

**PATIENT**

Sophie Ownen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 1 Month

WEIGHT

6 kg

INTERPRETED BYGreg Kuhlman, DVM,
DACVIM (SAIM)**IMAGING
PERFORMED BY**

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing

INVOICE

74457

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Recheck AUS. 3/6/26 was hospitalized for vomiting, lethargy and weight loss (about 4 lbs in 1 yr). Suspected mild pancreatitis +/- IBD. AUS revealed over normal GIT and Pancreas, however, mild mesenteric lymphadenopathy was noted. Following abdominal LN's, GIT, pancreas for progression vs improvement. After ER visit, started on a hydrolyzed protein diet and has been doing well on the new diet. Clinical improvement noted at home. Maintaining weight, no further weight loss over the past 6 weeks.

Meds: Lysine supplement. Diet: Hydrolyzed protein diet - doing well on new diet

Abnormal PE/Chem/CBC/UA Results: Prev AUS 3/6/26: Overall sonographically normal gastrointestinal tract. • Intermittent mild mesenteric lymphadenopathy with perilymphatic hyperechoic omentum. • Normal area of pancreas. • Nonspecific indistinct bilateral renal medullary rim sign. • Mild urine sediment. 3/6/26: Texas GI panel: TLI 69.4-n (12-82), Cobalamin >1000 (29-1500), Folate 23.3 H (9.7-21.6)

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. No papillae seen.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) 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 3.3 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.5 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. The stomach contains a mild amount of food material, no obstruction seen. Small bowel wall measures approximately 2.5 mm in width, which is normal, with a normal muscularis layer. The ileum is normal and measures 2.8 mm in width. Colon contains normal contents with normal wall thickness. No evidence of gastrointestinal disease.

Pancreas

The area of the pancreas appears normal. No evidence of pancreatitis seen.

Free Abdomen

Mild intermittent mesenteric lymphadenopathy noted. A representative node measures 1.98 cm x 0.42 cm. There is mild hyperechoic fat surrounding several of the lymph nodes.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

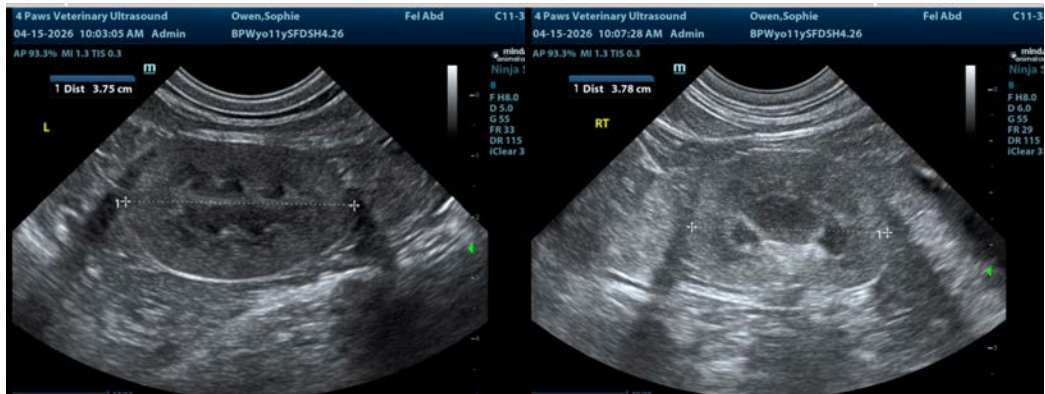
- Mild intermittent mesenteric lymphadenopathy – Nodes appear reactive, less likely mildly enlarged due to neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's clinical improvement after starting hydrolyzed diet, I suspect the patient's clinical signs were due to food hypersensitivity. Recommend continuing the hypoallergenic diet indefinitely. This diet should be fed on a very strict basis.

No medullary rim sign seen in either kidney today.

Patient's prognosis appears good at this time. No recommended ultrasound rechecks at this time unless the patient's clinical signs return.





