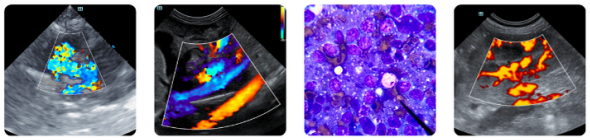


PATIENT

Leo Marcioni

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

8.9

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mavis McCormick

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Mavis McCormick

INVOICE

11733

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

Has a history of chronic diarrhea. Have tried different diets but hard to stay on a consistent hydrolyzed diet w/ having multiple cats in the house. This is a history of years of having diarrhea. Did a diarrhea panel after the u/s in May 2025 but has not done a GI panel.

Current diet is Fancy Feast canned, shrimp and royal canin HP/Renal; also gets pumpkin and visbiome.

1/7/26: Comprehensive Bloodwork cbc: wnl/nsf, chem: wnl/nsf, T4 2.6, UA: USG 1.019 1 + protein; 3 + blood; RBC 50-75, cysto 6/2/25: Fecal PCR Panel, Corona Virus Pos, C.Perf Alpha Toxin gene Pos, C.Perf Enterotoxin Pos.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a very minimal amount of urine. Definitive analysis of urinary bladder wall cannot be determined on this exam. Subjectively, the bladder wall appears normal in thickness and appearance.

The left kidney presents at the lower end of normal in size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The left kidney measured 3.2 cm in length.

The right kidney presents at the lower end of normal in size with normal shape and architecture. Marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.3 cm in length.

Adrenal Glands

The adrenal glands are not visualized in these images.

Spleen

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

Liver

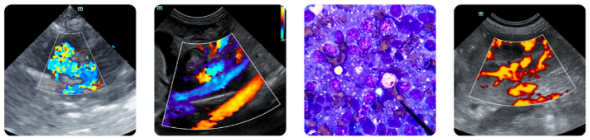
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Gallbladder is moderately to markedly distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach contains a moderate amount of retained fluid. The stomach wall appears normal in thickness and layering. Small intestines have normal wall layering and thickness. Colon is diffusely thickened at 2.4 mm in width, and contains soft stool.

Pancreas



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The right limb of the pancreas is visualized, and the pancreatic ducts are diffusely moderately distended, and the parenchyma has a heterogenous echotexture.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Nephrolithiasis in the left kidney, and a marked loss of corticomedullary distinction in the right kidney.
- Gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Diffusely, moderately distended pancreatic ducts.
- Diffusely thickened colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bacterial cholangitis could be the cause of the gallbladder debris. Recommend ultrasound guided fine needle aspirate of the gallbladder bile and submission of gallbladder for aerobic/anaerobic bacterial culture and cytology. If not, then treat empirically with ursodiol and an appropriate antibiotic such as amoxicillin for 6 – 8 weeks and then recheck imaging of the gallbladder.

Given the appearance of both kidneys, recommend full staging, monitoring, and managing the patient per International Renal Interest Society (IRIS) guidelines.

Recommend a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. The patient appears to most likely have chronic pancreatic inflammation based off this ultrasound. Submission of GI Panel will also help screen for a chronic enteropathy.

If the patient is diagnosed with a chronic enteropathy, this is most likely the cause of the pancreatic changes observed.

The changes in the colon may be due to an inflammatory process such as inflammatory bowel disease. Given that it's specifically the colon that is changed, an infectious cause such as Tritrichomonas is a possible differential, as well as neoplastic process such as small cell lymphoma. Recommend screening for tri trichomonas and recommend a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

If infectious cause is ruled out, then consider a colonoscopy to obtain colonic biopsies for histopathology.

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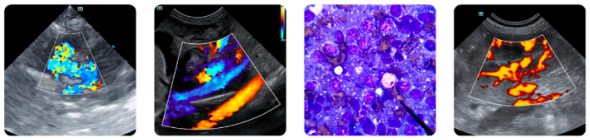

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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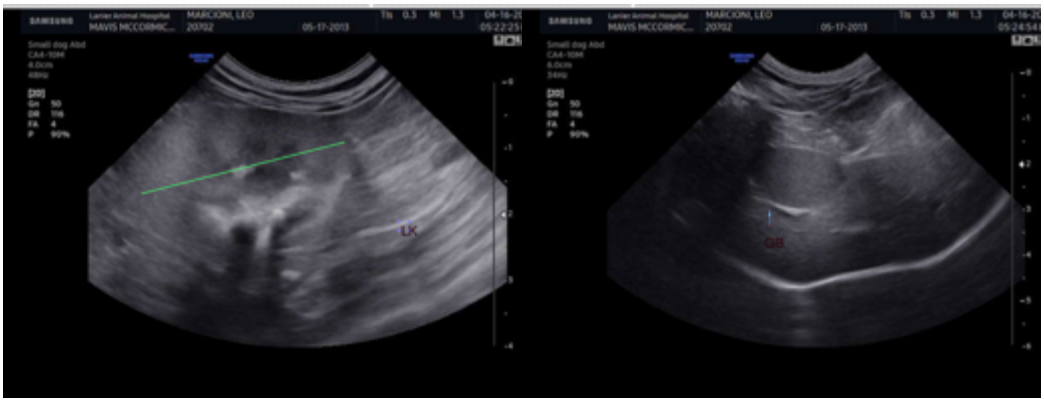

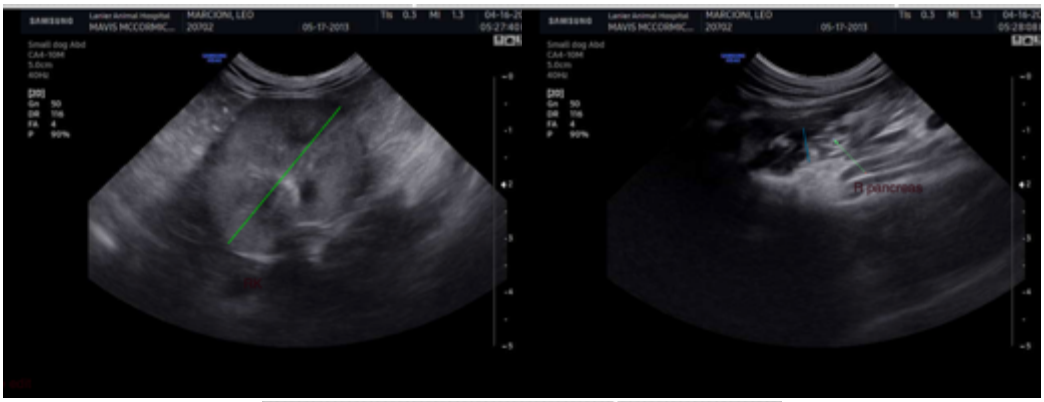

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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