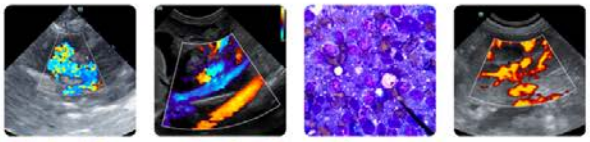

PATIENT

LuvBug Mousley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

3.43 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

74059

DATE

3/26/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate ADR, vomiting since Feb, hyporexia, some blood noted in vomit recently- reported to look like a lot of blood and bile. Os other cat passed away feb 3. BW shows leukocytosis characterized by a mild neutrophilia, monocytosis, basophilia and mod eosinophilia. Elevated SDMA and Cr. Diet: renal diet

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 37, WBC 26.14 H, Nets 14.05 H, Mono 0.79 H, Eos 8.03 H, Baso 0.30 H - Chem: SDMA 17 H, Cr 2,4 H, Phos 4.7, K 2.4 L, Alb 3.1-n, BUN33-n - T4 1.3-n - UA via cysto: 1.036, pH 6.5, protein 30mg/dl, >50 rbc/hpf, no bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.2 cm. Right kidney measures 3.7 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.2 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 5.2 mm in width.

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.

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

Gastrointestinal

The gastroesophageal sphincter is identified and appears normal in thickness and layering.

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The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic. There are loops of bowel that demonstrate loss of discrete normal layering The lumen of the small intestine is empty with no evidence of obstruction or foreign material. Jejunum wall measures 3.5 mm in width.

Pancreas

In the caudal aspect of the left limb of the pancreas there is a 1.1 cm in diameter round, hypoechoic lesion present that appears to be originating from the pancreas. The remaining left limb of the pancreas is diffusely mildly hypoechoic with no significant surrounding hyperechoic fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Thickened small bowel with loss of layering - Differentials for the appearance of the GI tract include small cell lymphoma, mast cell disease, less likely benign inflammatory bowel disease. Possible infectious disease such as histoplasmosis if geographically relevant.
- Mass lesion suspected to be associated with the left limb of the pancreas.
- Bilateral age related kidney changes.
- Urinary bladder debris.

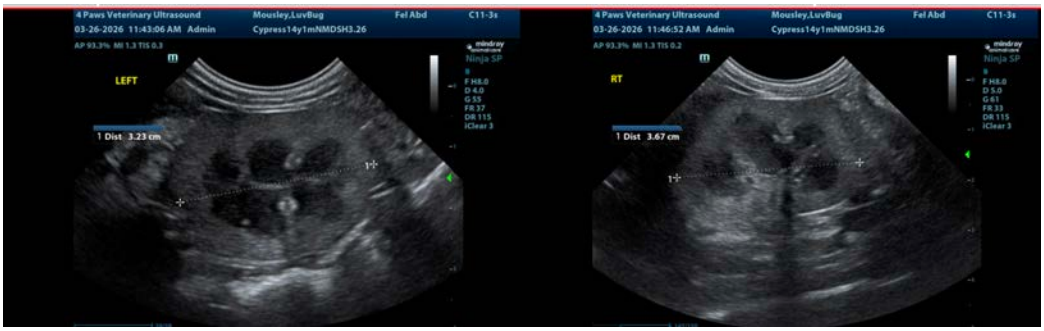
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend enteropathy panel to measure cobalamin and folate to determine if supplementation would be recommended. Recommend performing GI biopsies (either surgically or endoscopically).

If histoplasmosis is possible given your location, then recommend submitting histoplasmosis urine antigen testing before considering biopsy to rule out histoplasmosis.

Recommend fine needle aspirate of the pancreatic lesion and submitting for cytology to determine if tissue of origin is pancreas.

The patient's clinical signs may be attributed to one or several of these findings. Prognosis is open pending results of recommended diagnostics.



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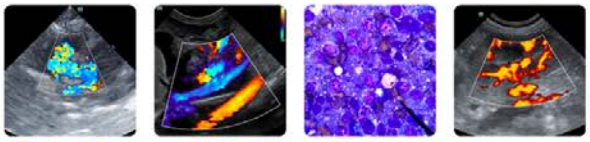

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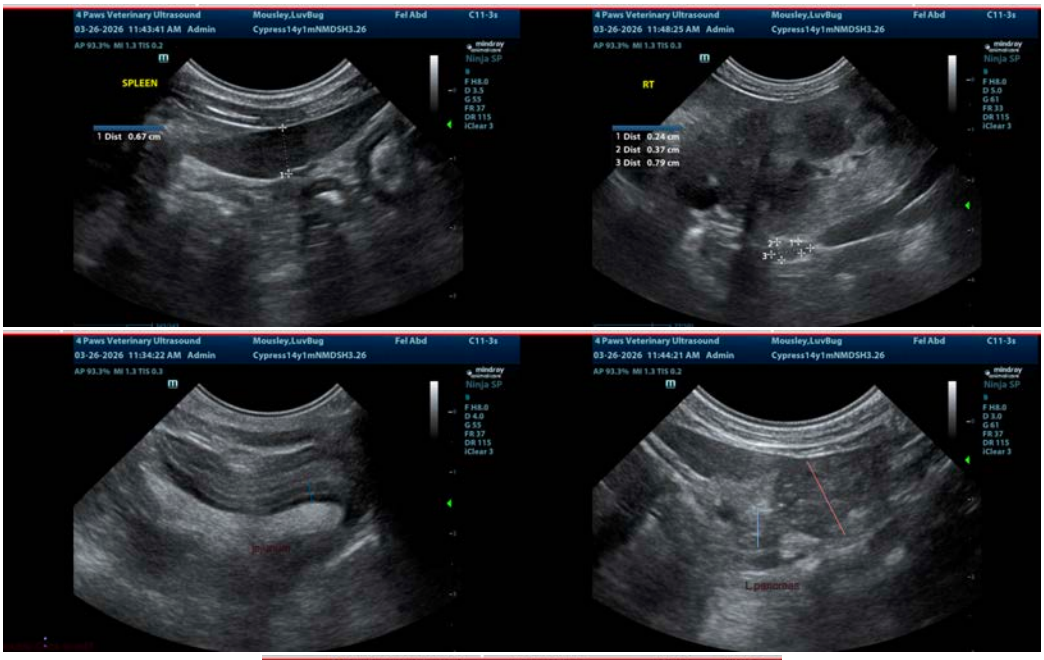

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com