



PATIENT

Leo Lutz

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.8 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Cynthia Kinney

INVOICE

15062

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Leo is a very nice 15 year old male/neutered DMH who has a history of diarrhea starting in December. Owner initially thought the diarrhea started after the Solensia (for idiopathic cystitis) and renal diet (mild renal changes) addition but then realized it may have started before then, diarrhea improved on metronidazole and then he relapsed, it did improve on Tylan but is still soft, there has been some variability in administration of meds as directed, ongoing probiotics have been recommended, an AUS and Texas GI panel was recommended due to ongoing diarrhea issues, he does have a history of idiopathic cystitis

Texas GI panel and renal panel were submitted to lab today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a hypoechoic irregularly shaped intraluminal mass lesion present in the cranial ventral aspect of the urinary bladder that measures 1.5 cm x 0.75 cm in size. The bladder also has mild echogenic debris present within the anechoic urine. The mass in the bladder is possibly neoplastic in origin such as lymphoma or transitional cell carcinoma. Possibly, this lesion may represent a hematoma but that seems unlikely.

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 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 3.7 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 1.9 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is 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 has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Diffusely, the small bowel appears normal in thickness with sections measuring up to 2.3 mm in width. However, the muscularis layer does appear to be subjectively moderately thickened and there are segments of small bowel that have loss of normal layering appearance. The appearance of the small bowel is suggestive of chronic inflammatory enteritis. Differentials include lymphoma, mass cell disease, possibly benign process such as inflammatory bowel disease.

Ileum is markedly thickened at 4.9 mm in width and there is a moderate to marked amount of surrounding hyperechoic fat around the ileocolic junction. There are multiple mildly to moderately enlarged hypoechoic mesenteric lymph nodes present surrounding the ileum. A representative enlarged mesenteric lymph node in the area of the ileocolic junction measures 2.8 mm x 5.6 mm in size. These lymph nodes are hypoechoic and have a rounded contour consistent with enlargement most likely due to a neoplastic process such as lymphoma or mass cell disease. These lymph nodes do not appear to be easily accessible for a fine needle aspirate.

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

- Urinary bladder mass lesion.
- Small bowel thickening.
- Mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider doppler exam with ultrasound to determine if blood flow is present within urinary bladder mass lesion. If mass lesion is suspected, consider fine needle aspirates of mass for cytology. With the location of the mass, it appears to be a minimal to surgical resection and submitting for histopathology.

If geographically relevant, consider histoplasmosis as a possible diagnosis. If the Texas A&M GI panel is consistent with a chronic enteropathy, consider either surgical or endoscopic biopsies for histopathology of the GI tract. If patient has surgery to surgically resect the urinary bladder mass, consider obtaining biopsies of the GI tract at the same under this during the same procedure.

The patient's clinical signs of diarrhea are most likely attributed to the disease process causing abnormality in the ileum and the jejunum.

Prognosis is open pending determination as to the etiology of a patient's GI disease.



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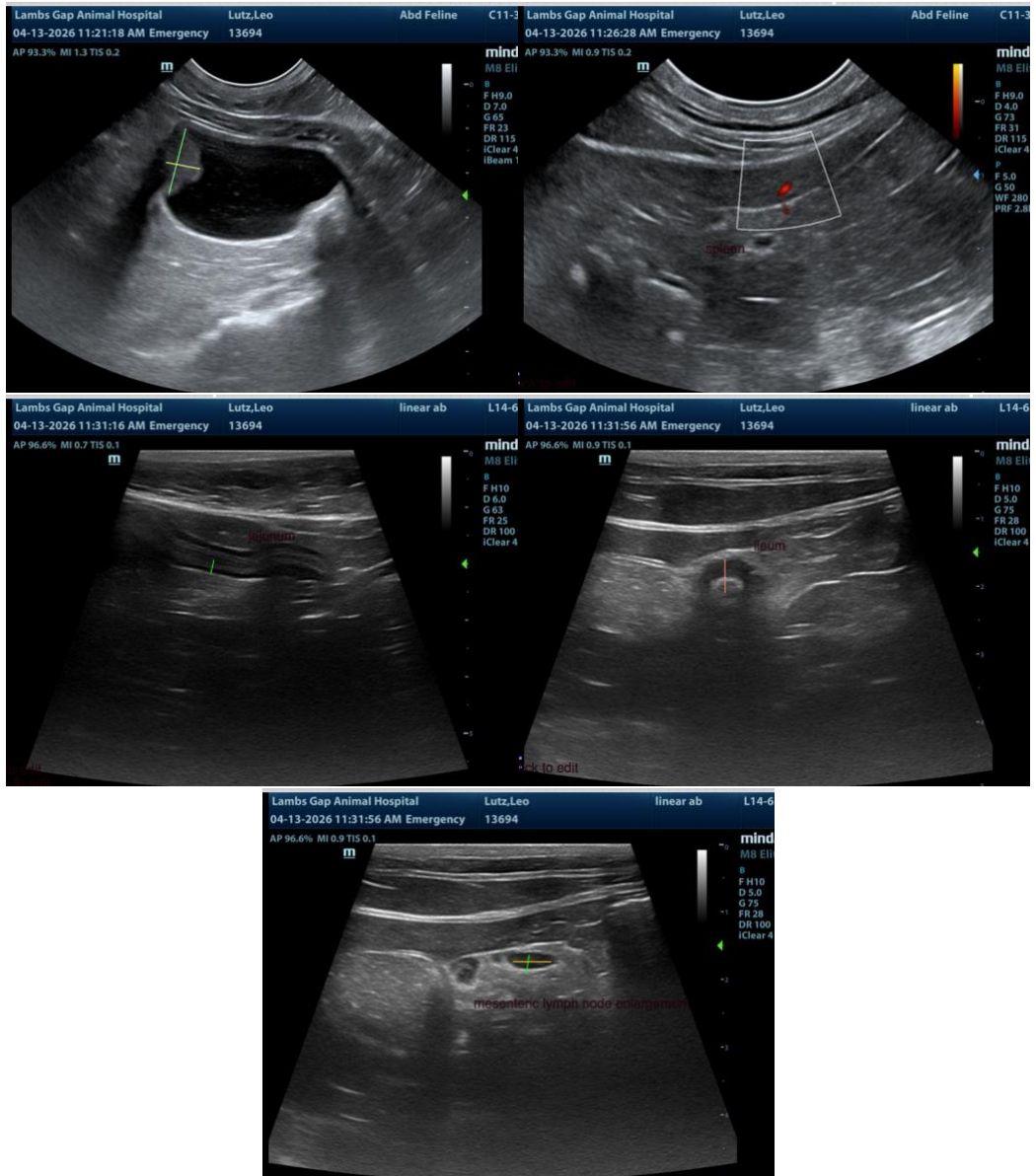
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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