

## PATIENT

Butter Landfield

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

6/28/18

## WEIGHT

5.4 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Incline Veterinary  
Hospital

## REFERRING VET

Dr. Sovyk

## INVOICE

75416

## DATE

5/22/26

## PRESENTING CLINICAL SIGNS

Decreased appetite x 2 weeks; client notes other cat appears to be eating Buddy's portion. Lethargy x 1 week. Weight loss suspected (client reports other cat gaining weight, assumes Buddy losing weight). History of food allergies since adoption from shelter. Chronic intermittent vomiting and diarrhea (not abnormal for this patient). Chronic ocular discharge since adoption. Intermittent retching without vomiting (approximately every 2-3 weeks)

Abnormal PE/Chem/CBC/UA Results: Mild 2/6 heart murmur Working diagnosis - Mild heart murmur (new finding) - r/o stress-related (physiologic), early cardiac disease, others - Decreased appetite and weight loss - r/o dental pain, kidney disease, liver disease, hyperthyroidism, gastrointestinal disease (IBD, GI lymphoma), neoplasia, others MCV 57.5 35.9 - 53.1 fL HIGH RETIC 0.6 3.0 - 50.0 K/ $\mu$ L LOW GLOB 5.8 2.8 - 5.1 g/dL HIGH BP- 1: 125/89 (101) 2: 138/86 (121) 3: 119/86 (102)

## 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 is normal in size (4.2 cm). The cortex is mildly hyperechoic, most likely due to lipid deposition.

The left kidney is normal in size (4.1 cm). The cortex is mildly hyperechoic, most likely due to lipid deposition.

### Adrenal Glands

The right adrenal gland measures at the upper end of normal limits for size. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.9 mm in width.

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

### Spleen

The spleen measures at the upper end of normal limits for size, measuring 1.0 cm in width. It has scalloped margins, normal echogenicity, and diffusely mottled 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.



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The gallbladder is bilobed. Normal gallbladder walls. Within the proximal common bile duct there appears to be a single non-shadowing hyperechoic cholelith present that may be causing a partial common bile duct obstruction, although the gallbladders are normal in size and do not appear obstructed at this time.

**Gastrointestinal**

The stomach has normal wall layering and thickness.

The ileum is imaged and has moderate loss of layering. It is mildly thickened at 3.2 mm in width due to a moderately thickened muscularis layer. There is hyperechoic fat surrounding the ileum. There are segments of jejunum with loss of layering and a thickened muscularis. The jejunum appears to be normal in thickness with segments measuring up to approximately 2.4 mm in width. However, the thickened muscularis and the loss of layering are similar to that seen within the ileum.

Colon contains normal contents with normal wall thickness.

**Pancreas**

The pancreas was diffusely mildly hypoechoic. No surrounding steatitis. Mild pancreatic duct dilation.

**Free Abdomen**

Mild mesenteric lymphadenopathy noted. A representative node measures 4.6 mm in width. The node is rounded and hypoechoic.

A scant pocket of free fluid is seen between intestinal loops. This fluid pocket is too small to attempt fine needle aspirate.

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder debris.
- Mildly hyperechoic renal cortices.
- Scalloped spleen with mottled echotexture.
- Bilobed gallbladder.
- Cholelith within the common bile duct.
- Thickened muscularis layer of the ileum and jejunum.
- Mildly hypoechoic pancreas.
- Mild mesenteric lymphadenopathy.
- Scant free fluid between intestinal loops.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Lipid deposition often occurs within the renal cortex of feline species during times of a negative energy balance and body fat stores being metabolized. This is not considered a pathologic problem. This finding fits with the patient having a decreased appetite for the past two weeks.

The appearance of the ileum and jejunum is consistent with a chronic enteropathy. Prioritize neoplastic disease such as lymphoma or mast cell disease, possible but less likely inflammatory bowel disease. If geographically relevant, consider histoplasmosis as a differential.



