



**PATIENT**

Raquel Cockerham

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

12 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

King Veterinary  
Hospital

**REFERRING VET**

Dr. Aldridge

**INVOICE**

74242

**DATE**

4/7/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to chronic vomiting, weight loss, and slopecia on ventrum

Abnormal PE/Chem/CBC/UA Results: CPL 12.8 ALT 217, SDMA 18, K 2.9

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

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 3.5 cm. Right kidney measures 3.5 cm.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 4.5 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.1 mm in width.

**Spleen**

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

**Liver**

The liver is mildly diffusely enlarged with rounded margins and a hypoechoic echotexture. In the left liver there is a 5.4 mm hyperechoic lesion present.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Diffusely, the ileum has marked loss of normal layering with mildly thickened muscularis. The ileum measures 3.6 mm in width, which is mildly thickened. Colon contains normal contents with normal wall thickness.

**Pancreas**

The left limb of the pancreas is diffusely mildly hypoechoic with mild surrounding hyperechoic fat. The right limb is not clearly visualized.

**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**

- Hypochoic left limb of the pancreas. The patient appears to have clinically significant pancreatic inflammation, which was verified by an elevated fPLI result. This is most likely reactive, and primary pancreatitis is unlikely.
- Age related renal changes.
- Enlarged, hypochoic liver with a hypochoic lesion in the left liver - that is most likely a benign regenerative nodule. However, primary hepatobiliary neoplasia or round cell neoplasia cannot be ruled out.
- Mildly thickened ileum with marked loss of layering – Concerning for significant inflammatory disease such as inflammatory bowel disease versus mast cell disease. Less likely these changes are due to benign inflammatory bowel disease. Consider infectious etiology such as histoplasmosis if geographically relevant.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full staging, monitoring and managing of the patient’s early chronic kidney disease per IRIS guidelines.

Recommend fine needle aspirate of the hyperechoic liver lesion and submission for cytology to rule out neoplasia. Given the appearance of the liver itself, also recommend fine needle aspirate of the liver with submission for cytology to rule out the possibility of round cell neoplasia such as lymphoma.

Biopsies of the ileum are recommended either surgically or endoscopically with submission for histopathology to determine etiology.

Recommend performing a GI panel to screen the patient for hypcobalaminemia, given the appearance of the ileum, to determine if supplementation is needed.

Prognosis at this time is guarded pending results of the recommended diagnostics.





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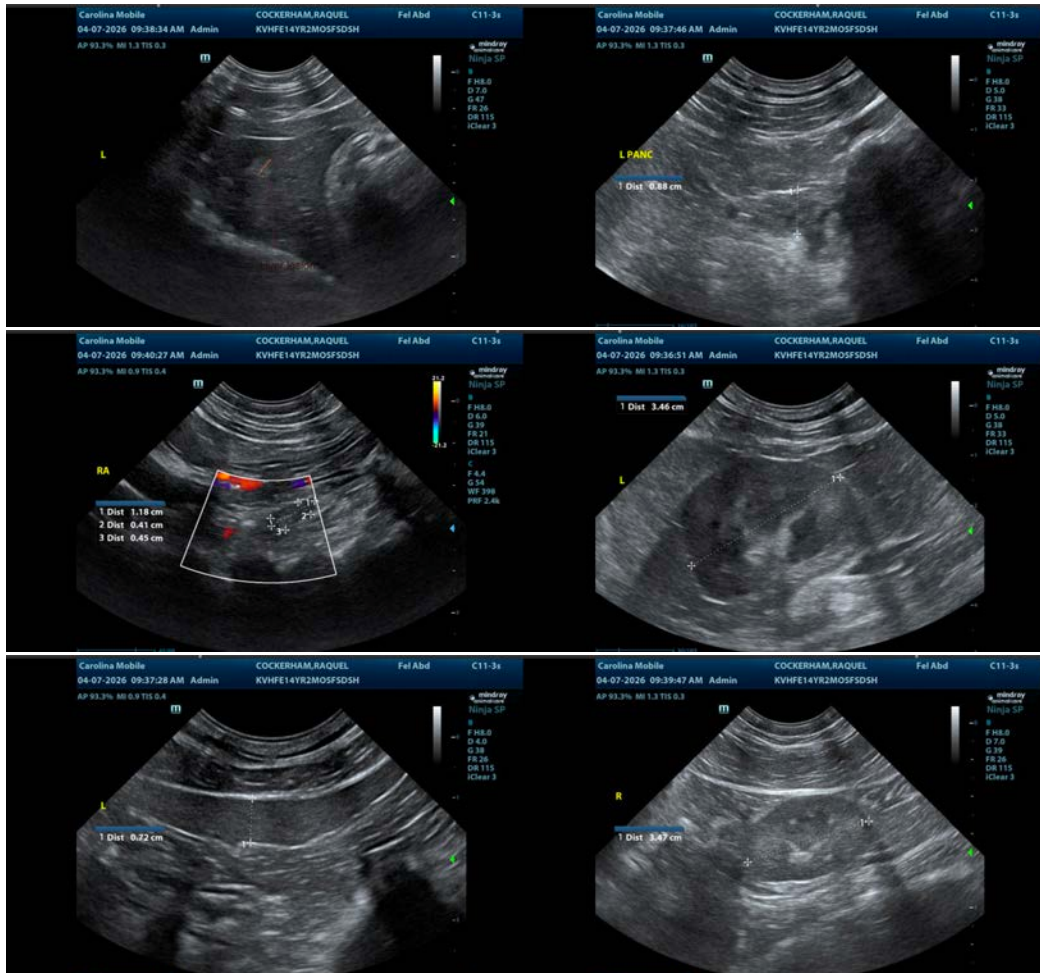
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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