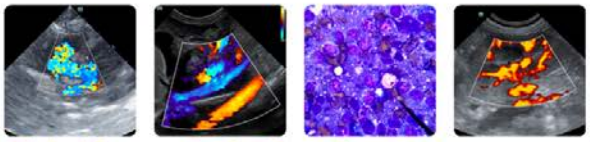

PATIENT

Tiger Lil Rentschler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.1 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn McFarlane, DVM, DACVIM (Internal Med)

INVOICE

74675

DATE

4/22/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate persistent hyporexia and intermittent vomiting. End of March developed poor appetite, intermittent vomiting, and hiding. No improvement with supportive care or transdermal steroids. Has lost 1.7lbs. Now off transdermal steroids. No current meds. Exam: BCS 3/9, QAR (which is abnormal, tends to require gaba for handling), prominent SI loops, no masses.

Abnormal PE/Chem/CBC/UA Results: 4/1/26 CBC: WBC 6.7K, Neut 5.1K, Lymph 0.97K, Eos 0.36K, HCT 37.2%, PLT 167K Chem: TP 7.1, Alb 3.2, Glob 3.9, Creat 1.5, BUN 19, SDMA 11, ALT 111, ALP 25, Glu 102 T4: 1.9 4/13/26 IH fPL (quant): 2.5 (0-4.4) IH UA (Cystocentesis): USG >1.050, pH 7.0, WBC <1/HPF, RBC <1/HPF, Bacteria none suspect, protein neg, glucose/ketones neg, no crystals, susp non-hyaline casts 4/20/26: Keyscreen PCR Negative Pending: Maldigestion Panel to TAMU GI Lab,

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 occasional 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 (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney is slightly small in size, measuring 2.8 cm. 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 2.6 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.9 mm in width.

Spleen

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

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder contains a minimal amount of bile at this time and appears to have recently contracted. No abnormalities identified.

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Gastrointestinal

The stomach is currently empty and has diffusely normal wall thickness at 1.7 mm in width with normal layering. Diffusely, the jejunum appears normal in thickness and layering, measuring 1.7 mm in width. The ileum appears normal in thickness and layering and measures 2.2 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The area of the left pancreas is seen, no pathology noted. The visible right pancreas appears diffusely hypoechoic without surrounding hyperechoic fat.

Free Abdomen

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

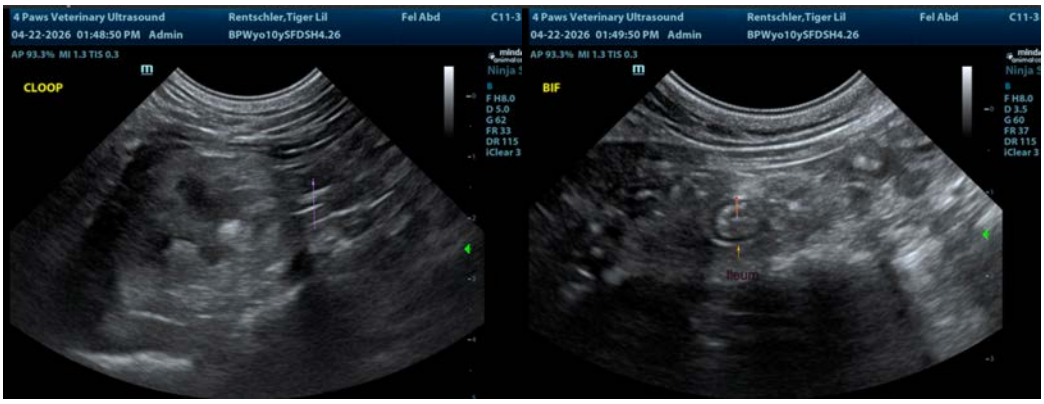
ULTRASONOGRAPHIC FINDINGS

- Slightly small left kidney – May be normal variation.
- Hypoechoic right pancreatic limb – Consistent with possible low-grade pancreatic inflammation.
- Mild urinary bladder debris.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fully screening the patient for possible early chronic kidney disease via IRIS guidelines. Correlate ultrasound findings with results of pending Texas A&M GI panel to determine if clinically significant pancreatitis may be present. If so, pancreatitis is generally present as a reactive process in a feline, not a primary process.