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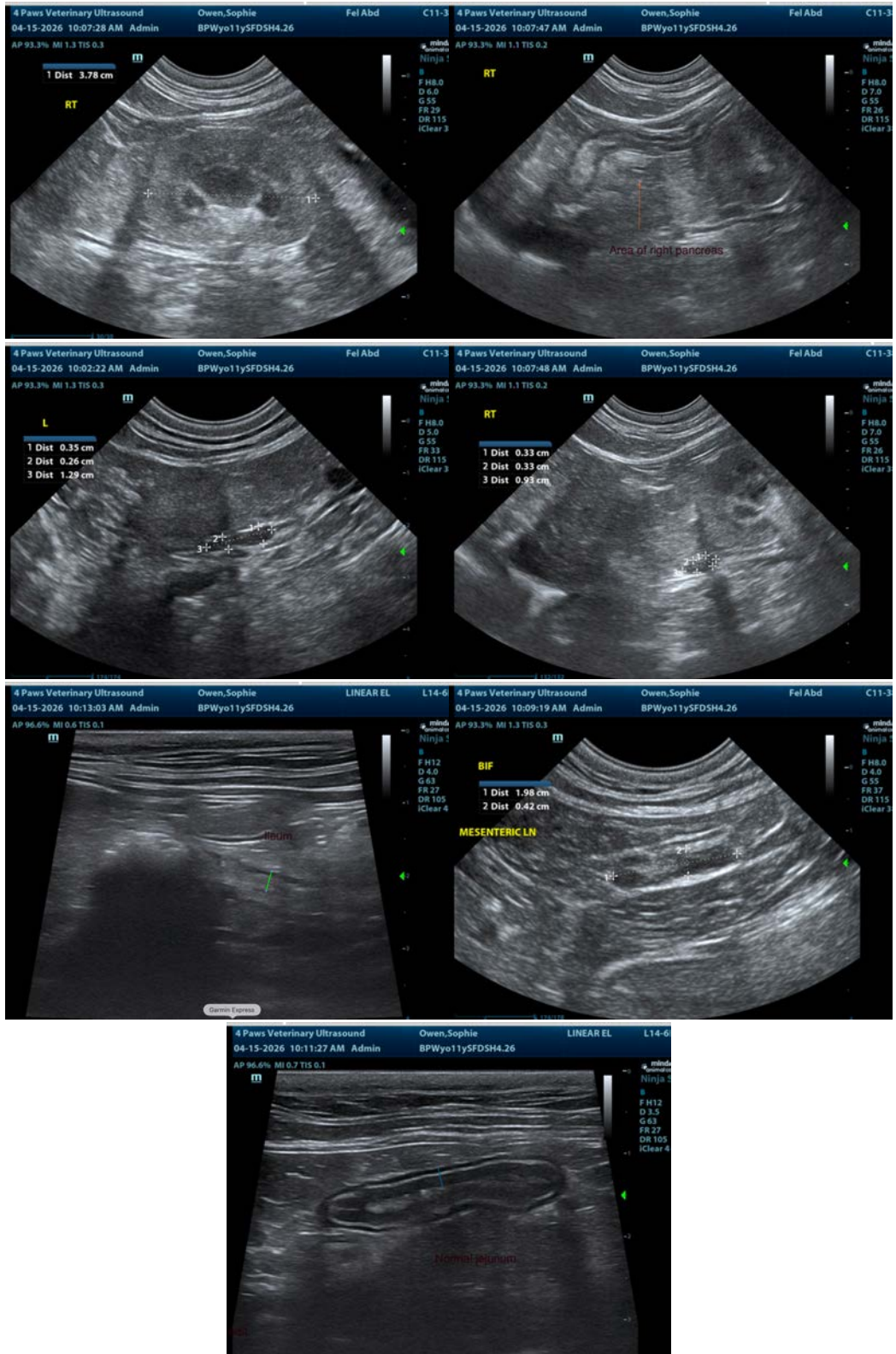
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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