



PATIENT

Pumpkin Reti

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 years 8 months

WEIGHT

9.75 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie Animal
Hospital

REFERRING VET

Dr. Arpaia

INVOICE

11671

DATE

4/9/2026

PRESENTING CLINICAL SIGNS

Vomiting - Intermittent, occasionally with blood-tinged fluid and thick mucus. Patient will go out to eat grass, return inside and vomit gross. This happens more when she refuses to eat food. History of mycoplasma, asymptomatic, treated with doxycycline. Revolution plus for fleas/hw/deworming.

Abnormal PE/Chem/CBC/UA Results: Senior Panel CBC/Chem/UA/T4 and cobalamin/Folate/TLI/PLI pending.

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.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 4.6 mm.

Spleen

The spleen is diffusely mildly enlarged (1.02 cm) with diffusely hypoechoic echogenicity and mottled echotexture.

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, measures 2.4 mm in width with a mild amount of retained ingesta. The small intestines appear normal with sections measuring up to 2.8 mm in width (which is normal in felines.) Muscularis layer does not appear thickened, and no obvious evidence of an enteropathy is observed on this exam. Colon contains normal contents with normal wall thickness.



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Pancreas

Both limbs of the pancreas are mildly hypoechoic with a slight nodular appearance.

Free Abdomen

There is a mild mesenteric lymphadenopathy present, representative node measures 3.6 mm x 22.4 mm. No free abdominal fluid is seen.

Other

No pericardial effusion is observed in the cardiac images provided.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, mottled spleen. These changes may be due to infiltrative neoplasia such as lymphoma or mast cell, possibly infectious disease such as bartonellosis or possibly feline infectious peritonitis.
- Hypoechoic left and right limbs of the pancreas with a slight nodular appearance. Right limb of the pancreas appears to suggest chronic intermittent pancreatic inflammation.
- Mild mesenteric lymphadenopathy. Enlargement is suspected to be reactive and less likely to be due to neoplasia.
- Mild retained gastric ingesta. This fluid may indicate patient may potentially have a chronic inflammatory gastric disease such as inflammatory bowel disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a fine needle aspirate of the spleen, and submission for cytology. Also recommend a fine needle aspirate for coronavirus PCR. If splenic disease is ruled out via fine needle aspirate, then consider GI biopsies focusing on stomach. If the patient's vomiting continues then consider endoscopic or surgical biopsies of the stomach. If stomach is biopsied then recommend small bowel biopsies as well. Differentials, as discussed, possibly inflammatory bowel disease, less likely small cell lymphoma or mast cell disease. However, GI biopsies would help to rule these out.

If the GI Panel that is already pending suggests hypcobalaminemia, or changes to folate. Recommend supplementing these as appropriate. If patient is found to have decreased cobalamin, there may be occult small bowel disease present.

Patient appears to potentially have chronic intermittent pancreatic inflammation causing pancreatic hyperplasia. No surrounding hyperechoic fat at this time. It is reported that fPLI is already pending, which will help determine if patient has clinically significant pancreatic inflammation.



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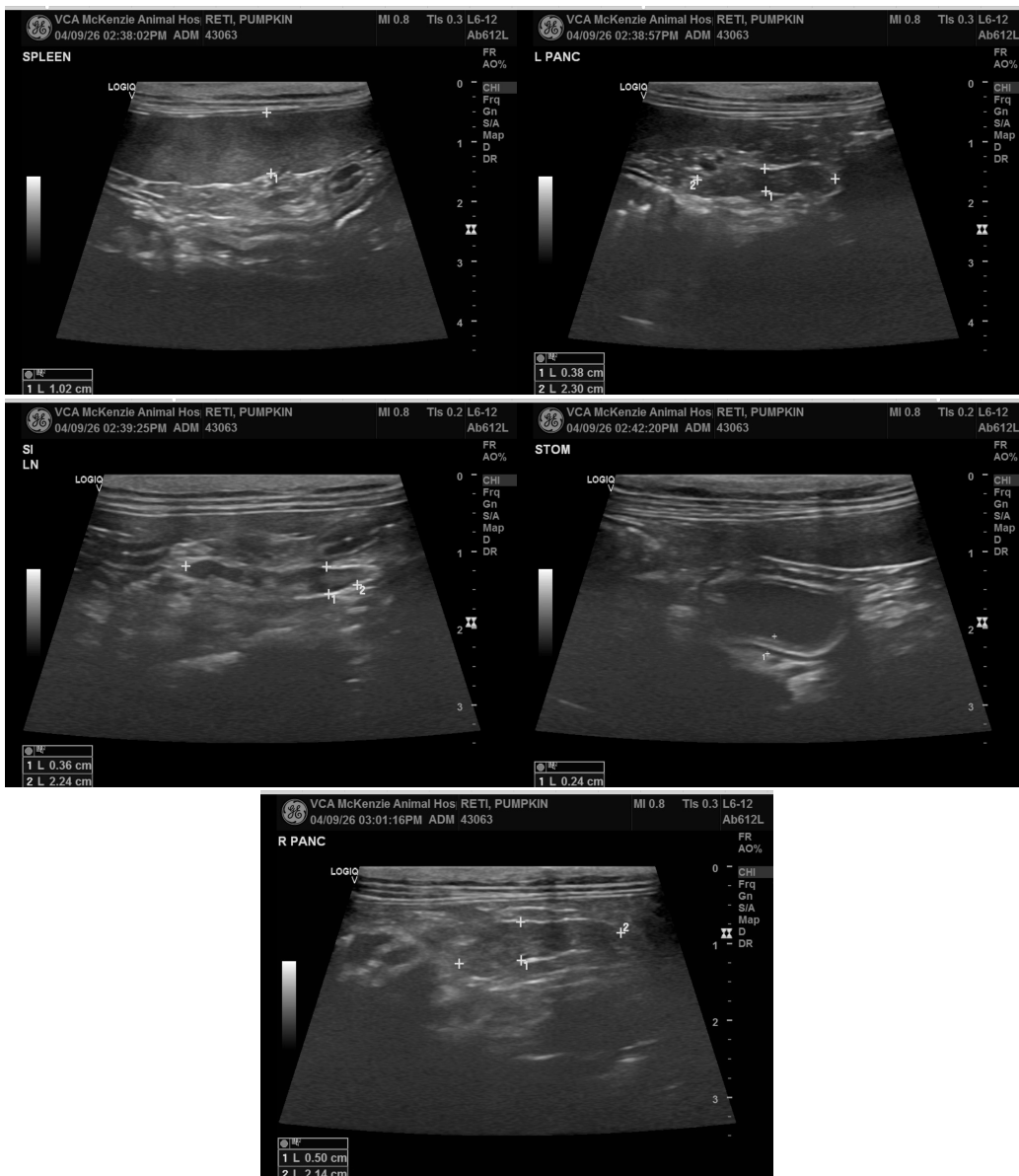
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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