



PATIENT

Poppy Rupp

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Blairstown Animal
 Hospital

REFERRING VET

Dr. Summers

INVOICE

15655

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Not eating, losing weight.

Abnormal PE/Chem/CBC/UA Results: Neuts 92; Lymph's 5; ABs Neuts 25, 208; BG 308; TBili 0.6.
 Cysto pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with minimal urine. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.5 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 3.5 cm in length.

Adrenal Glands

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

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 4.2 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The spleen measured 4.8 mm width.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. This presentation is consistent with possible early hepatic lipidosis.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris that appears clinically incidental. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



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The proximal small bowel is dilated with a moderate to marked amount of ingesta. In the mid GI, there is a focal intramural lesion present where the small bowel has lost normal layering and is markedly thickened at 5.1 mm width. This lesion measures approximately 18.9 mm in length. Most likely this lesion is neoplastic such as lymphoma or mast cell disease, possibly adenocarcinoma or leiomyosarcoma, possibly a benign leiomyoma, less likely but possibly an infectious lesion due to a disease such as feline infectious peritonitis. The distal small bowel appears normal in thickness and layering.

Pancreas

The visible pancreas is diffusely hypoechoic, consistent with reactive pancreatitis. No surrounding hyperechoic fat consistent with reactive pancreatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Small bowel lesion.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Urinary bladder debris.

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of small bowel lesion with submission for cytology. If cytology is inconclusive, recommend surgical resection and histopathology of this lesion to determine cause. It does appear that this lesion is at least partially to nearly completely obstructing the upper GI tract at this time. Prior to any surgical procedure or prior to determining treatment, recommend three view chest x-rays to rule out pulmonary metastatic disease. Prognosis is guarded pending determination of etiology of GI mass lesion.

