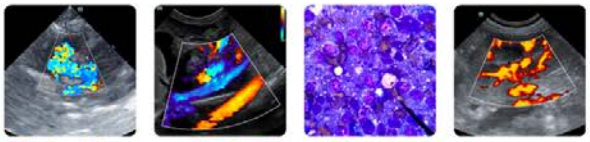


PATIENT

Lamont Green

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

14.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Eric Hartelius

INVOICE

73405

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Chronic pancreatic lipase positive. Globulin rising and albumin dropping. Losing weight,

Abnormal PE/Chem/CBC/UA Results: fPL: strong positive glob 6.1, TP 8.4 WBC 18K, Neut 16.4K

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a moderate amount of both suspended and gravity dependent echogenic debris. Ureteral papillae appear normal.

The right kidney presents normal size (3.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.09 cm) with normal shape and architecture. Normal 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 measured 4.4 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.5 mm in width.

Spleen

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

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 a small amount of hyperechoic gravity dependent debris that appears insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a moderate to marked amount of retained ingesta. No pyloric outflow tract obstruction was seen. Diffusely, the jejunum is thickened due to a thickened muscularis layer. Normal layering is retained. Jejunum wall measures 3.5 mm in width (normal feline intestine should measure <2.8 mm in width). Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas was mildly hypoechoic and normal in size at 4.0 mm in width. Surrounding hyperechoic fat is noted. The right limb was diffusely hypoechoic and enlarged 1.2 cm in width, no surrounding steatitis.

PATIENT

Lamont Green

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

14.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Eric Hartelius

INVOICE

73405

DATE

3/4/26

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened jejunum due to thickened muscularis layer – Suspect inflammatory GI disease such as small cell lymphoma versus mast cell disease, possibly inflammatory bowel disease. If geographically relevant, consider infectious diseases such as histoplasmosis. Also consider parasitism, although parasitism seems unlikely.
- Retained ingesta within the stomach – Most likely due to patient not being fully fasted for this exam. If the patient was fully fasted, then most likely there is a functional ileus present within the GI tract.
- Diffuse hypoechoic pancreas with enlarged right limb – Suspect chronic reactive pancreatic inflammation, most likely due to primary gastrointestinal disease.
- Moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

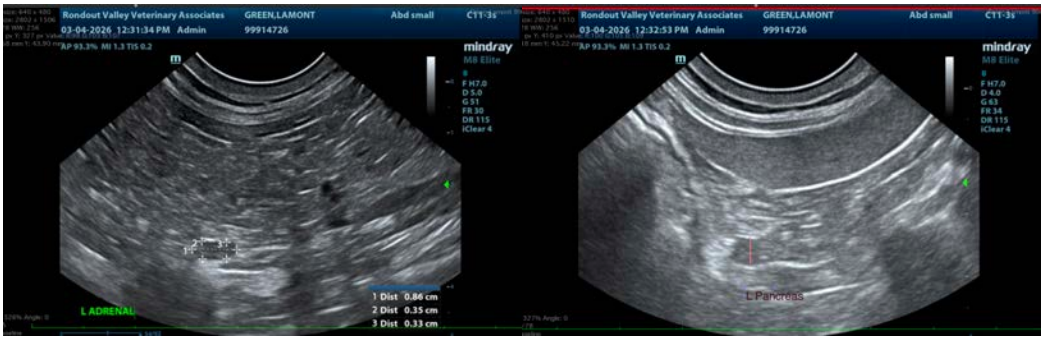
Recommend treating supportively with a prokinetic such as erythromycin or Metoclopramide.

Recommend screening for GI parasitism with a fecal pathogen PCR if this is negative. Screen for histoplasmosis via urine antigen testing. If this is negative, then recommend GI biopsies either surgically or endoscopically.

I suspect that with appropriate treatment for patient's GI disease, patient's pancreatitis will most likely resolve.

