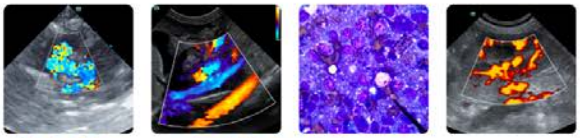

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info@carolinavetmobile.com 800.808.5948

PATIENT

Tigger Guertin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

15.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King Veterinary Hospital

REFERRING VET

Dr. Aldridge

INVOICE

75153

DATE

5/14/26

PRESENTING CLINICAL SIGNS

P presented for US due to chronic diarrhea. Fecal Neg, Diarrhea PCR pos for Corona, GI panel sending out today.

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 right kidney presents a mildly hyperechoic cortex, otherwise appears normal. This is most likely due to lipid deposition. The right kidney measures 4.2 cm.

The left kidney presents a mildly hyperechoic cortex, otherwise appears normal. This is most likely due to lipid deposition. The left kidney measures 4.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.5 mm in width.

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

Spleen

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

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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The visible gastrointestinal tract appears normal. Jejunum wall measures 2.5 mm in width. The muscularis does not appear to be thickened.

Pancreas

The left pancreas is mildly hypoechoic. Prominent pancreatic duct noted. No significant surrounding hyperechoic fat.

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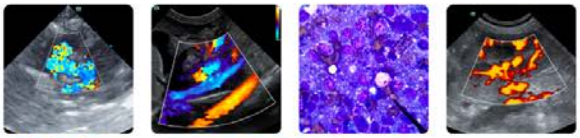

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Free Abdomen

There are moderately enlarged mesenteric lymph nodes present, a representative node measures 3.9 mm x 24.6 mm.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic renal cortices bilaterally.
- Hyperechoic hepatomegaly.
- Mildly hypoechoic left pancreas.
- Moderately enlarged mesenteric lymph nodes.

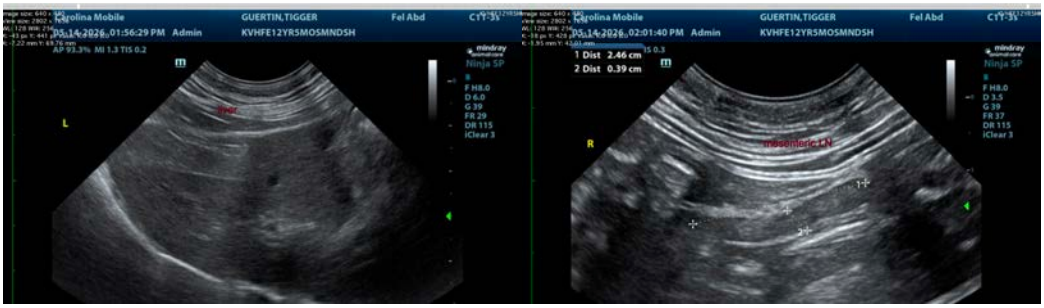
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have mild pancreatic inflammation. A Texas A&M GI panel has reportedly been submitted, which will contain a fPLI to help determine if clinically significant pancreatic inflammation is present that may be contributing to patient's clinical signs, as well as to screen the patient for possible occult GI disease as cause of the clinical signs.

The enlarged mesenteric lymph nodes appear most likely to be enlarged due to a reactive cause, possibly reacting to patient's pancreatic inflammation or GI disease. If possible, consider ultrasound guided fine needle aspirates of nodes with submission to a lab such as Colorado State University for cytology and PCR for antigen receptor rearrangement assay if warranted based on cytology results.

The hyperechoic hepatomegaly is consistent with possible lipid hepatopathy, less likely an infiltrative process such as lymphoma. Consider a fine needle aspirate of the liver with submission for cytology to determine if early hepatic lipidosis may present.

No obvious cause for patient's clinical signs seen on this exam. If not highly suspected that the positive coronavirus PCR would explain patient's clinical signs, a coronavirus is most likely secondary to whatever the primary cause for the chronic diarrhea is. If the Texas A&M GI panel does suggest possible chronic enteropathy, consider GI biopsies either surgically or endoscopically (endoscopically preferred as it is less invasive). Prior to considering GI biopsies, consider a strict diet trial with a hydrolyzed food for at least 2-4 weeks. If patient fails this diet trial and a chronic enteropathy is considered likely based on GI panel, then proceed with GI biopsies.



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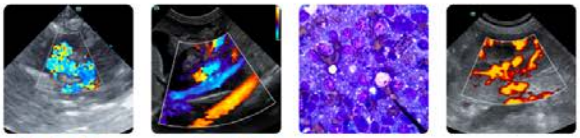

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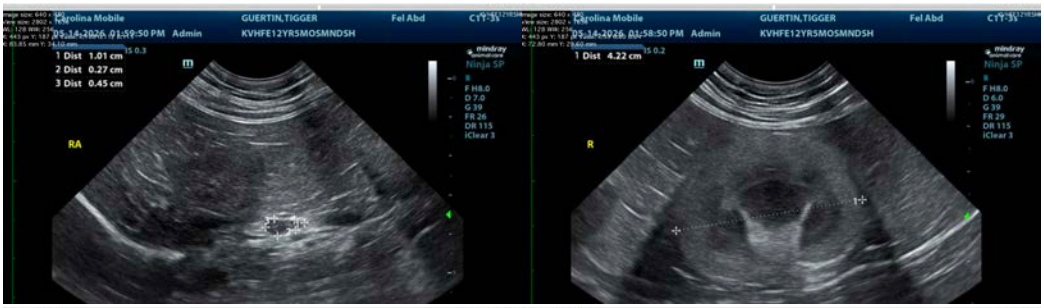

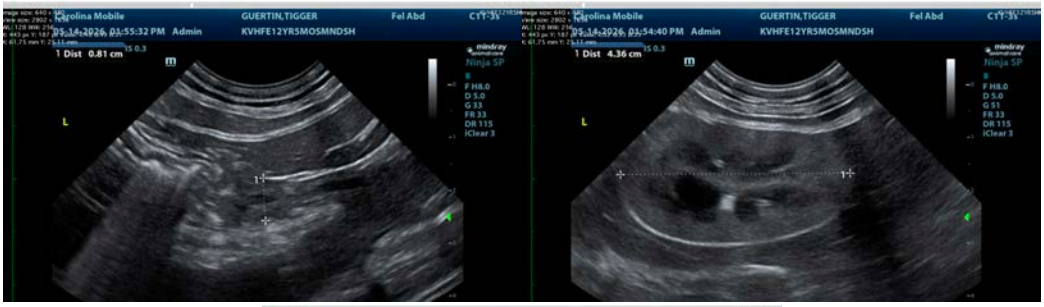

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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