



PATIENT

Nala Longley

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

11.48 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Melissa Earp

INVOICE

73460

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Nala's history began in July 2024 with a presentation for weight loss (2.5 lbs over one year). Initial diagnostics, including thyroid level and fecal parasite screening, were unremarkable. Two months later, a re-examination revealed slightly thickened intestines and muscle loss. Further testing identified a significantly low cobalamin (B12) level. An abdominal ultrasound on September 19, 2024, showed a prominent pancreas and thickened gastric and intestinal walls. Consequently, Nala was started on B12 supplementation and a hydrolyzed protein diet.

After dose adjustments, a maintenance level of B12 was established, which has kept her levels within the normal range. This treatment plan proved successful, with her weight increasing from 10.9 lbs in August 2025 to 12.1 lbs by January 2026. She underwent an uneventful dental cleaning on February 4, 2026, during which teeth with resorptive lesions were extracted.

Abnormal PE/Chem/CBC/UA Results: Nala presented on February 23, 2026, for diarrhea that started after her dental procedure. The client described the stool as greenish and unresolved. Metronidazole (15 mg/kg) and a Fortiflora Pro probiotic were prescribed. As the diarrhea did not improve, a fecal sample was tested on February 27th, which was negative for common parasites and Giardia. Due to the lack of resolution, a follow-up abdominal ultrasound was performed today. Her weight has remained stable at 12 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. There is a marked amount of aggregating hyperechoic debris. The bladder wall is normal in appearance and thickness. No masses are seen. Ureteral papillae not seen.

The right kidney presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands are not seen on this exam.

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.



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Gastrointestinal

The stomach has normal wall layering and thickness. The jejunum is diffusely mildly thickened with sections measuring up to 3.0 mm (normal feline jejunum measures <2.8 mm). Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely very 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

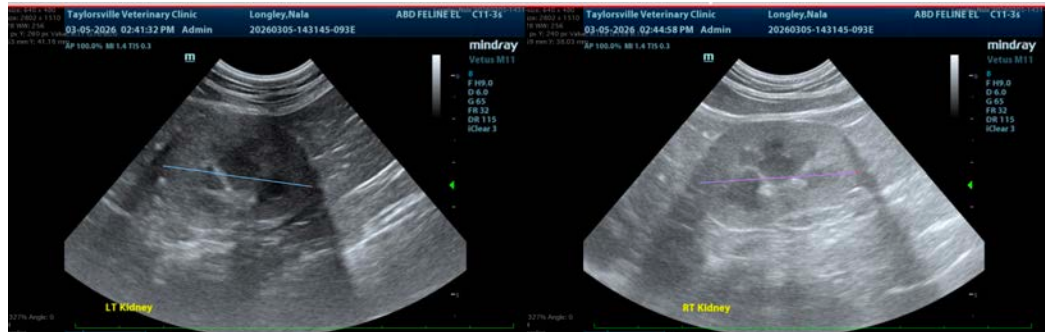
- Urinary bladder debris - Suspect possible urinary tract infection.
- Thickened small intestine - Suggestive of possible infiltrative GI disease such as inflammatory bowel disease versus lymphoma versus mast cell disease.
- Hypoechoic pancreas - Most likely reactive process to the underlying GI disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis if not performed, and urine culture if indicated by urinalysis.

If geographically indicated, consider histoplasmosis for the GI disease. At this time, given the clinical signs, recommend GI biopsies either surgically or endoscopically for histopathology to determine etiology of GI disease to formulate an optimal treatment plan.

Prognosis is open pending results of recommended diagnostics.





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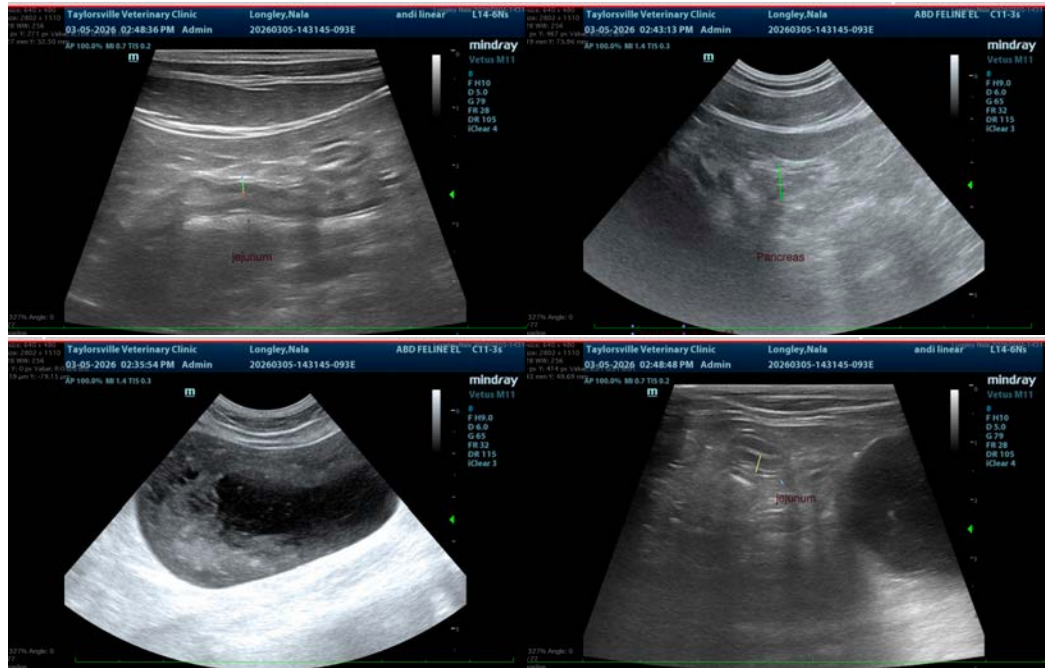
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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