



## PATIENT

Gracie-MAH Glockner

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

7.7 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch Animal  
Hospital

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

75399

## DATE

5/22/26

## PRESENTING CLINICAL SIGNS

Gradual weight loss, history of CKD stage 2, creatine 2.5. 1 week history of hyporexia and lethargy.

## 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 is small in size at 3.0 cm in length. It is irregular in shape with moderate loss of corticomedullary distinction. Renal pelvic dilation present at 5.6 mm.

The left kidney is mildly small in size at 2.6 cm in length. It has irregular shape and loss of corticomedullary distinction. Mild renal pelvic dilation present at 3.3 mm.

### *Adrenal Glands*

The adrenal glands were not seen on this exam.

### *Spleen*

The spleen is diffusely hypoechoic with scalloped margins. It is normal in size at 5.3 mm.

### *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 small bowel is distended with a moderate amount of ingesta. It appears the jejunum has loss of normal layering appearance and has a mildly thickened muscularis. The ileum also has a thickened muscularis layer with loss of normal layering.

Colon contains normal contents with normal wall thickness.

### *Pancreas*

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

### *Free Abdomen*

There are numerous moderately enlarged, rounded, hypoechoic mesenteric lymph nodes present, a representative node measures 1.5 cm in length.

No free abdominal fluid is seen.



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## ULTRASONOGRAPHIC FINDINGS

- Small, irregular kidneys with loss of corticomedullary distinction and pyelectasia.
- Hypochoic spleen with scalloped margins.
- Jejunal and ileal thickening.
- Enlarged, rounded, hypochoic mesenteric lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

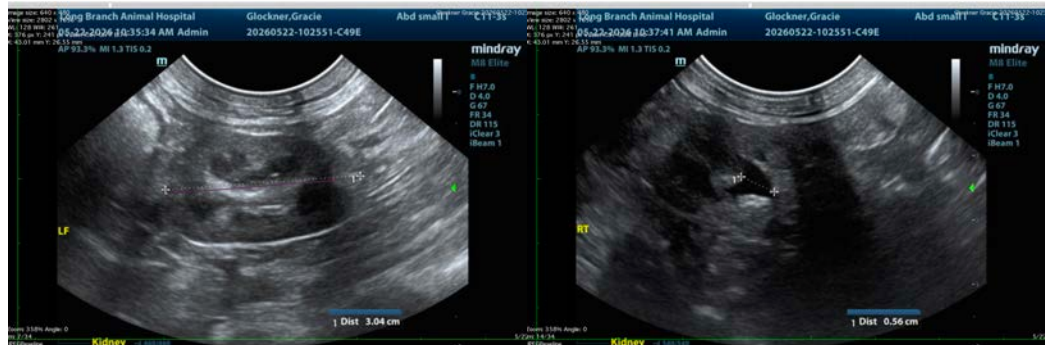
Renal findings are consistent with patient's historic diagnosis of chronic kidney disease. Recommend continued monitoring and managing per IRIS guidelines. The renal pelvic dilation may be due to pyelonephritis or possibly due to PU/PD. Recommend urine culture if not already performed and discussing with owner patient's daily water intake.

The splenic changes may be reactive due to other causes of inflammation within the patient's abdomen or may indicate infiltrative disease such as lymphoma or mast cell disease. Recommend fine needle aspirate of the spleen with submission for cytology to rule out infiltrative neoplasia. Less likely the splenic changes may be due to infectious disease such as bartonella (although unlikely), or possibly a viral disease such as feline infectious peritonitis. If cytology is suggestive of an inflammatory process, consider testing further for infectious disease.

The jejunal and ileal changes are most likely due to infiltrative neoplasia such as lymphoma or mast cell disease, less likely a benign process such as inflammatory bowel disease. If histoplasmosis is endemic to the patient's geographic location, consider testing for this disease as well.

The appearance of the mesenteric lymph nodes is concerning for either infiltrative neoplasia such as lymphoma or mast cell, or less likely metastatic neoplasia. It is also less likely that these lymph nodes are reactive. If possible, recommend ultrasound guided aspirate of lymph nodes and submit for cytology. If lymphoma is suspected, consider PCR for antigen receptor rearrangement assay. If a diagnosis is able to be obtained from lymph node aspirate, it highly likely represents the disease process occurring within the patient's GI tract. If cytology of lymph node is inconclusive, then consider surgery to extirpate a lymph node for histopathology and obtain GI biopsies.

If a lymph node aspirate is unable to be obtained due to location of lymph nodes, consider aspirating spleen, as it may also help to identify the underlying cause of the lymph node enlargement and the GI changes.





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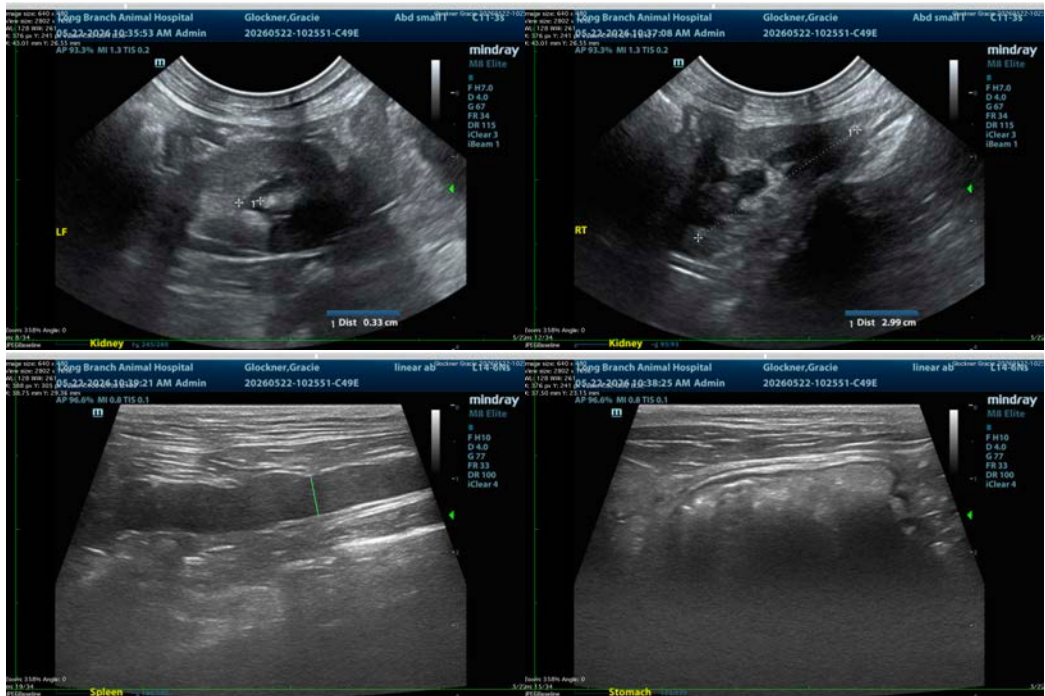
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)