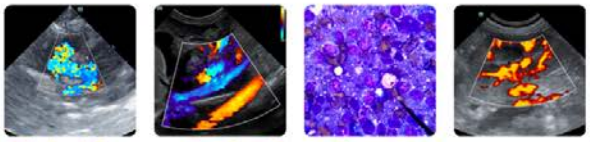


PATIENT

Benjamin Ruissen

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

~1 Year

WEIGHT

4.9 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Dr. Almeida

INVOICE

74592

DATE

4/19/26

PRESENTING CLINICAL SIGNS

Vomiting started yesterday, one episode diarrhea in drive in to clinic. Labs NAF. Hyporexia yesterday and has been NPO today. Brighter on methadone.

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 large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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 (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.2 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 cranial pole measures 4.1 mm.

Spleen

The spleen is enlarged with normal echogenicity.

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.

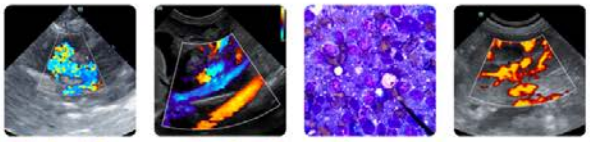
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness. The jejunum is diffusely mildly thickened at 3.1 mm. Normal feline intestines should measure <2.8 mm in width. The muscularis is mildly thickened in segments of jejunum. Duodenum wall appears normal at 1.8 mm in width. Colon contains what appears to be soft stool. The colon wall is mildly thickened at 2.1 mm in width.

Pancreas

The pancreas is diffusely mildly hypoechoic. No surrounding hyperechoic fat.



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Free Abdomen

Prominent medial iliac lymph nodes are present. A representative node measures 1.7 mm x 7.0 mm. These nodes are considered normal in size.

In the area of the ileocolic junction there is an enlarged lymph node that measures 2.6 mm x 6.2 mm. The node is hypoechoic with rounded shape.

Diffuse mild to moderate mesenteric lymphadenopathy is noted. A representative node measures 5.6 mm x 15.0 mm in size.

There are several scant pockets of free fluid present within the abdomen. No obvious cause seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged spleen – May be normal variation, less likely enlarged due to an infiltrative neoplasia such as lymphoma, mast cell disease, or an infectious disease such as feline infectious peritonitis, possibly bartonellosis.
- Mildly thickened jejunum.
- Possible mild colitis.
- Prominent medial iliac lymph nodes – likely age related or reactive.
- Likely age related or reactive node in the area of the ileocolic junction, less likely mildly enlarged due to a neoplastic cause. Infectious cause such as feline infectious peritonitis is also possible, although no other evidence is seen.
- Mesenteric lymphadenopathy – May be age related versus reactive, less likely neoplastic such as lymphoma, possibly due to infectious disease such as feline infectious peritonitis or bartonellosis or other.
- Most likely reactive pancreatic inflammation.
- Urinary bladder debris.
- Scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen was aspirated. Recommend submitting for cytology. If round cell neoplasia is ruled out and an inflammatory process is present, consider submitting a splenic aspirate for coronavirus PCR testing and also submitting a bartonella test to North Carolina State University.

Recommend Texas A&M GI panel to screen for chronic enteropathy. This will also help determine the degree of pancreatic inflammation present. I suspect that treating the patient's underlying GI process will resolve any pancreatic inflammation, as it is most likely reactive.

