

PATIENT

Malcolm Bruno

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Cynthia Kinney

INVOICE

74791

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Malcolm is a fifteen year old, MN, DSH cat with a history of vomiting undigested food and new grade III/VI heart murmur. He was seen 3/5/26 and CBC/Chemistry/T4/fPL/proBNP were normal.

Most recently, on 4/21/26, Malcolm presented for blood drops around the house that seemed to originate from Malcolm's prepuce (owner wiped him after urination and saw blood). UA by cystocentesis was normal.

Normal diet is Royal Canin PR and fancy feast pate. Meds are cosequin, cerenia and mirtazipine as needed to stimulate appetite. Stools have been intermittently loose.

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 measured 4.76 cm.

Adrenal Glands

The right adrenal gland was not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.0 mm in width.

Spleen

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

Liver

The liver overall appears normal. There are several intrahepatic dilated biliary ducts surrounding the gallbladder. No evidence of gallbladder obstruction or obvious pancreatitis seen.

Gastrointestinal

The stomach, duodenum and jejunum have normal wall layering and thickness. Jejunum wall measures 2.0 mm in width. The ileum does appear to be thickened with loss of layering, measuring up to 3.7 mm in width, with a markedly thickened muscularis layer. Colon contains formed stool.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

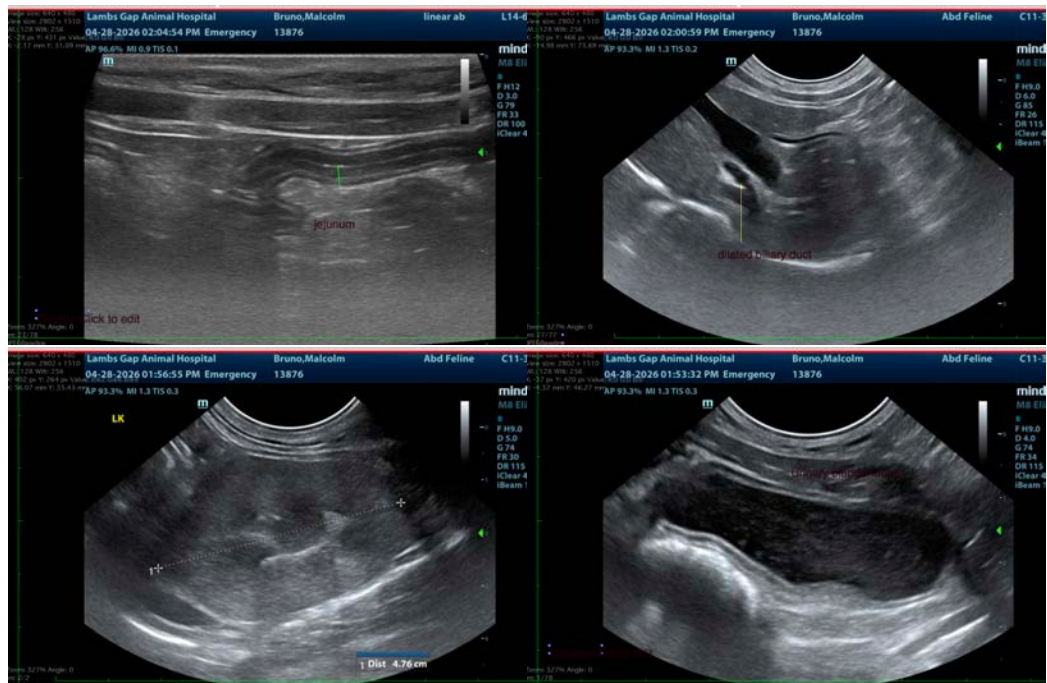
- Urinary bladder debris.
- Dilated intrahepatic biliary ducts – The significance of this finding is unclear.
- Thickened ileum – Concern for infiltrative disease such as lymphoma or mast cell disease. Given the patient's age, this is likely a benign disease such as inflammatory bowel disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the urinary bladder debris, even though urinalysis was normal, consider submitting a urine culture to rule out the possibility of a urinary tract infection as cause of patient's clinical signs.

Recommend submitting a Texas A&M GI panel to screen for chronic enteropathy. If chronic enteropathy is confirmed, consider GI biopsies either surgically or endoscopically, focusing on the ileum. I suspect that the patient's chronic vomiting is due to the reported ileal disease.

Prognosis is open pending results of recommended diagnostics.





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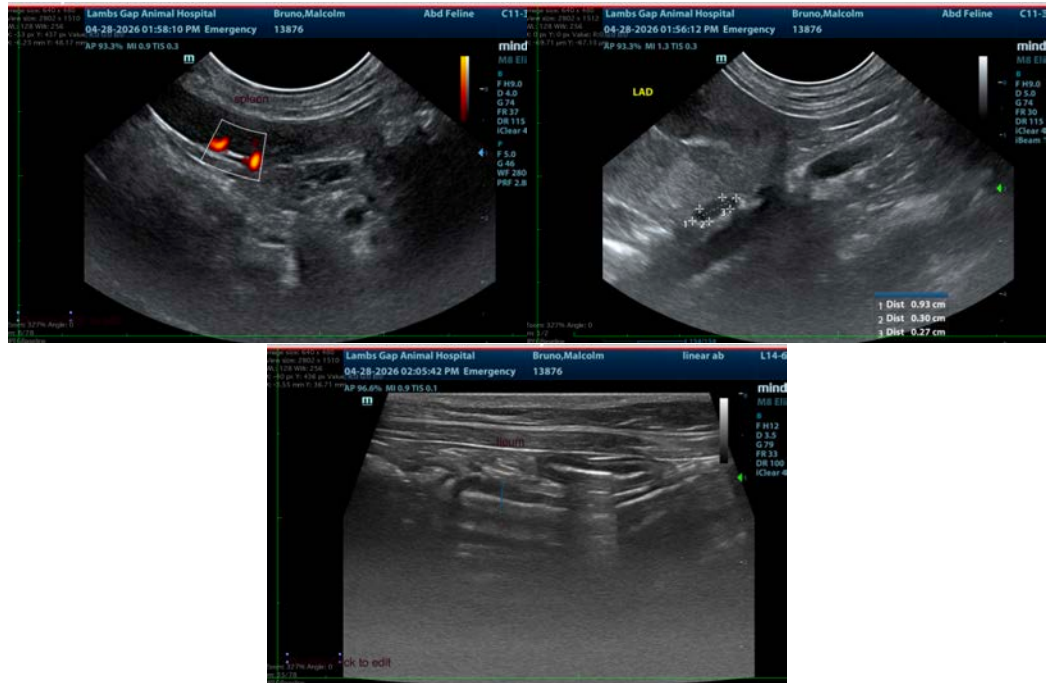
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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