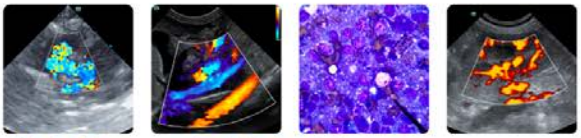



**PATIENT**

Princessa Gutierrez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years 1 Month

**WEIGHT**

7.8 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Vetco Total Care (Totowa)

**REFERRING VET**

Dr. Tuttman

**INVOICE**

75158

**DATE**

5/14/26

## PRESENTING CLINICAL SIGNS

Chronic vomiting, non painful abd palp otherwise wnl
Abnormal PE/Chem/CBC/UA Results: PLT-64 clumping hct-55.8 otherwise wnl

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

The left kidney presents normal size (3.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

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

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.8 mm in width.

### *Spleen*

The spleen is mildly enlarged, measuring 1.1 cm in width, with scalloped margins. It appears to have normal echogenicity and 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. Diffusely the jejunum has normal layering. Thickness is at the upper end of normal at 2.8 mm in width, with mild thickening of the muscularis layer. Colon contains normal contents with normal wall thickness.

### *Pancreas*

The area of the left and right pancreas is visualized. No pathology noted.

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## *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Mildly enlarged spleen.
- Mildly thickened small intestinal wall.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

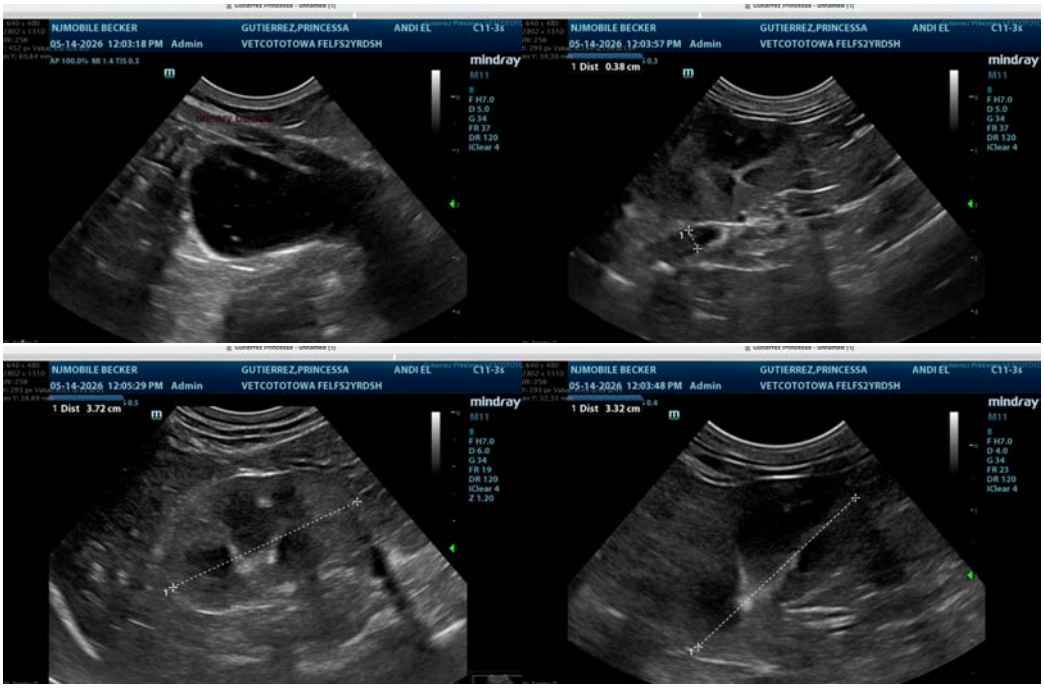
If not already performed, recommend urinalysis, and if active urine sediment then recommend urine culture.

The appearance of the spleen may be a normal variation, or if patient was sedated for the exam this may be due to sedation. However, also consider possible infiltrative neoplastic or infectious disease. Neoplastic differentials include lymphoma versus mast cell disease. Infectious differentials include possible bartonellosis. Recommend a fine needle aspirate of the spleen to help determine the cause of changes seen on this ultrasound. If splenic aspirate is normal, then normal variation is likely.

Regarding the small intestinal thickening, recommend Texas A&M GI panel to screen for possible chronic enteropathy. If chronic enteropathy is identified on GI panel, consider a diet trial for 2-4 weeks with a strict hydrolyzed diet. If patient fails a diet trial, then consider GI biopsies either surgically or endoscopically (endoscopically preferred as it is less invasive).

If not already performed, consider submitting a fecal pathogen PCR test.

Prognosis is open pending results of recommended diagnostics.



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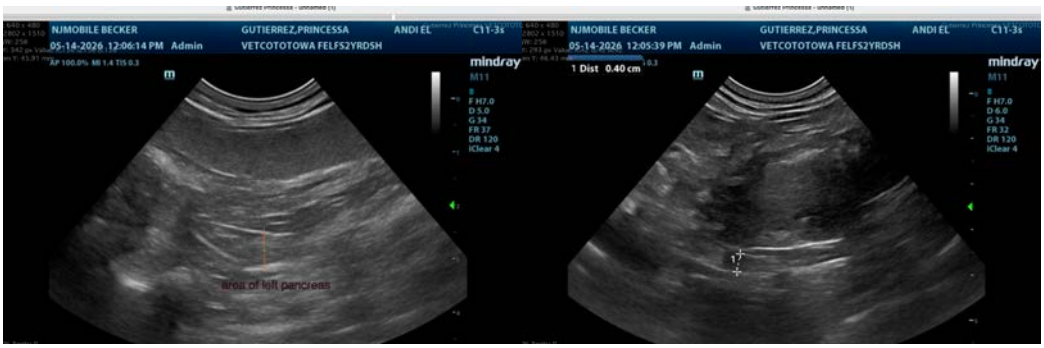



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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