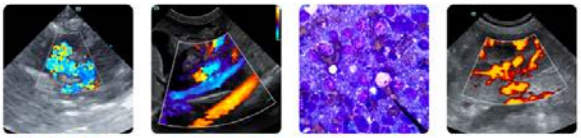


PATIENT

Clover Elizonao

SPECIES

Feline

BREED

American Shorthair

SEX

Spayed Female

AGE

10 Years 1 Month

WEIGHT

4.39 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

BPH Bridgewater

REFERRING VET

Dr. Sousa

INVOICE

74520

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Refusing Foods, decreased water intake. Dental in late March, persistent anorexia since. Newly diagnosed 2/6 hm on 4/4. Normal BW on 3/28. Ddx: Gastroenteritis, pancreatitis, cholecystitis (bw not support) vascular event?

Current medications - Cerenia 1/4th tab SID. Mirtazapine transdermal q24h

Abnormal PE/Chem/CBC/UA Results: Unremarkable Abd Rads from 4/4. Normal proBNP and SDMA from 4/4. Suspect UTI with casts from 3/28. USG 1.050.

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 a mild amount of 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 (3.1 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 3.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.9 mm in width.

Spleen

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

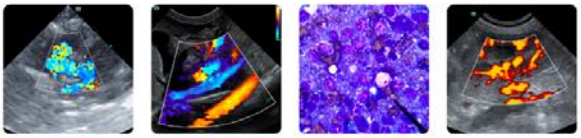
Liver

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. The small bowel wall is moderately to markedly thickened due to a moderately thickened muscularis layer. Normal feline intestines should measure <2.8



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mm in width. The patient has segments of jejunum that measure 3.9 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas appears mildly diffusely hypoechoic without surrounding hyperechoic fat, consistent with reactive pancreatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder debris.
- Thickened small bowel wall – Most likely consistent with a chronic inflammatory enteropathy. Differentials include moderate to severe inflammatory bowel disease versus a neoplastic cause such as small cell lymphoma or mast cell disease. Less likely an infectious cause, given that the patient does not live in an area endemic for diseases such as histoplasmosis.
- Reactive pancreatic inflammation – Most likely due to underlying GI disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting a Texas A&M GI Panel to determine if patient requires supplementation of cobalamin or folate, and to determine if a dysbiosis may also be present. Given the patient's chronic clinical signs and appearance of GI tract, consider performing GI biopsies either surgically or endoscopically to determine etiology. I suspect the patient's clinical signs are due to the appearance of the GI tract.

The Texas A&M GI panel will include an fPLI, which help screen for the degree of pancreatic inflammation present and whether pancreatitis may be a component of patient's recent illness. I suspect that any pancreatic inflammation will resolve once a treatment protocol for patient's suspected GI disease is initiated.

If urinary tract is still suspected, consider submitting a urine culture based on the presence of urinary bladder debris.

Prognosis is open pending determination as to the underlying cause of the patient's GI disease.

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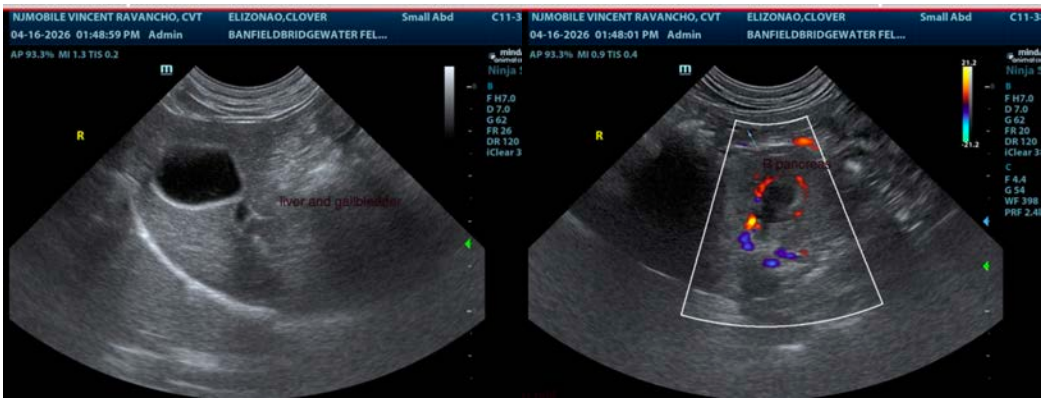

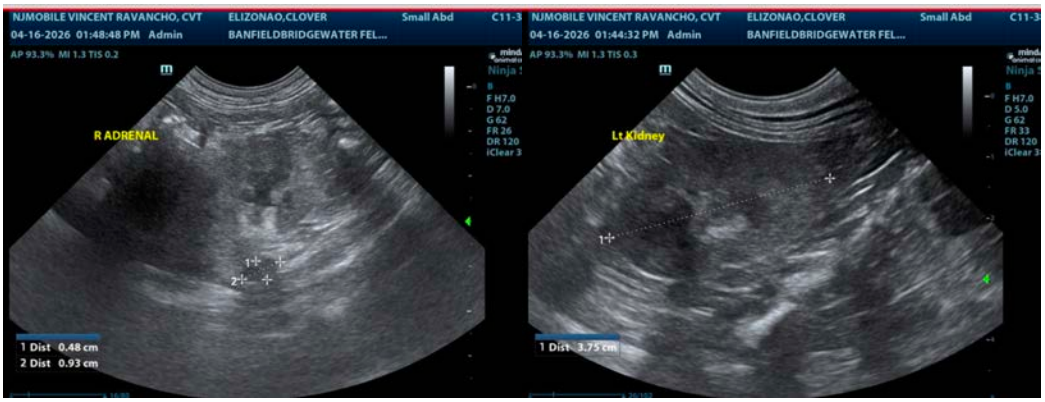

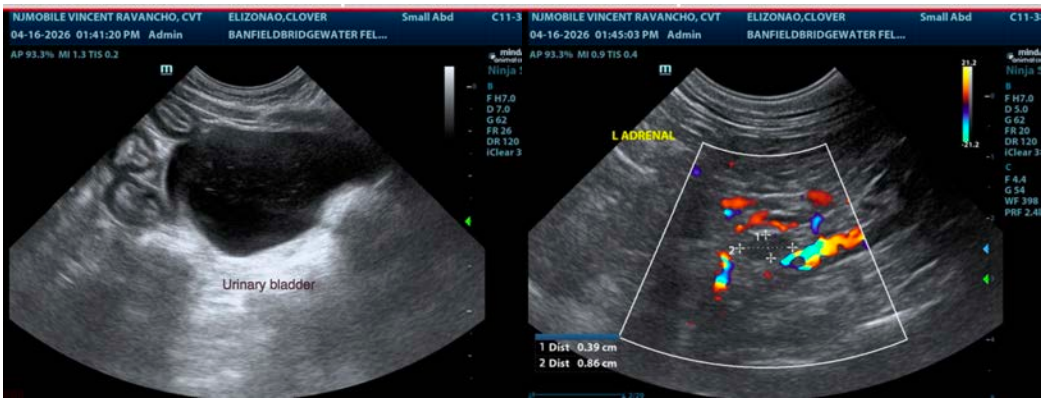

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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