

PATIENT

Marley Hayes

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.57 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount Animal
 Hospital

REFERRING VET

Dr. Bourque

INVOICE

14744

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- present for not acting like herself and hissing when touched
- no vomiting
- Chronic diarrhea: foul-smelling, soft/wet stool
- during the exam her abdomen was soft and non-painful
- weight loss was 3.8kg and is now down to 3.5kg
- Current Medications: not on any medications currently

Abnormal PE/Chem/CBC/UA Results: Calcium: 2.88 (1.95 - 2.83 mmol/L) All other blood results are WNL U/A and blood results emailed

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 3.7 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 4.2 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.0 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 4.0 mm width.

Spleen

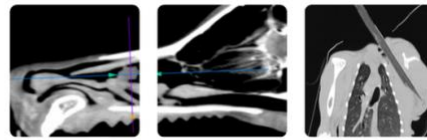
The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

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



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The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach and small intestines contained a moderate amount of ingesta.

Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal ingesta.

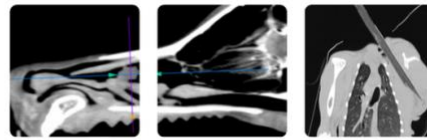
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's clinical signs seen on this exam. Given that the stomach and small intestines contained a moderate amount of ingesta that did not appear to be due to any kind of mechanical obstruction, suspected patient is either not fully fasted for this exam or may have mild functional gastric and enteric ileus. Recommend supportive care including anti-nausea such as Cerenia and a prokinetic such as metoclopramide or preferably erythromycin at a prokinetic dose which would be 0.5 to 1.0 mg/kg every eight hours. Can be given orally or intravenously.

No cause for the patient's diarrhea seen on this exam. Consider fecal pathogen PCR testing to rule out parasites and protozoa. If no parasites or protozoa are identified, and the patient fails supportive treatment with supportive care, consider submitting Texas A&M GI panel to screen the patient further for occult pancreatic or occult gastrointestinal disease, which were not seen on this exam. If a GI panel suggests possible chronic enteropathy, consider GI biopsies either surgically or endoscopically. Endoscopically preferred as it is more minimally invasive. Consider starting metronidazole for the patient's diarrhea.

Prognosis dependent on results of response to treatment and if necessary, pending diagnostics.

No specific cause seen for the patient's behavioral abnormalities. It's reported that she has not been acting like herself and is hissing when touched. If GI disease or pancreatitis are ruled out definitively as possible causes for these behavioral abnormalities and these behavioral abnormalities persist, consider a possible neurologic component.



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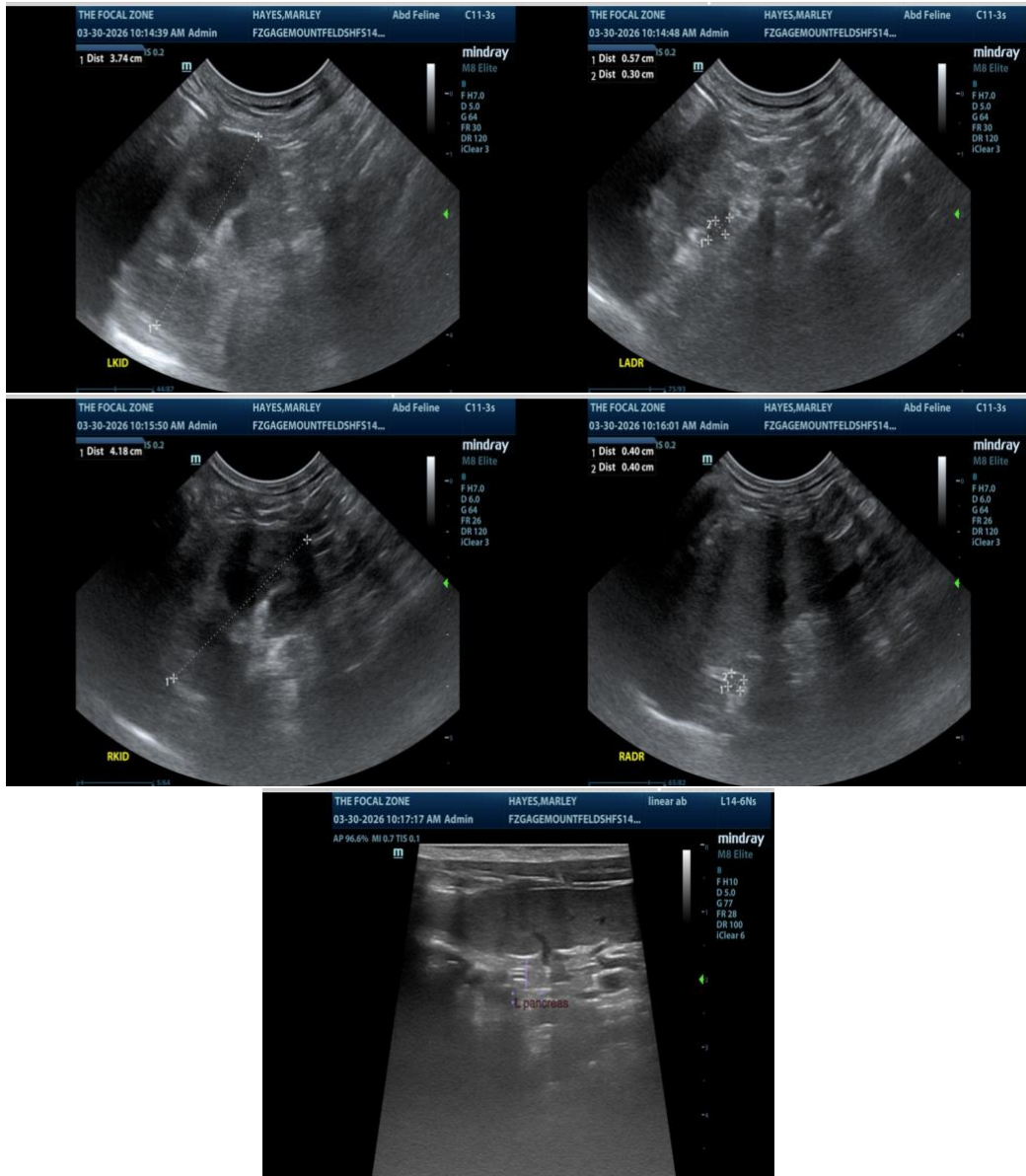
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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