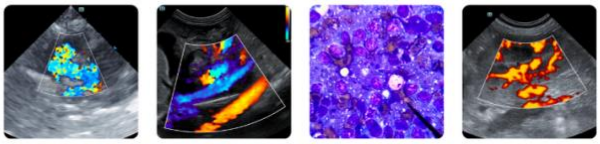

PATIENT

Louie Moussa

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

14 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Dulude

INVOICE

14135

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Vomiting - 2wks intermittent now more frequent
- No medications

Abnormal PE/Chem/CBC/UA Results: Eosinophils 1334 (209-1214) Neutrophils 1734 (2620-15170)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is small in size with anechoic urine. No uroliths are seen. The bladder wall diffusely appears normal in appearance and thickness. No bladder stones or masses are seen. A moderate amount of suspended echogenic debris was present. Ureteral papilla was not seen.

The left kidney presents normal size with normal shape and architecture. Mild loss of 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. Marked loss of 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 3.9 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.4 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 gastric wall appears diffusely normal in thickness and layering measuring 3.3 mm in width. The gastric lumen contains a mild amount of retained fluid. The ileum was diffusely thickened measuring 3.8 mm in width. Loss of normal layering was present diffusely. No mechanical obstruction is seen nor pyloric outflow obstruction. Diffusely, jejunum is thickened due to a thickened muscularis layer. Jejunum measures 3.6 mm in width. Normal feline jejunum should measure less than 2.8 mm in width.

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There are segments of jejunum that measure up to 4.1 mm in width. There are segments of jejunum that have normal layering present and segments that appear to have loss of normal layering.

Pancreas

The visible left/right limb of the 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

- Urinary bladder debris.
- Mild gastritis pattern with fluid filled gastric lumen.
- Thickened jejunum/ileum with loss of normal layering.
- Bilateral decreased corticomedullary distinction consistent with chronic kidney disease.

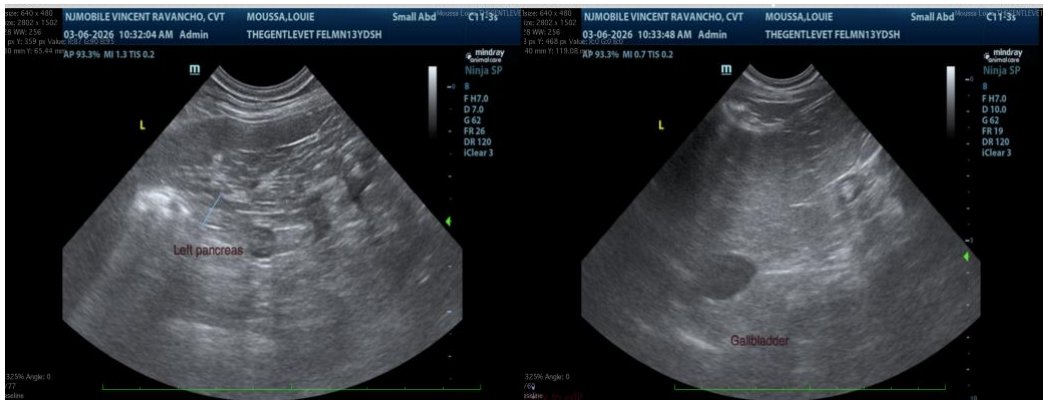
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urinalysis is not performed, recommend performing urinalysis and if active urine sediment, add on urine culture and antibiotic sensitivity to rule out UTI.

The thickened small bowel is due to a thickened muscularis layer. Differentials include most likely small cell GI lymphoma or mast cell disease. Less likely benign inflammatory bowel disease. Parasitism as a cause of the GI thickening and loss of layering is possible but not highly likely. Recommend fecal pathogen PCR to rule out parasitism. If parasitic, recommend Texas A&M GI panel to screen for chronic enteropathy and determine if cobalamin and/or folate supplementation are necessary. If T4 has not been performed, recommend T4 to rule out hyperthyroidism as a cause of the vomiting.

If all secondary causes for vomiting have been ruled out, then recommend GI biopsies either surgically or endoscopically. Recommend full staging, monitoring and managing of the patient per the International Renal Interest Society guidelines.

Prognosis open pending results of recommended diagnostics and response to treatment.



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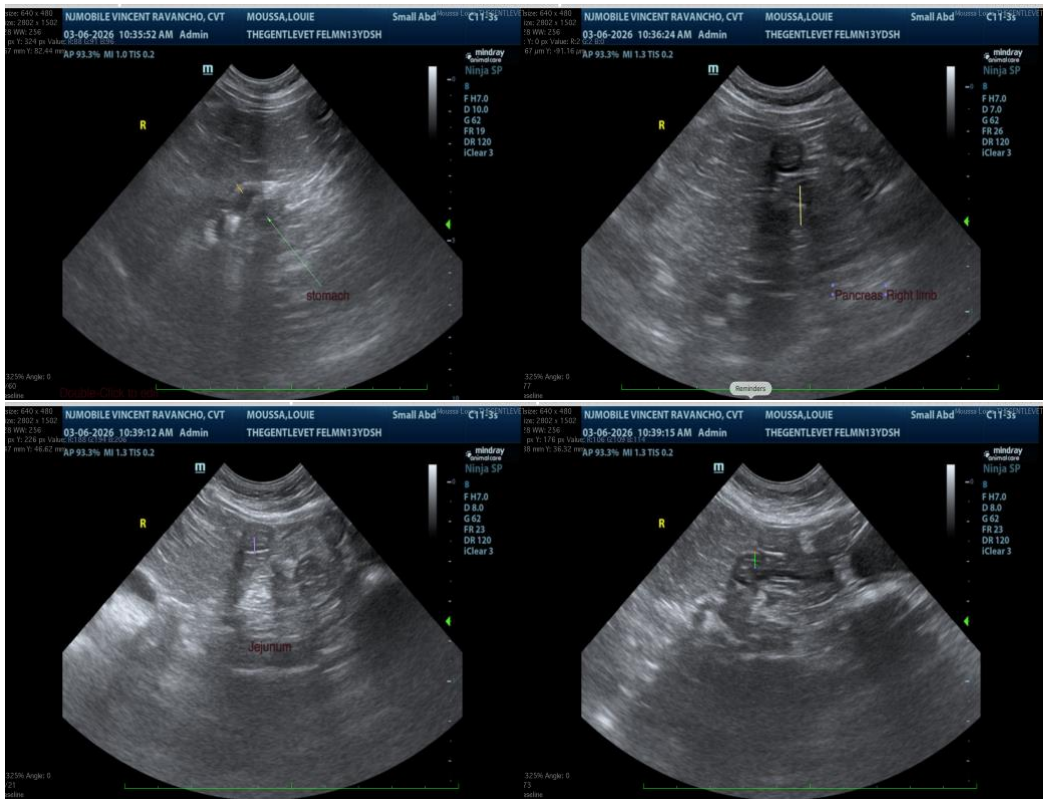

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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