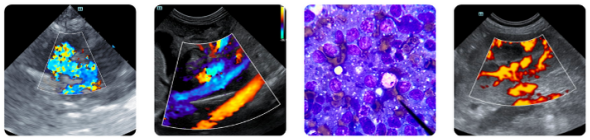


PATIENT

Pepper Baumann

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 years 5 months

WEIGHT

11.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

11793

DATE

4/23/2026

PRESENTING CLINICAL SIGNS

Unexplained weight loss of 1.6 pounds over the past year. BW normal in February. No GI signs.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.3 cm in length. Right kidney measures 3.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.7 mm in width.

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

Spleen

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

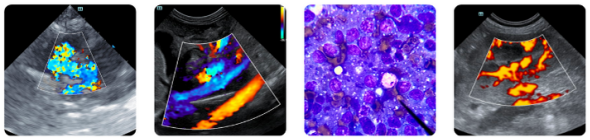
Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately 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 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.

Small intestines have normal wall layering and thickness. contains mildly distended with echogenic non-shadowing luminal contents and gas consistent with ingesta which is dilating it. The exact measurement of the small bowel wall cannot be made. It appears to have normal layering.

Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is normal. The right pancreas is diffusely hypoechoic without surrounding steatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral age-related kidney changes.
- Pathologic urinary bladder debris.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Mild 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 hypoechoic right limb of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, and managing per IRIS guidelines.

Recommend a fine needle aspirate of the liver as long as patient's coagulation status is normal. If hepatic lipidosis is suspected based on the aspirate, then consider an esophageal feeding tube to provide enteral nutrition to patient.

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, and to evaluate if an occult enteropathy is the cause of the patient's weight loss. One thing to consider is evaluating the patient's appetite (good appetite, poor appetite??)

If the patient has a poor appetite, then recommend screening for metabolic diseases such as renal disease, hepatic disease, etc.

Recommend recheck imaging after an additional 12-24 hours of fasting. If there are still luminal contents after this additional fast, then consider primary GI disease as the cause of the patient's weight loss. Recommend GI biopsies, either surgically or endoscopically, pending results of GI Panel.

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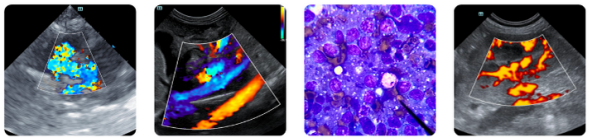

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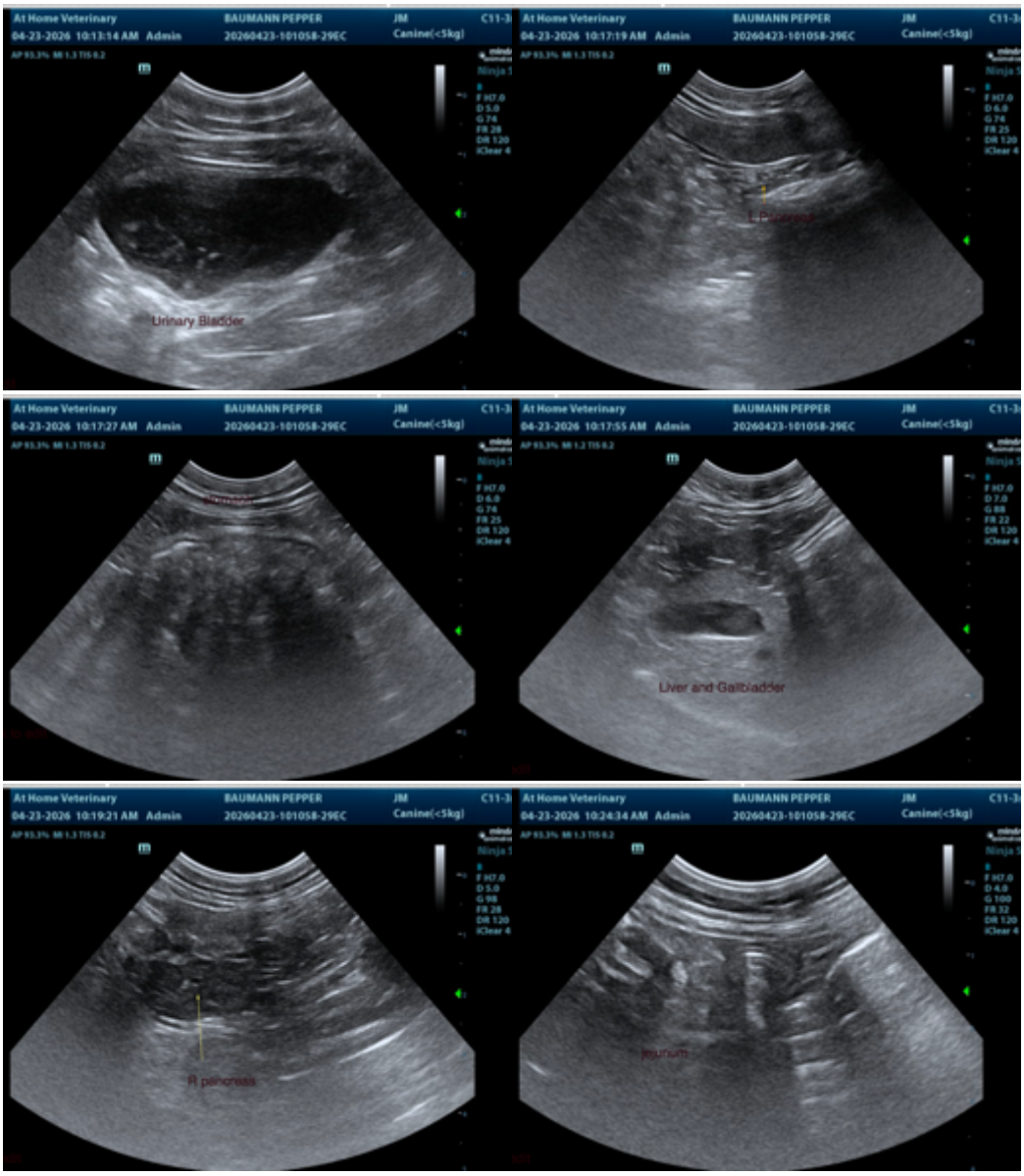

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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