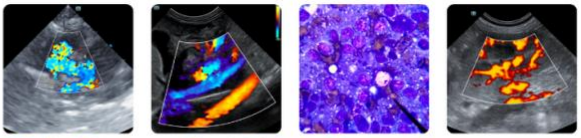

PATIENT

Romeo Horlacher

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Lembo

INVOICE

36581

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: BCS 7/9; Decreased appetite, lethargic, weight loss. Hunched back, painful hips, otherwise appears healthy. Current Meds: Gabapentin. Abnormal PE/Chem/CBC/UA Results: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (4.2 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.0 cm in length) 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 measures 4.0 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.2 mm width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Blood flow was normal.

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 stomach has normal wall layering and thickness. Diffusely, the majority of the small bowel appears normal. There are several segments of small bowel that have mild loss of layering and a moderately thickened muscularis. The significance of these findings are unknown. It is unlikely that these findings with the small bowel are related to the patient's current clinical signs. Colon contains normal contents with normal wall thickness.

Pancreas

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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. No evidence of pancreatitis seen on this exam.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Several thickened segments of small bowel with loss of layering- differentials for these changes within the small bowel would potentially be inflammatory bowel disease, less likely small cell lymphoma or mast cell disease at this time.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider submitting a Texas A & M GI panel to screen further for possible chronic enteropathy. If a chronic enteropathy is suspected, monitor patient, and if GI signs such as weight loss, diarrhea or vomiting begin to occur, then consider GI biopsies either surgically or endoscopically. If histoplasmosis is endemic to the patient's geographic region, consider screening for histoplasmosis as cause of the segmental changes to the small bowel.

No obvious cause for the patient's reported clinical signs are seen on this exam. Consider further work up for orthopedic or possible neurologic disease is recommended. No cause for the patient's decreased appetite is seen on this exam. It is not highly suspected that the patient's decreased appetite is due to the segmental changes in the small bowel.

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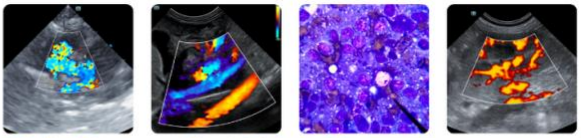