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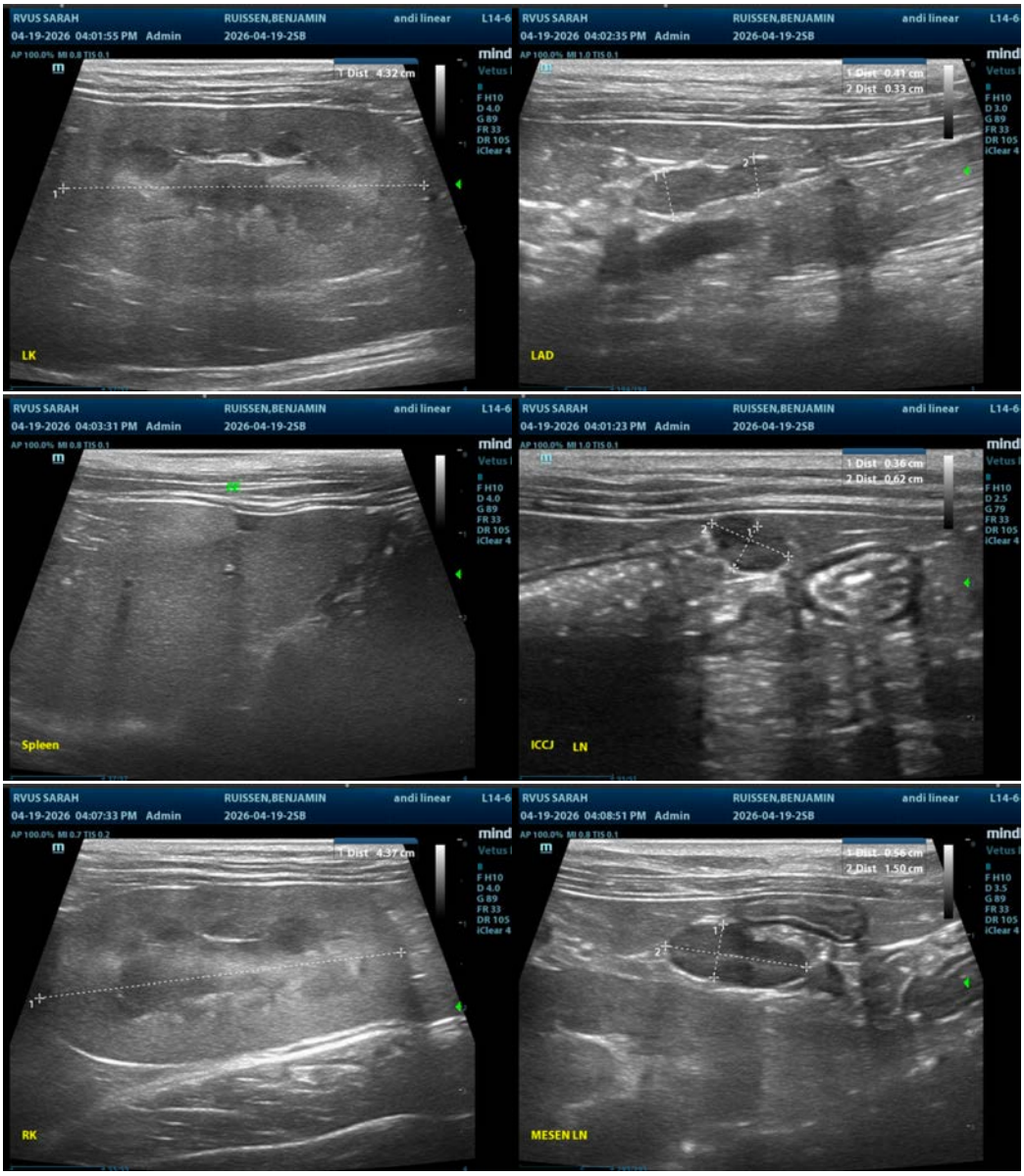
Consider screening for parasitism, specifically tritrichomonas via fecal pathogen PCR testing.

If possible, consider ultrasound guided aspirate of the free fluid with submission for cytology, and if possible, submission of free fluid for coronavirus PCR testig to rule out feline infectious peritonitis.

Ultimately, if all other testing discussed is negative and patient is still showing clinical signs, and the GI panel does confirm chronic GI disease, consider GI biopsies either surgically or endoscopically.