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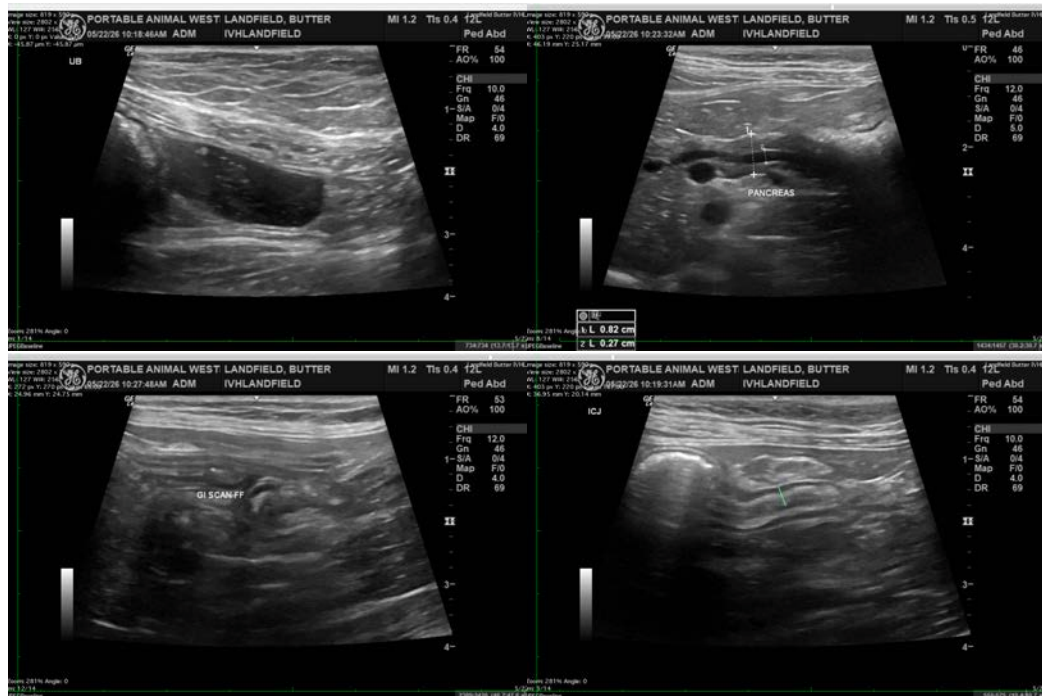
The splenic findings may be a normal variation or caused by other inflammatory processes occurring with the GI tract (specifically disease seen within the ileum and surrounding the ileum). However, the appearance of the spleen may also be due to infiltrative neoplasia such as lymphoma or mast cell disease. I do recommend a fine needle aspirate of the spleen with submission for cytology to rule out infiltrative neoplasia.

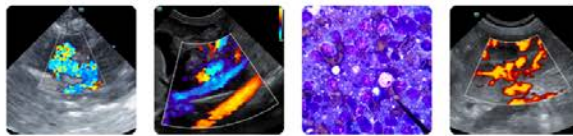
The patient appears to have mild pancreatic inflammation. Consider fPI to screen further for clinically significant pancreatic disease.

The mesenteric lymph nodes may be enlarged due to reactive cause or may be enlarged due to neoplasia such as lymphoma or mast cell disease. If there are any lymph nodes large enough to sample, consider fine needle aspirate with submission for cytology. A lymph node aspirate may help to identify the disease process going on within the patient's small bowel.

The cholelith within the common bile duct is most likely insignificant at this time in regard to the patient's clinical issues. Recommend starting Ursodiol at 15 mg/kg by mouth split into two daily doses and rechecking the appearance of the common bile duct in 6-8 weeks via ultrasound.

Patient's clinical signs and lab work abnormalities may be explained by infiltrative GI neoplasia, specifically lymphoma or possibly mast cell disease. Prognosis is open pending results of recommended diagnostics.





