



PATIENT

Simon Fiore

SPECIES

Feline

BREED

Siamese x

SEX

Male

AGE

11 Months

WEIGHT

7.68 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Baker

INVOICE

74255

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Vomiting, low appetite. Clinical findings - MM tacky, skin turgor imapp, skin tent

Current medications - Cerenia, Mirtazapine

Abnormal PE/Chem/CBC/UA Results: 4/3/26 - RBC 13.66(H), HCT 52.7 (H), HGB (H), RDW 30.2(H), Eos 0.01(L), ALT 172(H) 4/6/26 - RBC 13.43(H), HGB 16.6 (H), RDW 32.0(H), NEUT 2.01 (L), EOS 0.03(L), ALT 89 (WNL) FIV/FELV TEST- NEGATIVE

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 (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is mildly enlarged, measuring 5.0 mm in width.

The left adrenal gland is mildly enlarged, measuring 5.0 mm in width.

Spleen

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

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is not clearly visualized on this exam due to the large amount of food material within the stomach and the small bowel causing shadowing in the area of the pancreas.

Free Abdomen

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). A representative node measures 1.1 cm x 0.72 cm. Nodes are hypoechoic with loss of normal parenchymal detail.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged adrenal glands.
- Urinary bladder debris.
- Full GI tract.
- Enlarged, hypoechoic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Normal feline adrenal glands should measure <4.8 mm in width. These findings are most likely due to whatever underlying cause of the patient's current illness is, much less likely enlarged due to hyperadrenocorticism or hyperaldosteronism, as these diseases are generally found in middle aged to older cats and generally with hyperadrenocorticism patients are often diabetic, which this patient is not reported to be. With hyperaldosteronism, patients are generally hypertensive and have significant hypokalemia. I suspect the adrenal glands will normalize in size once the patient's current illness is identified and treated.

Recommend urine culture and antibiotic sensitivity. If patient is diagnosed with UTI, consider that there may also be secondary pyelonephritis present. No evidence of pyelonephritis seen on this ultrasound. However, in this case, given the patient's current illness, occult pyelonephritis is possible. If a urinary tract infection is diagnosed, recommend treating the patient for 30 days with appropriate antibiotic based on sensitivity results.

Pyelonephritis may be the cause of the enlarged lymph nodes.

If urinary tract infection and pyelonephritis are ruled out, then consider other causes for the enlarged lymph nodes.



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If urinary tract infection is ruled out, recommend re-imaging the GI tract after the patient has been fasted for 24 hours to determine if any GI pathology may be present. If there are concerns for GI pathology recommend submitting a Texas A&M GI panel to further evaluate for possible enteropathy.

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Ultimately, if no cause is identified to the enlarged lymph nodes, recommend aspirating lymph nodes via ultrasound guidance and submitting sample for cytology, and also submitting an aspirate sample for feline coronavirus PCR testing.

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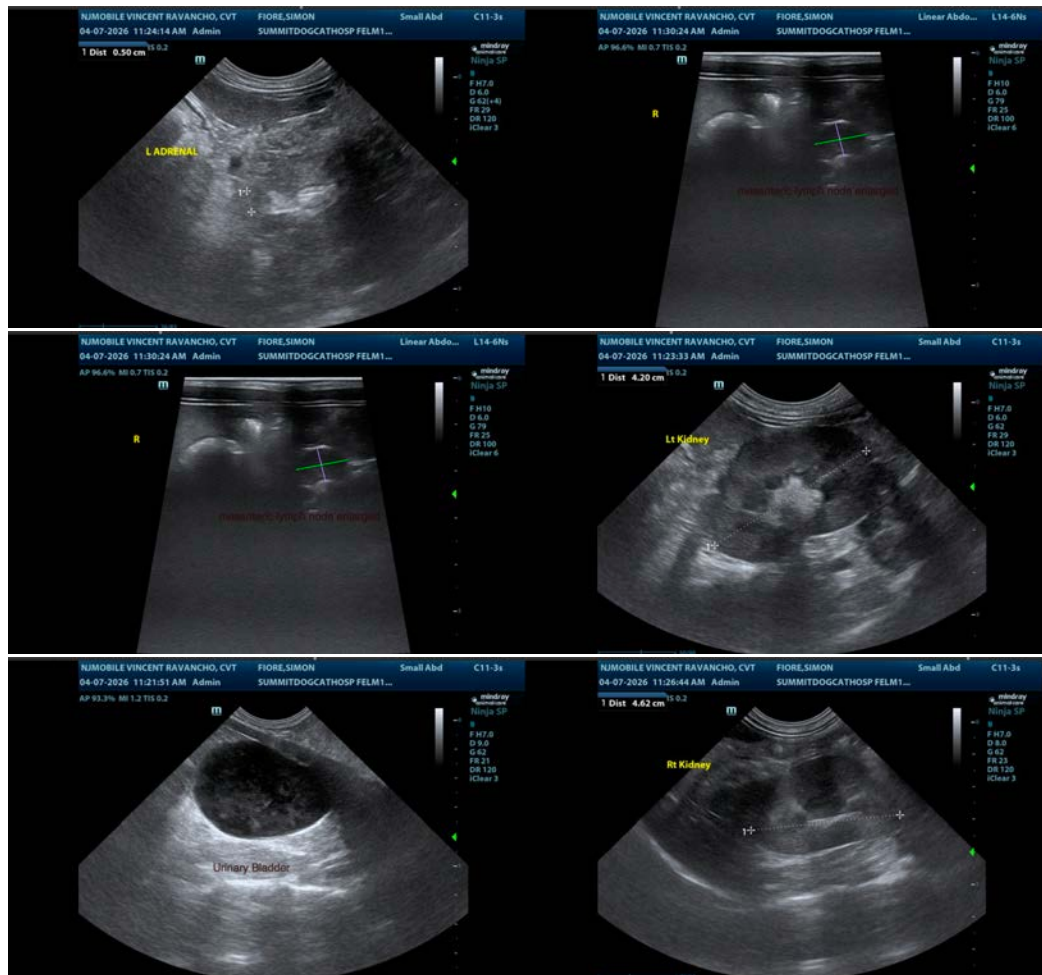
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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