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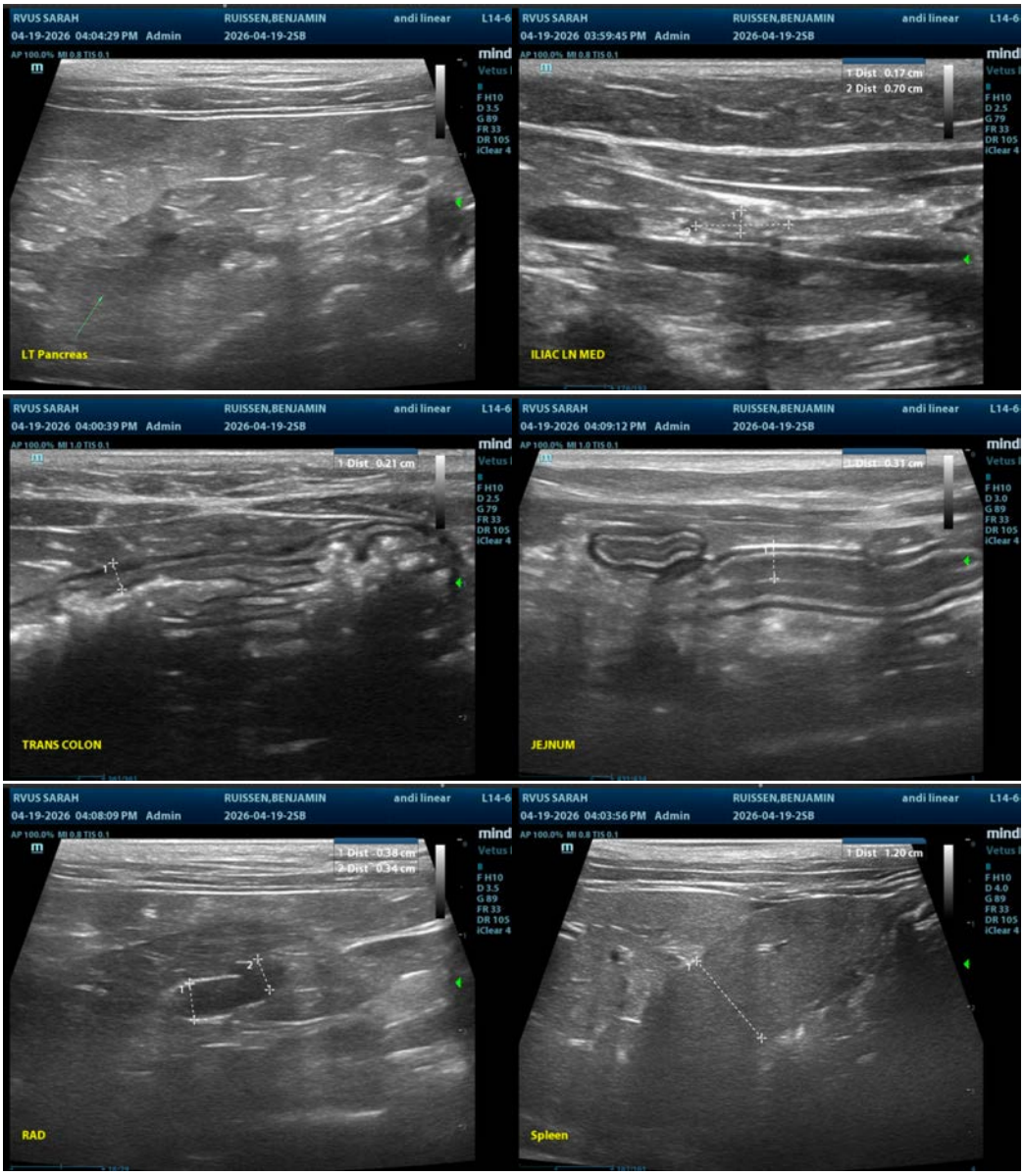

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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