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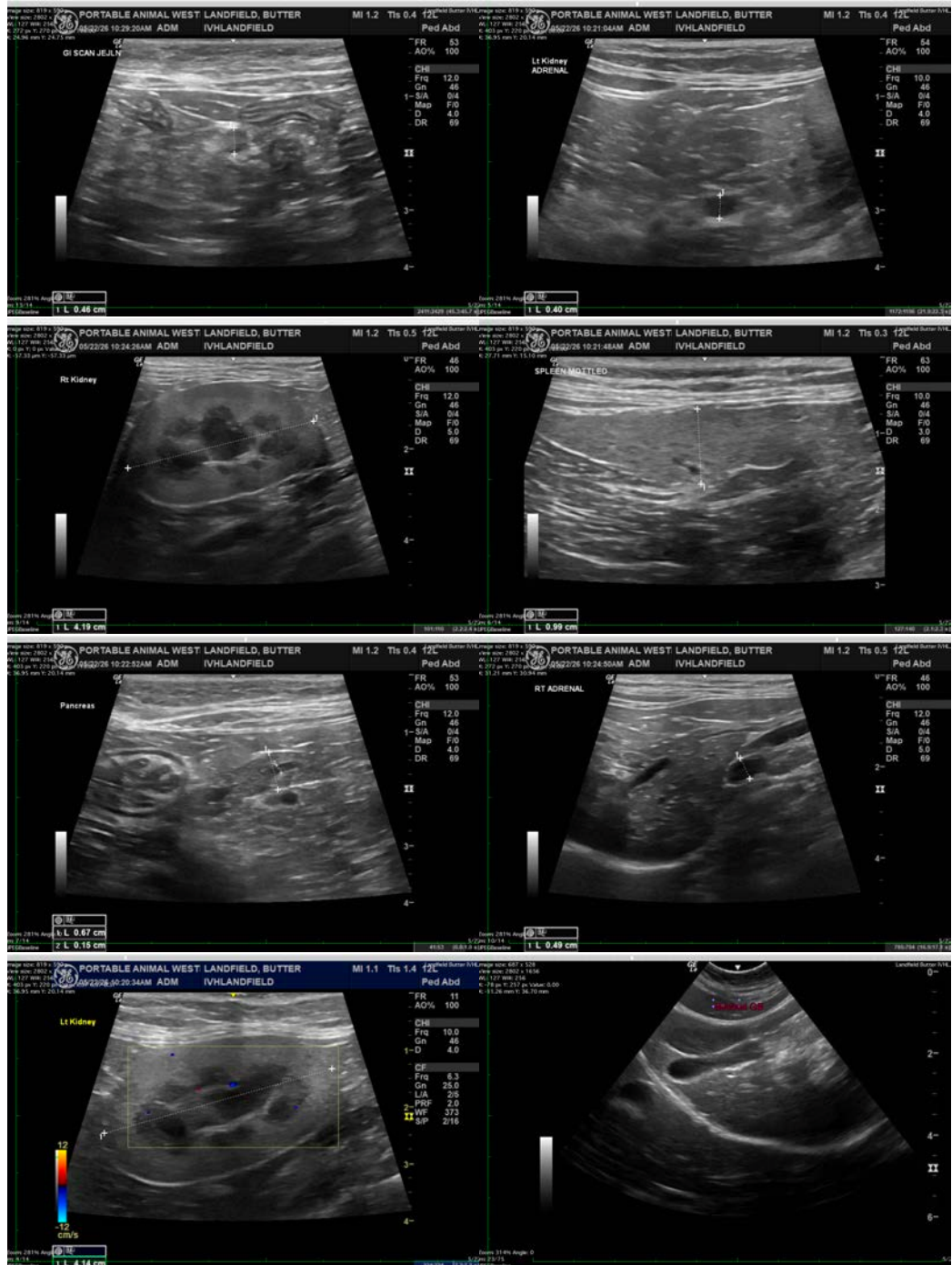
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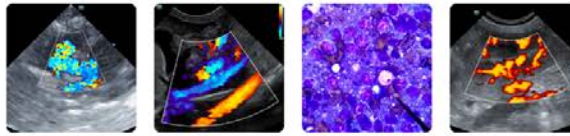
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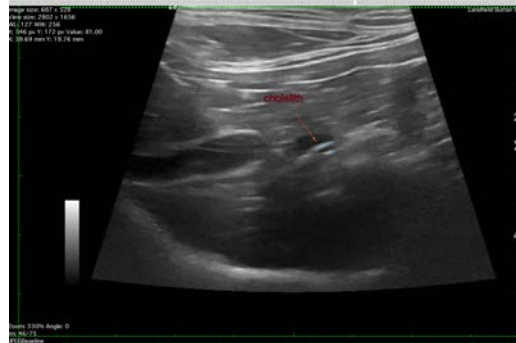
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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