



PATIENT

Jordy Schantz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years 7 Months

WEIGHT

8.88 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn
McFarlane, DVM
(Internal Med)

INVOICE

74462

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Recheck AUS following pancreatic and renal changes on previous AUS. Recently hospitalized 3/11/26 for pancreatitis and intermittent fever. First Internal Med consult this afternoon. O reported clinically improved after ER discharge. No vomiting, E/D normally. Normal behavior. Weight loss of 1.14 lbs that was intentional.

PMH: Asthma Meds: Prednisolone PO, (may transition to inhaled steroid) Diet: GI Biome/Fiber/Stress Care - may no longer be on this diet and changed back to regular cat food.

Abnormal PE/Chem/CBC/UA Results: Prev AUS (3/9/26): Undefined pancreatic changes – strong concern for pancreatic carcinoma versus pancreatitis and necrosis. • Swollen kidneys – potential nephritis versus round cell neoplasia. No recent BW at this time. IM consult pending further diagnostics.

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 mild 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 is smaller in size than on the previous ultrasound performed 3/9/26 yet is still mildly enlarged at 5.1 cm. Otherwise appears normal.

The left kidney is smaller in size than on the previous ultrasound performed 3/9/26 yet is still mildly enlarged at 5.0 cm. Otherwise appears normal.

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 measure 2.9 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.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is normal in size and diffusely mildly hypoechoic with hyperechoic foci present throughout the parenchyma. No surrounding steatitis. No evidence of masses seen. The patient appears to have mild pancreatic inflammation at this time. No pathology seen in the area of the right pancreas. No hyperechoic fat.

Free Abdomen

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

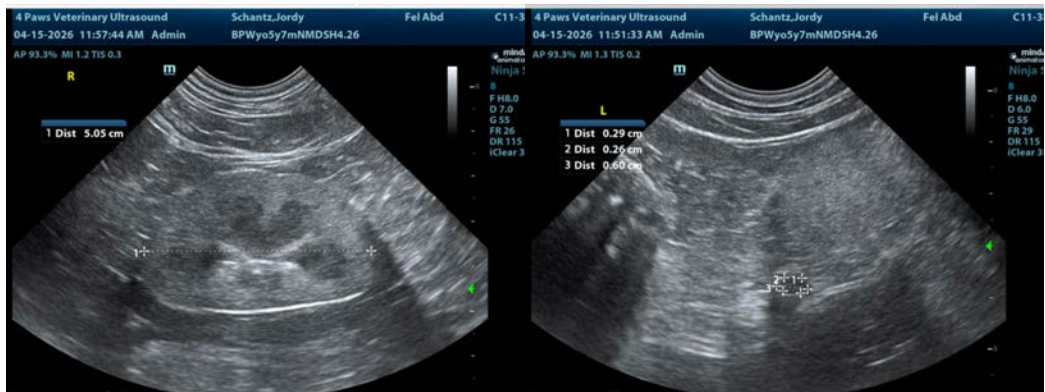
ULTRASONOGRAPHIC FINDINGS

- Suspect chronic pancreatic inflammation causing mild pancreatic hyperplasia.
- Mildly enlarged kidneys, otherwise appear normal – Concern for renal round cell neoplasia is not present based on this ultrasound at this time. I suspect patient may have had nephritis that is resolving.
- Mild urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously seen severe pancreatic changes that were present on the ultrasound performed 3/9/26 appear to no longer be present. No concern for pancreatic carcinoma or necrotic pancreatitis seen on this exam.

Consider examining both kidneys via ultrasound in three months to determine if complete resolution has occurred.





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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

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