



PATIENT

The Cheat Strunk

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

17 Years

WEIGHT

8.36 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Christa Williams, DVM,
DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM,
DABVP

INVOICE

75203

DATE

5/16/26

PRESENTING CLINICAL SIGNS

The Cheat has a longstanding history of triaditis- waxing and waning liver enzyme elevations, weight loss, hypocalcemia, vomiting, and elevated TLI and PLI. In the last 3-4 months he has started to vomit bile every other day and has become very fussy about food (client mainly feeding treats and Fancy Feast or canned tuna). Repeat AUS and GI Panel were recommended. He is currently on 4 mg prednisolone PO q 24h and Cobalequin Chewable-1 tab q 24h. His stools are reported to be normal.

Abnormal PE/Chem/CBC/UA Results: BCS 3/9, MCS 2/4 Labs on 2.23.26: ALT 201, fPLi 4.6, Creat 1.2, T4 1.8, Fecal Panel WNL, CBC WNL Small intestinal tract feels ropery and fluid filled on palpation.

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

The left kidney presents normal size (4.41 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 measured 2.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.6 mm in width.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach has normal wall layering and thickness.

Diffusely the small bowel has the same appearance described in the previous report (7/24/25). No changes seen. The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is diffusely hypoechoic with nodular echotexture. No significant surrounding steatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Hyperechoic splenic nodules.
- Enlarged, heterogeneous liver.
- Gallbladder debris.
- Small intestinal thickening.
- Hypoechoic, nodular pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have chronic intermittent pancreatitis, most likely reactive to the patient's suspected underlying gastrointestinal disease.

Recommend urinalysis and urine culture if warranted.

Gallbladder changes are most likely due to patient's history of Triaditis.

No significant changes seen on this ultrasound as compared to the previous ultrasound. Given that the patient is currently being treated with Prednisolone at an appropriate dose and the GI tract is still thickened due to thickened muscularis layer, concern for disease other than inflammatory bowel disease is increased. I suspect that GI disease may be due to small cell GI lymphoma. Given the increased severity in clinical signs over the last 3-4 months, recommend GI biopsies be obtained endoscopically to determine if small cell GI lymphoma is indeed present. If diagnosed, consider referral to oncologist to discuss chemotherapeutic options.



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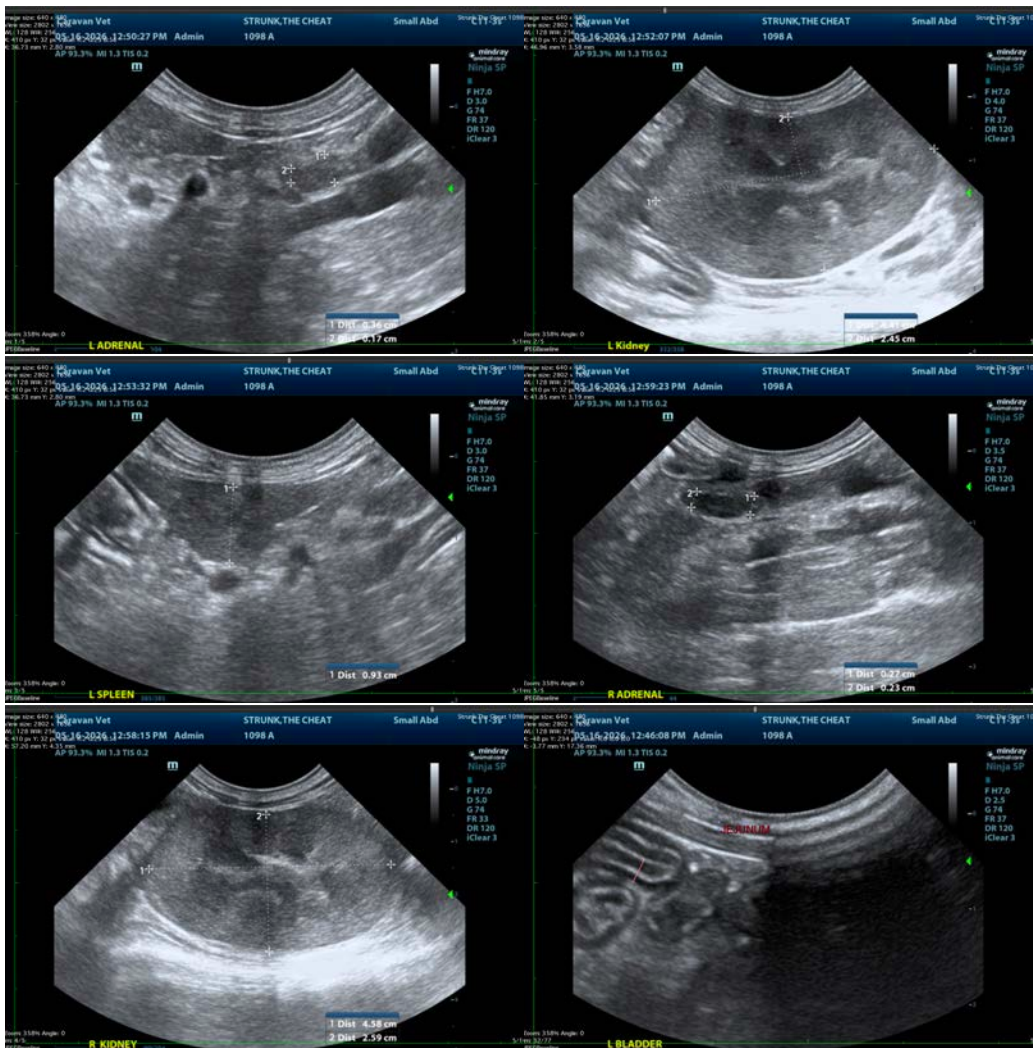
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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