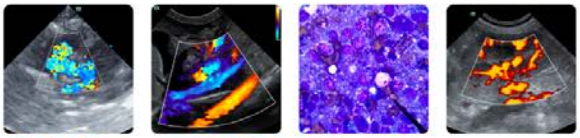

PATIENT

Uma Suggs

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 5 Months

WEIGHT

8.3 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Sturgill

INVOICE

74472

DATE

4/15/26

PRESENTING CLINICAL SIGNS

P presented for US due to weight loss of 11.1-8.3 over 6 months even with a ravenous appetite and food seeking behavior. (11.1 → 8.3 lbs over ~6 months) despite a ravenous appetite, including new food-seeking behavior. She is currently fed Iams Indoor weight/hairball diet with recent feeding changes (automatic feeder). No vomiting, diarrhea, or respiratory signs reported. CBC/CHem/T4 unremarkable

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 presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.4 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 measured 4.4 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.0 mm in width.

Spleen

The spleen is mildly enlarged, measuring 1.05 cm in width. The spleen otherwise appears unremarkable.

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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The duodenum, jejunum and ileum all have normal thickness and layering. Colon contains formed stool. The colon wall appears diffusely normal in thickness.

Pancreas

The pancreas is diffusely mildly hypoechoic without surrounding hyperechoic fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged spleen – Most likely due to sedation.
- Diffusely mildly hypoechoic pancreas – Potential mild pancreatitis
- Mild urinary bladder debris – appears non-pathologic.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary gastrointestinal disease is not suspected based on this ultrasound. No specific cause for the patient's recent weight loss seen. Given that the patient appears to have a ravenous appetite with food-seeking behavior, a malabsorptive or cachectic recent would be suspected for the weight loss. Recommend submitting a Texas A&M GI panel to screen the patient for occult gastrointestinal disease not seen on this ultrasound. If the patient does have low cobalamin or changes to folate, malabsorptive disease may be present. If malabsorptive disease is present, recommend considering switching to a hydrolyzed diet to treat for possible food hypersensitivity. If the patient fails a food trial, then at that time consider GI biopsies either surgically or endoscopically.

If malabsorptive disease is ruled out, recommend reevaluating the patient's T4. If T4 is in the upper end of the normal range, consider submitting a full thyroid panel to screen for possible early hyperthyroidism as a cause of the patient's weight loss and ravenous appetite. If T4 is in the low or mid end of the reference range, then hyperthyroidism is not likely. If hyperthyroidism is definitively ruled out, recommend 3-view chest radiographs to screen for possible other causes for the patient's weight loss.

I would also recommend inquiring with owners what the patient's daily caloric intake is specifically to make sure it is meeting the patient's caloric needs.

Confirm pancreatitis by submitting an fPLI. If confirmed, it is most likely secondary and not primary in nature.

Recommend urinalysis. If active sediment, recommend urine culture.

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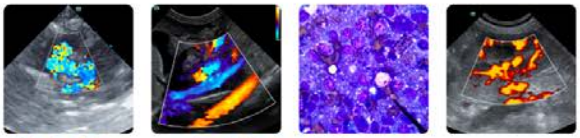

