



PATIENT

Oonah Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

4.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Lameg

INVOICE

14157

DATE

03/09/26

PRESENTING CLINICAL SIGNS

- Has cerebellar hypoplasia
- Intermittent vomit, eating and drinking normally.
- New murmur
- Workup for GI signs and new heart murmur

Abnormal PE/Chem/CBC/UA Results: Garde 3/6 left side systolic murmur BCS 5/9 Lab work including FPLI normal. Rads: Thorax nsf Abdomen: Deviation of descending colon to the right, no palpable organ of mass causing deviation was detected on palpation.

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. Ureteral papilla not 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 3.4 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 3.4 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 2.6 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 2.4 mm in width.

Spleen

Diffusely, the spleen is mildly enlarged measures 9.5 mm in width. Diffusely, spleen has hypoechoic echogenicity with normal echotexture.

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 is small in size and contains a small amount of normal appearing bile. No gallbladder abnormality seen.

Gastrointestinal



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The stomach has normal wall layering and thickness. Colon contains formed stool. The gastric wall measured 1.2 mm in width. Stomach contains mild to moderate amount of retained ingesta. No pyloric outflow tract obstruction is seen. Patient does not appear completely fasted for this exam. Diffusely the duodenum, jejunum, and ileum contain mild to moderate amount of ingesta in the intestinal lumen. Visible small bowel wall appears to have normal layering and appears to have normal thickness.

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.

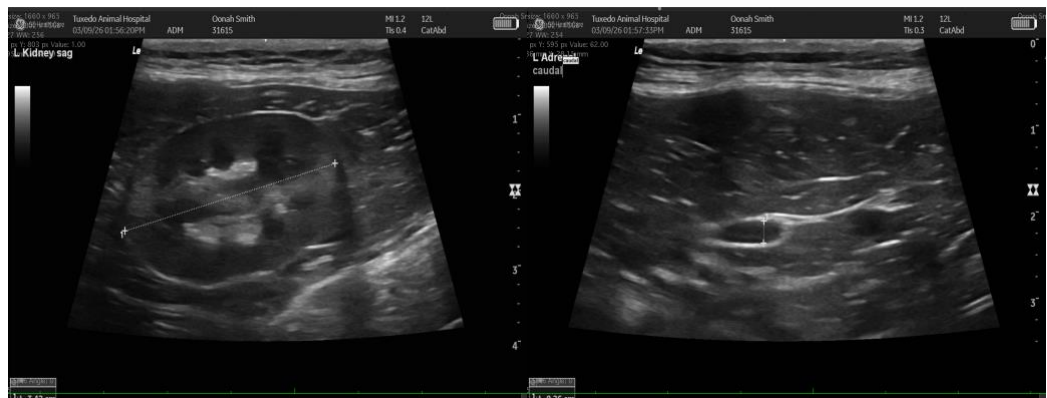
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic spleen- possible infiltrative neoplasia i.e. lymphoma or mast cell disease, less likely infectious disease such as Bartonella or possibly normal variation.
- GI ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the spleen and submission for cytology.

No cause for the patient's intermittent vomiting seen on this exam. Recommend submitting Texas A&M GI panel to rule out occult gastrointestinal disease as cause of as potential cause of the patient's chronic vomiting. If occult gastrointestinal disease is ruled out, then it is suspected that patient's intermittent vomiting may be due to the reported neurologic disease. A fPLI was performed in normal so pancreatic disease does not appear to be the cause of patient's vomiting. No lesion was seen on this ultrasound to be deviating the colon.





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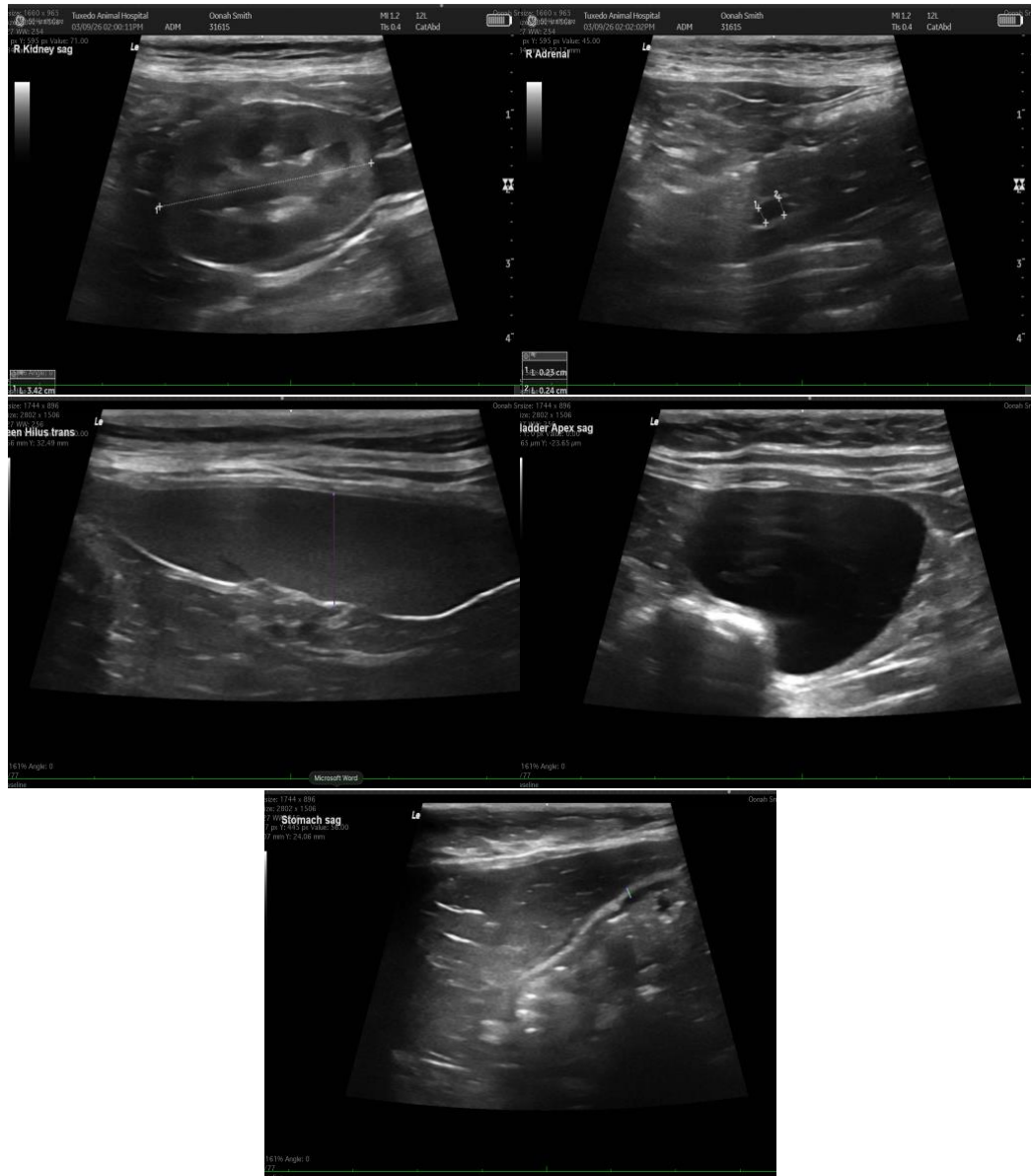
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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