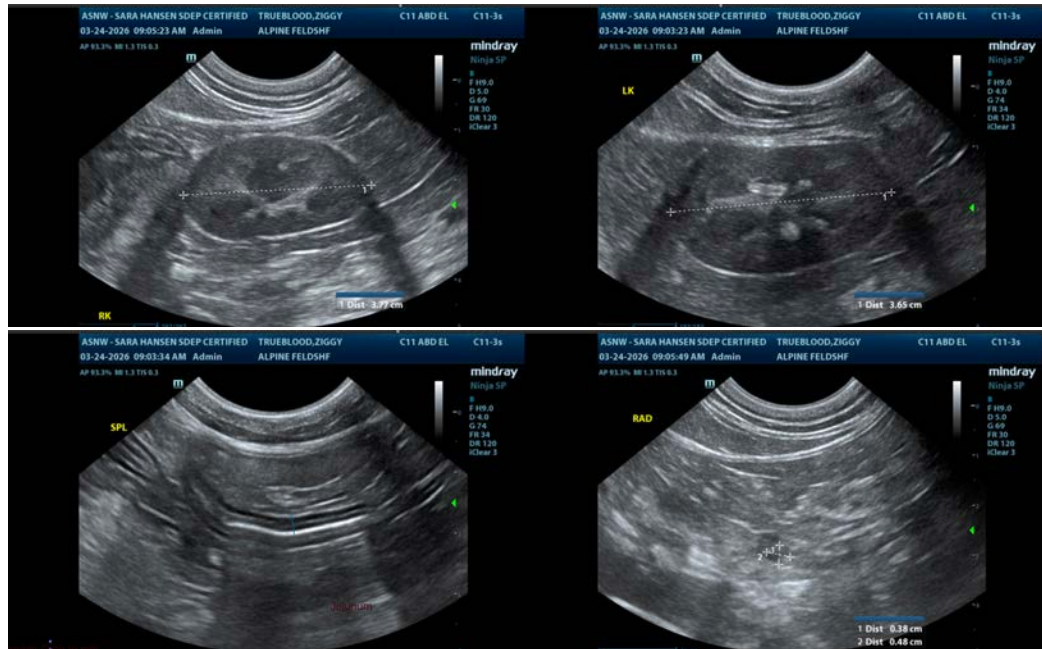
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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