



PATIENT

Teddy Schoolik

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years 5 Months

WEIGHT

18 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
High Country

REFERRING VET

Dr. Sturgill

INVOICE

74806

DATE

4/29/26

PRESENTING CLINICAL SIGNS

P presented for US due to history of not eating very well a few weeks ago. P is improving now.

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 with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measures 4.5 cm.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 4.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.2 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.7 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. There are several hypoechoic ill-defined nodules throughout the liver. 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 stomach has normal wall layering and thickness. The small bowel diffusely has segments dilated with a moderate amount of ingesta. The patient appears to have decreased motility and some degree of ileus. Jejunum that does not contain ingesta is thickened at 3.5 mm in width (normal jejunal thickness in



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a feline should be <2.8 mm). The thickening appears to be due to thickened muscularis layer. Colon contains normal contents with normal wall thickness.

Pancreas

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The left limb of the pancreas is diffusely hypoechoic and enlarged, measuring 1.5 cm in width. It has a nodular echotexture consistent with chronic pancreatitis causing pancreatic hyperplasia. No surrounding hyperechoic fat at this time.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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- Urinary bladder debris.
- Chronic pancreatitis.
- Hyperechoic hepatomegaly – Consistent with possible hepatic lipidosis.
- Hepatic nodules – most consistent with benign regenerative nodules, unlikely to be metastatic neoplasia or round cell neoplasia.
- Thickened jejunum – Consistent with infiltrative GI disease such as inflammatory bowel disease or possibly a neoplastic disease such as small cell lymphoma or mast cell disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Greg Kuhlman, DVM,
DACVIM (SAIM)

If not already performed, recommend urinalysis and urine culture.

Recommend fPLI be performed to screen the patient further for clinically significant pancreatic disease.

The patient is reported to have been in a negative energy balance over the last several weeks and has most likely resulting in hepatic lipidosis, especially given that the patient is reported to have some degree of obesity and anorexia.

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Kathleen Byrnes

Recommend treating the patient supportively for ileus via a prokinetic such as erythromycin or metoclopramide. No specific cause for ileus seen.

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Recommend submitting a Texas A&M GI panel to screen for chronic enteropathy. If chronic enteropathy is supported by the GI panel, then recommend GI biopsies either surgically or endoscopically (endoscopically preferred as less invasive). If the patient is diagnosed with chronic enteropathy, then that is most likely the cause of the patient's chronic pancreatic inflammation.

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Generally, in the feline species, pancreatitis is not a primary disease. It is usually secondary to some other underlying condition most often due to underlying GI disease. It would be expected that treating the patient's suspected chronic enteropathy would resolve or improve the pancreatitis.

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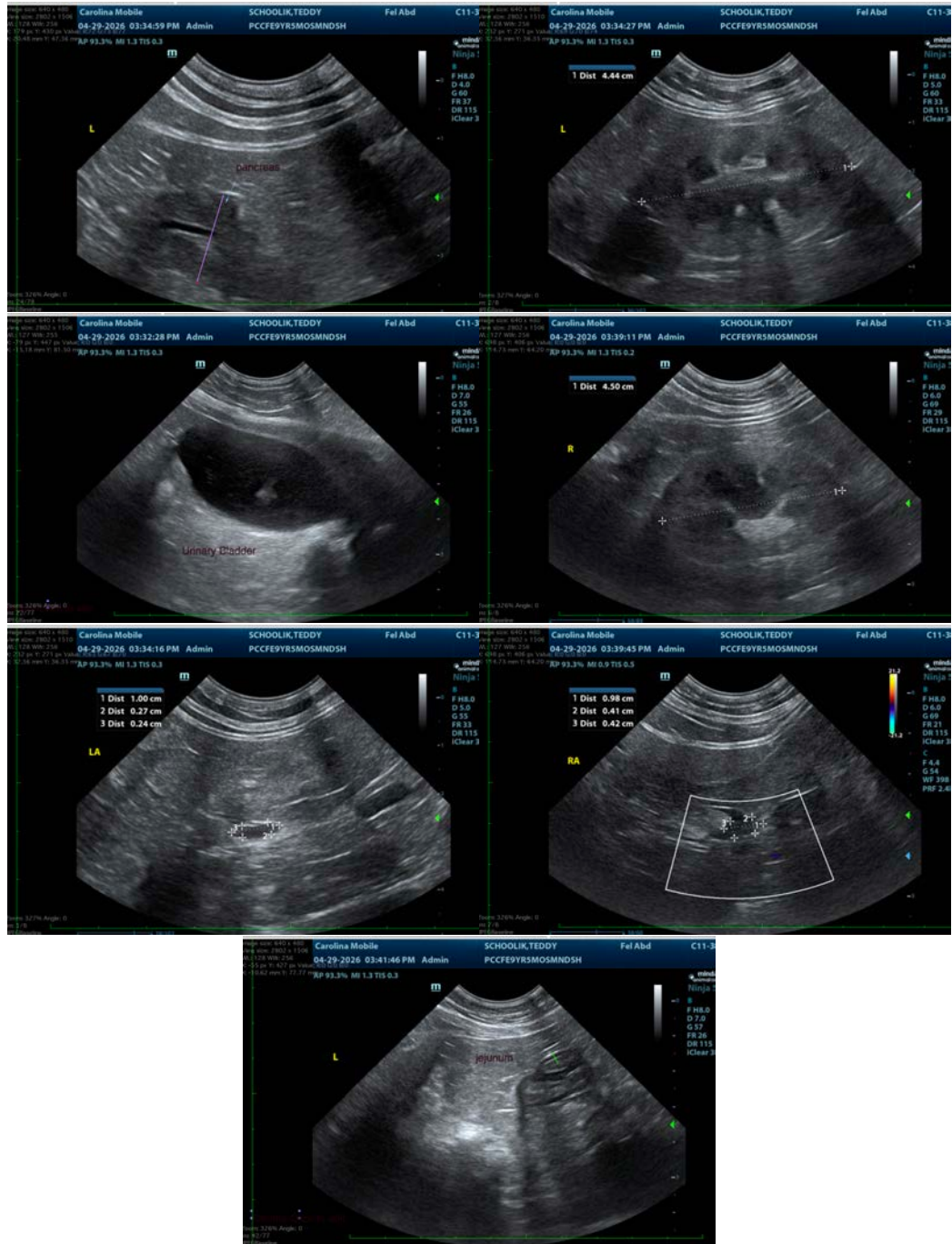
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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