No cause seen on this ultrasound for the patient's clinical signs of persistent hyporexia and intermittent vomiting. A good workup has been performed. A Texas A&M GI panel is reported to be pending. Recommend evaluating those results, and if a chronic enteropathy is suspected due to a low cobalamin or abnormal folate, or possibly an elevated TLI, at that time consider that the patient mya have occult gastrointestinal disease not identified on this ultrasound and consider pursuing GI biopsies either surgically or endoscopically. Before pursuing any biopsies, recommend 3-view chest radiographs, and if not performed recently, recommend FELV/FIV testing.



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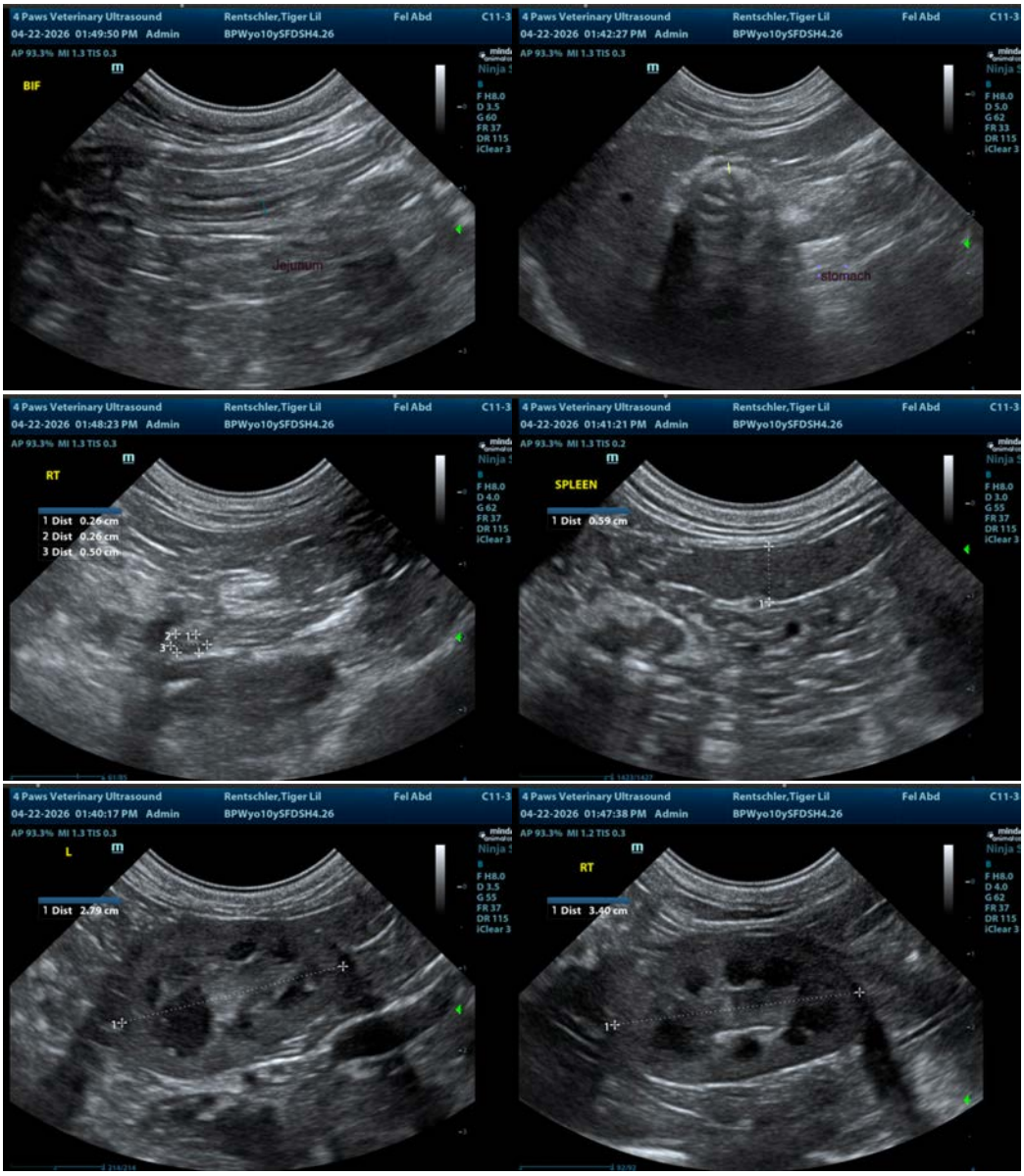

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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