



PATIENT

Sheilah Berdaj

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Dr, Ken Leal

HOSPITAL NAME

Dr. T Veterinary Care

REFERRING VET

Dr. Turk

INVOICE

16324

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Cat has history of lymphoma. Treated a couple years ago. No meds recently. Presented with diarrhea and not eating well. Responded to current medications of prednisolone 10 mg sid, metronidazole 32.5 mg bid.

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 3.4 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 4.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.1 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.9 mm width.

Spleen

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

Liver

Liver is subjectively mildly 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 vacuolar hepatopathy, possibly due to hepatic lipidosis, less likely but possibly infiltrative disease such as lymphoma.

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

Gastrointestinal

Diffusely, the duodenum, jejunum, and ileum are moderately to markedly full of ingesta. Precise measurements of the small bowel cannot be made due to the distention caused by the ingesta. The patient appears to have normal layering of the small bowel. However, the appearance of the intestine is consistent with functional ileus, possibly most likely due to the patient's reported lymphoma.

Colon contains normal contents with normal wall thickness.



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The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Pancreas

The pancreas is diffusely hyperechoic with markedly dilated pancreatic ducts. No significant surrounding hyperechoic fat is seen at this time. The pancreas has a diffuse nodular echotexture. The patient appears to have clinically significant pancreatitis at this time. Most likely the appearance of the pancreas is consistent with chronic pancreatitis, most likely secondary to patient's underlying GI disease.

Free Abdomen

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

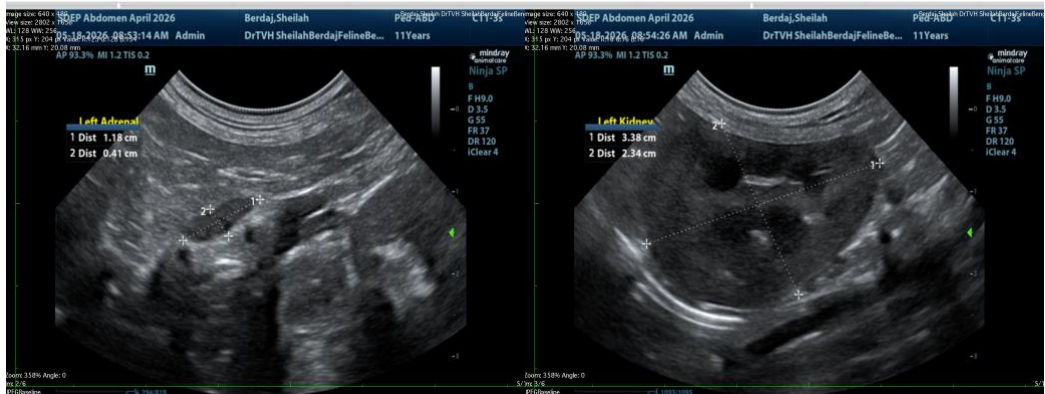
ULTRASONOGRAPHIC FINDINGS

- Mild hyperechoic hepatomegaly.
- Suspect pancreatitis.
- Gastric ileus- suspected to be due to either pancreatitis or chronic inflammatory disease such as lymphoma.
- Small intestinal thickening- functional ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the liver with submission for cytology.

The patient is reported to have a history of lymphoma. If the patient has not been on any medications recently until placed on prednisolone recently, given the appearance of the GI tract, it appears the patient's lymphoma is out of remission. Consider adding in chlorambucil to determine if remission can be achieved. If the patient does not respond to this treatment, consider biopsies of the GI tract to confirm diagnosis and determine if other treatment options would be warranted.





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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)
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