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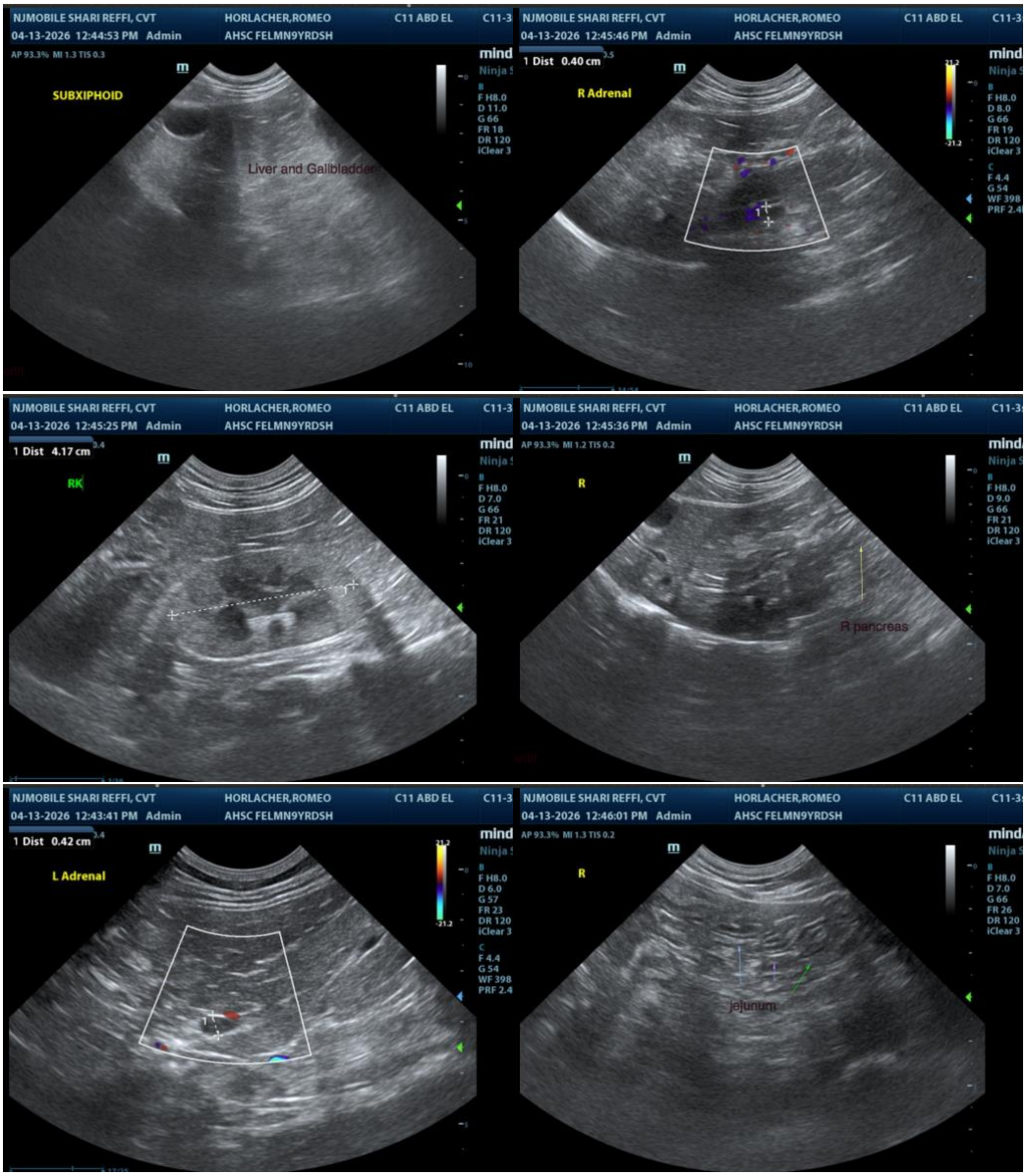

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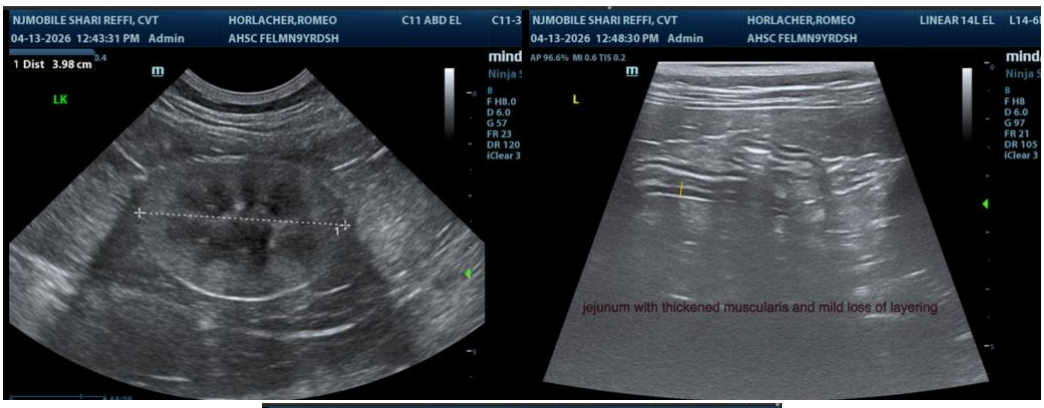

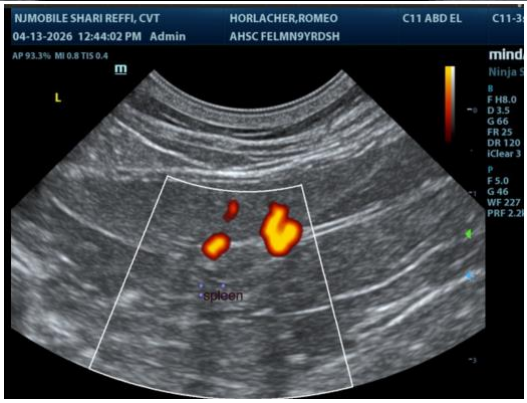

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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