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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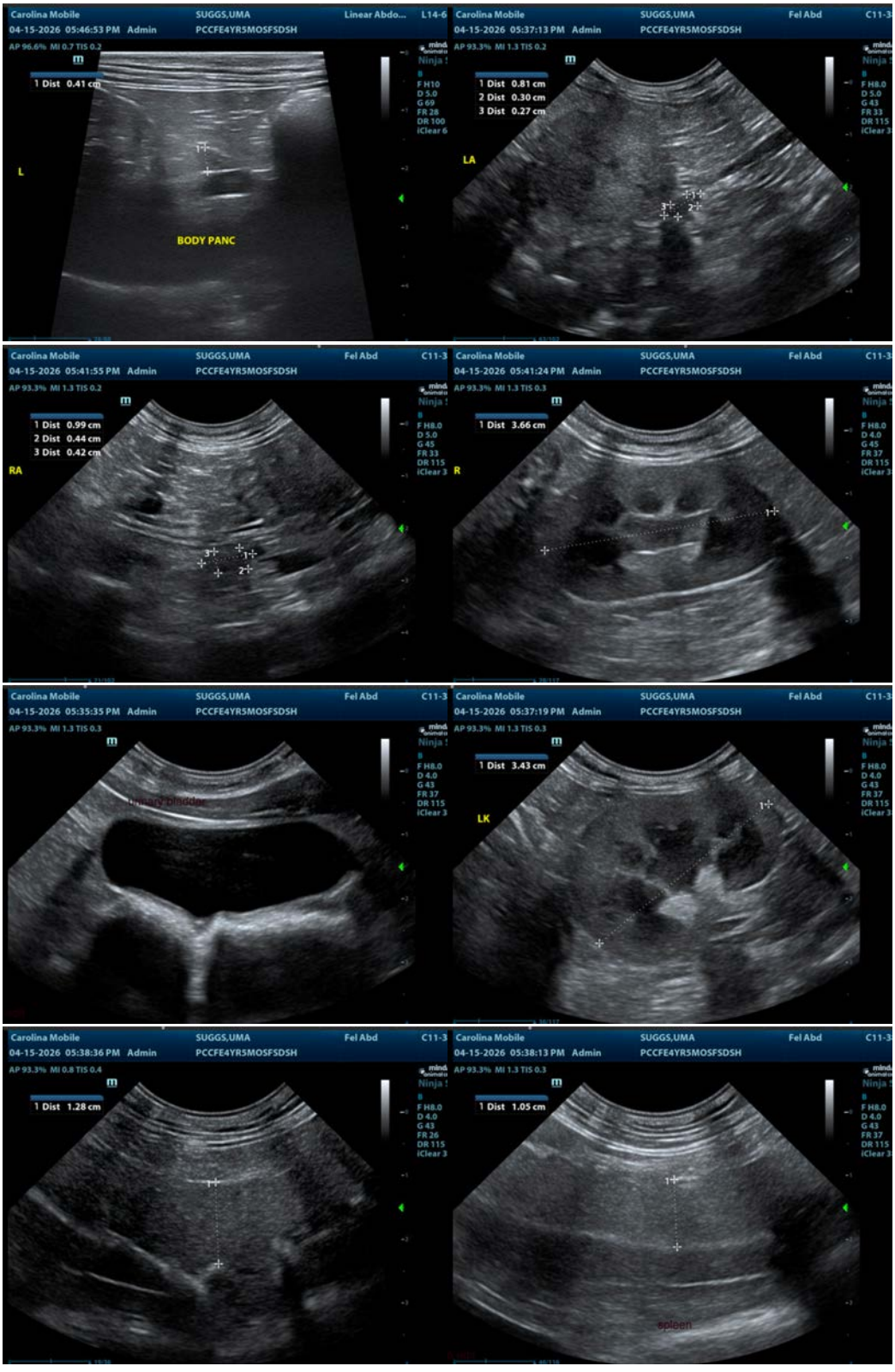

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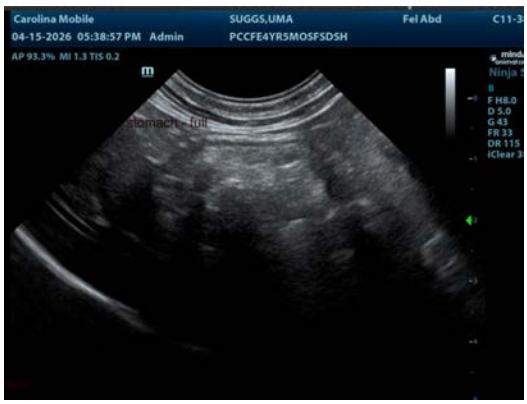

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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