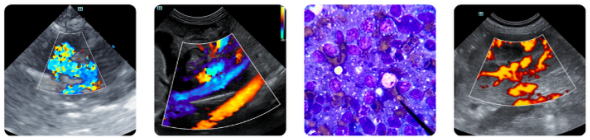

PATIENT

Misty Briggs

SPECIES

Feline

BREED

DSH

SEX

N/a

AGE

7.5 years

WEIGHT

2.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Danielle, RVT

HOSPITAL NAME

Orchard Veterinary Care

REFERRING VET

Dr. DeWalt

INVOICE

11666

DATE

4/9/2026

PRESENTING CLINICAL SIGNS

Referral AUS. Decreased appetite, weight loss for about 4 months. No v/d/c/s. BW: unremarkable.

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. Ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.1 cm in length.

he right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 4.0 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 1.8 mm in width.

Spleen

The spleen is diffusely hypoechoic and appears subjectively mildly thickened.

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 small intestines appear to have a mildly thickened muscularis layer. Jejunum appears to be at the upper ends of normal in thickness with sections measuring up to 2.8 mm in width. Ileum is diffusely thickened measuring 3.3 mm in width due to a markedly thickened muscularis layer. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is diffusely hypoechoic. The pancreatic ducts are mildly distended. No surrounding steatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild pancreatic inflammation.
- Thickening in the small intestines.
- Hypoechoic, thickened spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

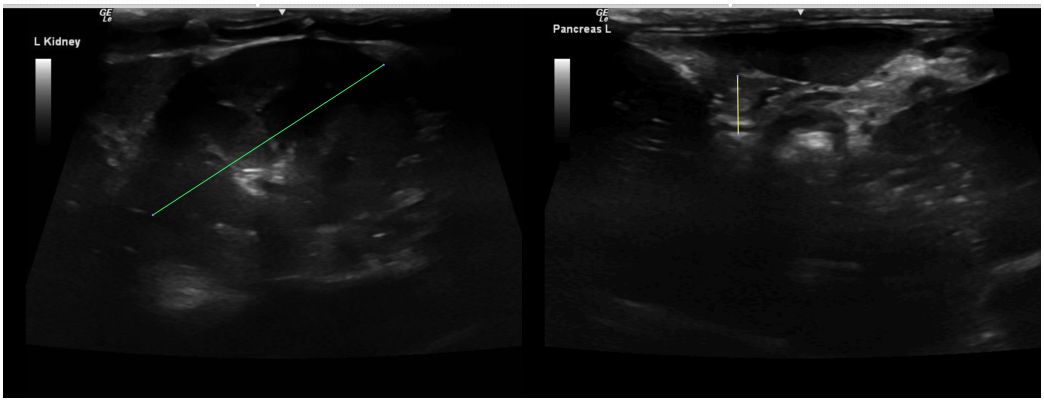
Recommend submission of a GI Panel that includes fPLI to screen further for possible clinically significant pancreatic disease that may be the cause of the patient's weight loss.

The changes seen within the ileum are concerning for chronic inflammatory GI disease, with concerns for small cell lymphoma, mast cell disease, and less likely benign inflammatory bowel disease. If infectious diseases such as histoplasmosis are endemic to the patient's geographic region, consider testing for those infectious diseases.

Although unlikely, changes seen within the ileum and the thickened muscularis in the jejunum are due to an infectious disease. However, this cannot be ruled out definitively on this ultrasound. As recommended above, submit a GI Panel with fPLI, cobalamin, folate, and TLI. If cobalamin and folate are abnormal, which would then be suggestive of chronic enteropathy. Consider GI Biopsies, either surgically or endoscopically. If cobalamin and folate are abnormal, then the most liked underlying cause of the patient's weight loss is malabsorptive GI disease.

The appearance of the spleen may be normal patient variant, or may indicate infiltrative round cell neoplasia such as lymphoma, mast cell disease, and less likely an infectious disease such as FIP or bartonellosis. Recommend fine needle aspirate of the spleen and submission for cytology.

Prognosis at this time is guarded pending diagnostics.



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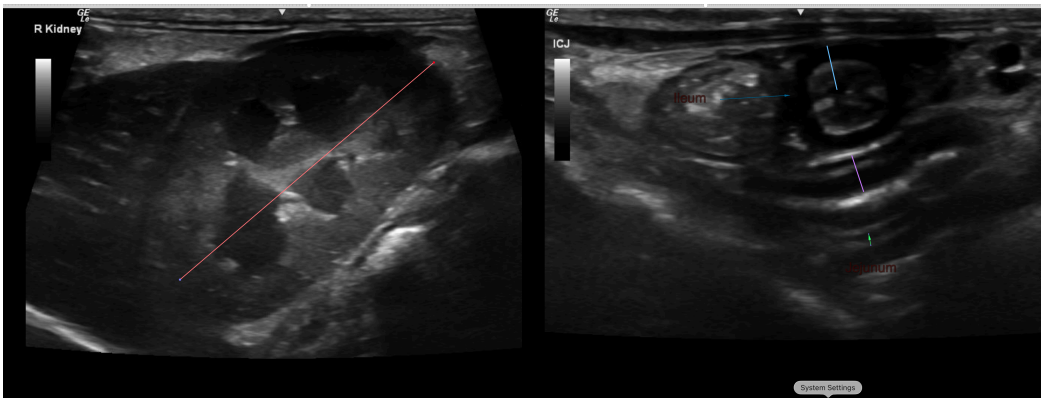

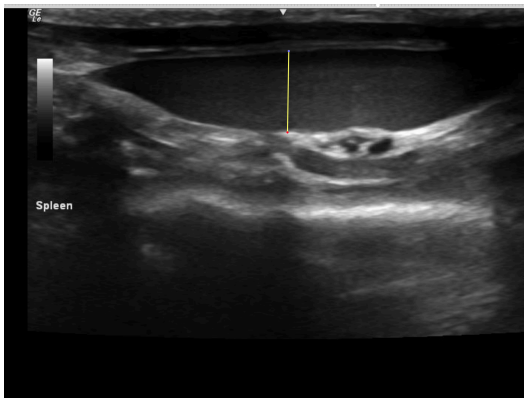

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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