



PATIENT

Link Bassett

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

9

WEIGHT

7.74

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cory Bassett

HOSPITAL NAME

All Creatures Small AH

REFERRING VET

Dr. Cory Bassett

INVOICE

11580

DATE

3/27/2026

PRESENTING CLINICAL SIGNS

- Veterinarian's cat.
- Gradual weight loss over the last 6 mos.
- Recently increased vomiting undigested food. Liquid diarrhea today.

Abnormal PE/Chem/CBC/UA Results: Mild Gingivitis CBC/Chem17/Lytes, ProBNP all normal UA USG >1.040, NSF sediment or dip Underweight.

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 3.5 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 3.6 cm in length.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



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Small intestines are moderately to markedly distended with ingesta. If patient was appropriately fasted this could indicate a significant functional ileus. No obstructive lesion (foreign body or mass lesion) was observed within the visible gastrointestinal tract.

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have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

SEX

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

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ULTRASONOGRAPHIC FINDINGS

- Moderately to markedly ingesta distended small intestine – If the patient was adequately fasted, this could indicate significant functional ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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It appears these clinical signs may be due to possible functional gastric and small intestinal ileus. Consider treating supportively with prokinetics and anti-nausea medications to determine if improvement is seen. If there is no improvement, and the patient's clinical signs exist, then recommend GI biopsies. Consider fasting this patient for a longer period of time and repeat imaging of the gastrointestinal tract. If it remains fluid filled, then at that time I would recommend possible exploratory laparotomy for GI biopsies. Endoscopic biopsies could also be considered.

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Greg Kuhlman, DVM,
DACVIM (SAIM)

Consider fasting this patient for a longer period of time and repeat imaging of the gastrointestinal tract. If it remains fluid filled, then at that time I would recommend possible exploratory laparotomy for GI biopsies. Endoscopic biopsies could also be considered. Conder a GI Panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate. If cobalamin is low, and folate is abnormal, this would be suggestive of possible chronic enteropathy. There is no obvious evidence of pancreatitis at this time. Recommend ruling out pancreatitis as the cause of patient's clinical signs.

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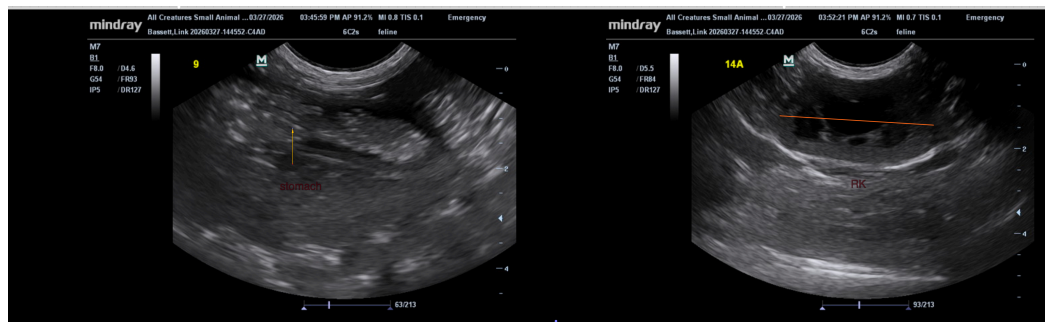
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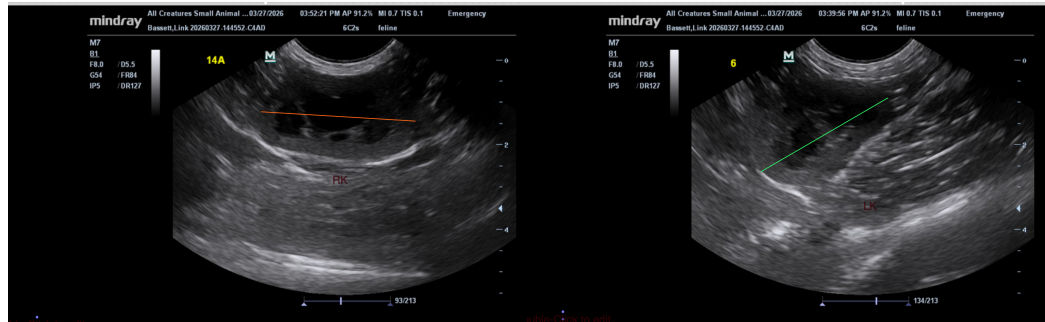
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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