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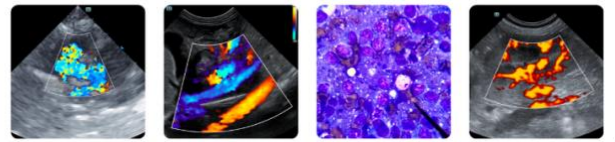
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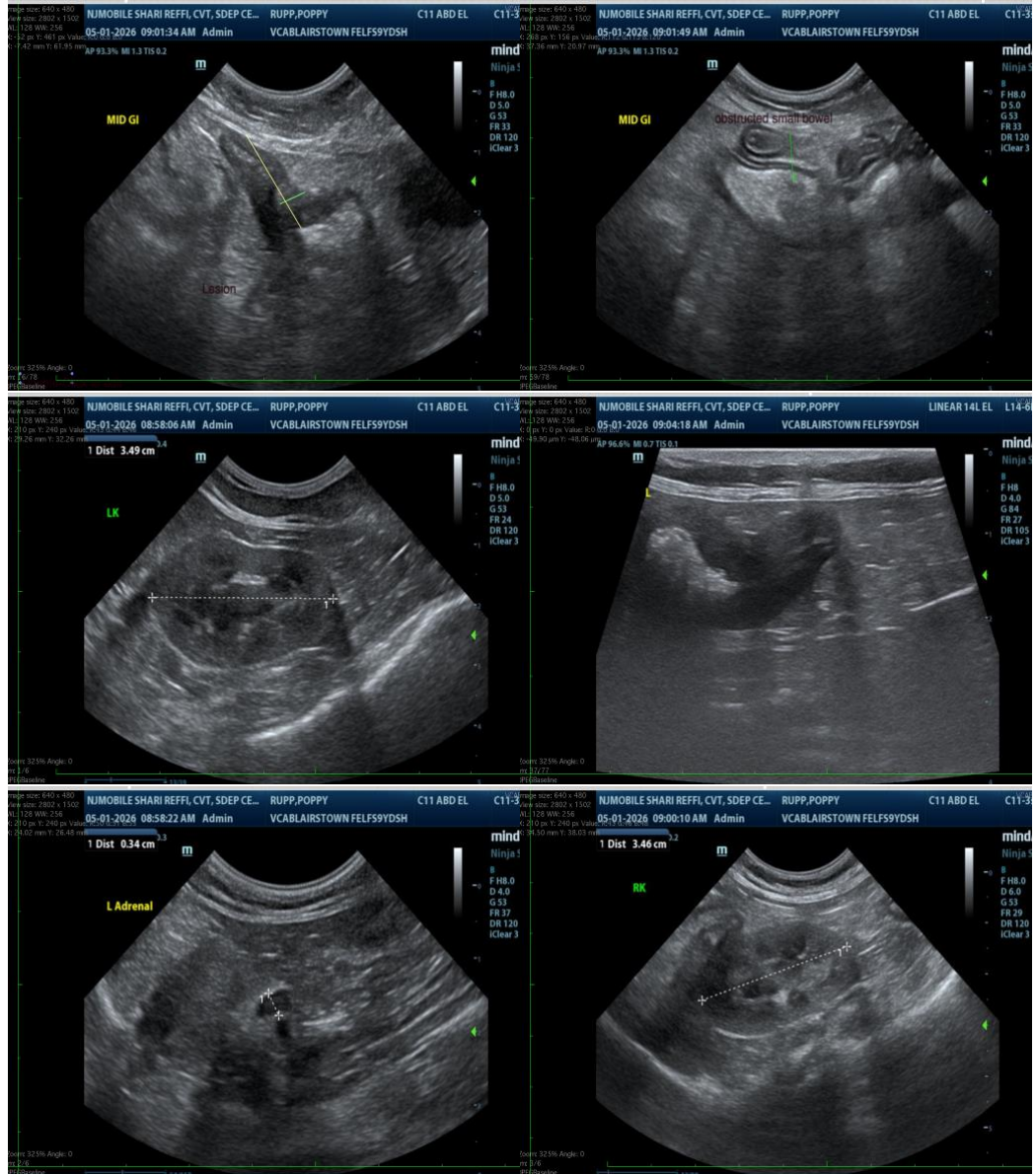
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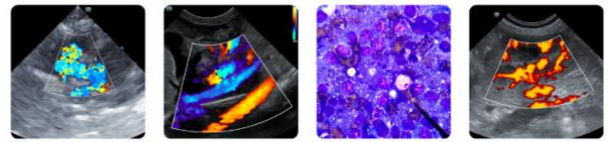
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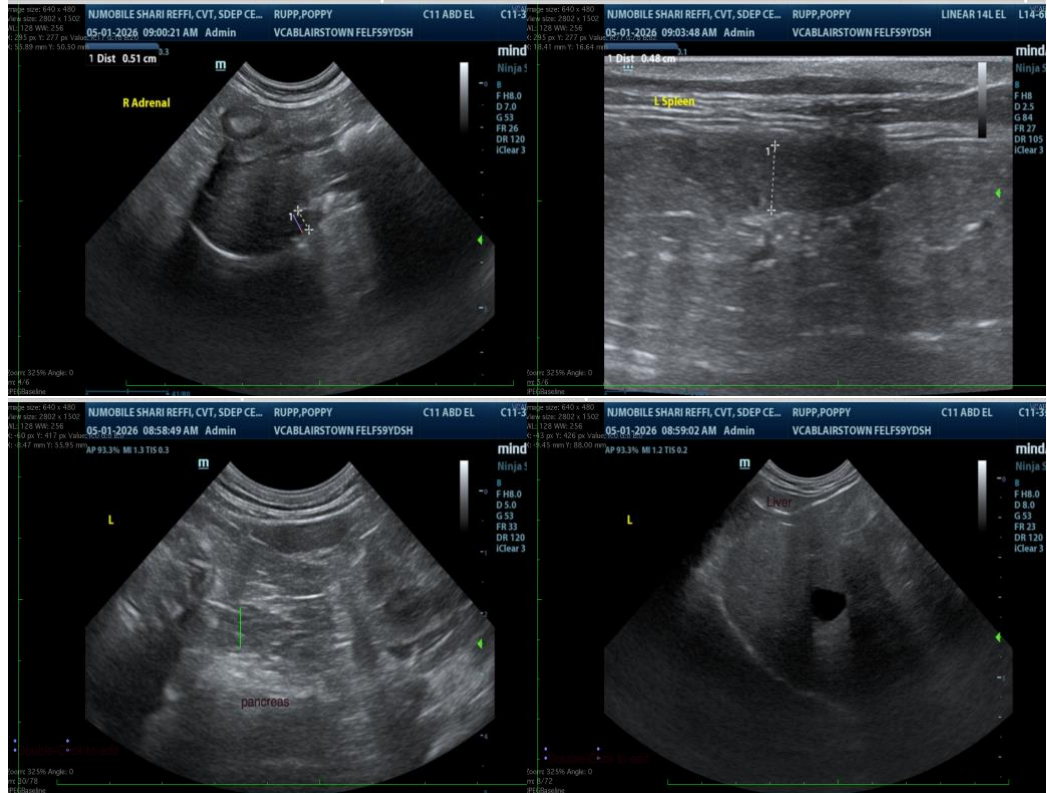
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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