Urinalysis (if not already performed) and urine culture (if active urine sediment) is recommended.

Prognosis appears good at this time.



PATIENT

Lamont Green

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

14.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

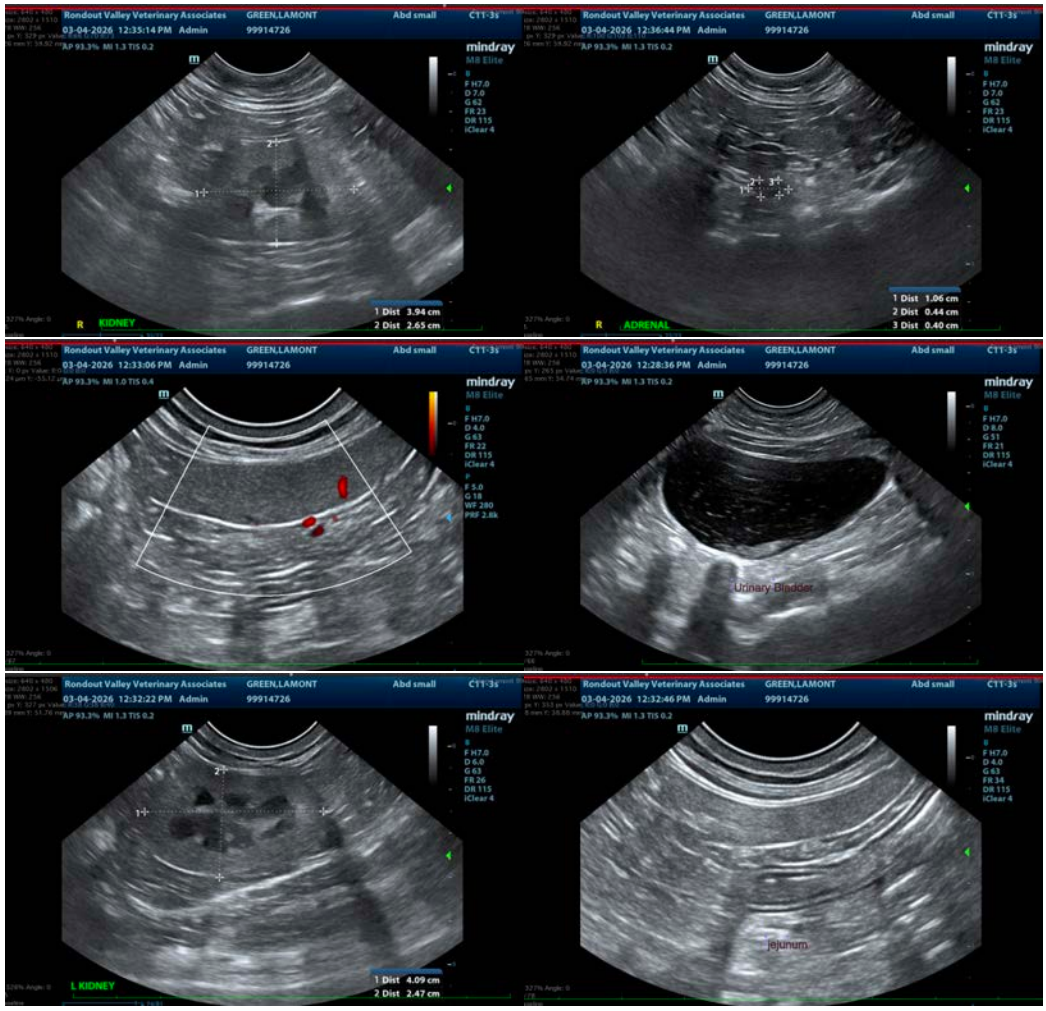
Dr. Eric Hartelius

INVOICE

73405

DATE

3/4/26



PATIENT

Lamont Green

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

14.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Eric Hartelius

INVOICE

73405

DATE

3/4/26

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