



## PATIENT

Hope Engerdahl

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.4 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Carlie Koltek, RVT

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Luke Pura

## INVOICE

74846

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

HX of chronic enteropathy. Cat is doing well, owner requested recheck AUS (last performed 2024) to see if any changes noted. Hyperthyroid - managed on methimazole

Abnormal PE/Chem/CBC/UA Results: Nothing recent

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder contains minimal urine. There is a marked amount of both gravity dependent and non-gravity dependent echogenic debris present within the anechoic urine. The ventral urinary bladder wall diffusely appears thickened, with sections measuring up to 3.4 mm in width. There is also a focally thickened area in the ventral mid urinary bladder that measures 6.0 mm x 8.0 mm in size. The urinary bladder has irregular luminal margins.

The right kidney presents normal size (3.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.3 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 3.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.6 mm in width.

### *Spleen*

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

### *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 stomach is empty. The duodenum is normal in thickness, measuring 2.7 mm in width, with normal layering. The duodenum is distended with a mild to moderate amount of ingesta. Diffusely, the jejunum appears to have normal thickness, measuring approximately 2.1 mm in width. The muscularis layer is mildly prominent, which may be a normal variation or may be suggestive of a possible chronic enteropathy. The ileum has a mildly thickened muscularis but overall normal layering and thickness. It measures 2.6 mm in width. Colon contains normal contents with normal wall thickness.



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## Pancreas

The visible pancreas is diffusely mildly hypoechoic without surrounding steatitis.

## Free Abdomen

There are multiple mildly enlarged mesenteric lymph nodes present in the area of the ileocolic junction. A representative node measures 2.0 mm x 2.7 mm. There is hyperechoic fat surrounding these lymph nodes.

No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Possible chronic enteropathy.
- The enlarged mesenteric lymph nodes are most likely enlarged due to a reactive cause, but neoplastic cause is possible such as lymphoma, less likely mast cell disease, or even less likely infectious disease.
- Suspect mild reactive pancreatic inflammation, less likely to be primary pancreatitis.
- The urinary bladder debris may potentially be due to pyuria, crystalluria, or both.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend an fPLI or GI panel to further evaluate for clinically significant pancreatic inflammation.

Given the changes seen on this ultrasound including the prominent jejunal muscularis, the mildly thickened ileal muscularis layer, the prominent mesenteric lymph nodes in the area of the ileocolic junction, and the visible pancreas being hypoechoic, I suspect the patient has chronic enteropathy. I would recommend as previously mentioned submitting GI panel to screen further. If the patient is diagnosed with a chronic enteropathy and any clinical signs occur such as vomiting, diarrhea or weight loss, at that time consider GI biopsies either surgically or endoscopically. If the patient is not showing any clinical signs, then continued monitoring would be appropriate.

Recommend a urinalysis if not already performed and submission of urine culture if patient has active urine sediment. I suspect the patient has a chronic cystitis, may be bacterial or potential may be due to chronic crystalluria. Treat as appropriate based on urinalysis and urine culture results. There is no significant suspicion of urinary bladder neoplasia at this time.





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