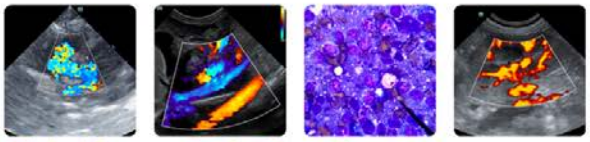

PATIENT

J Nikkel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

2.54 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Gaw

INVOICE

75520

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Cannot put weight on J, has an appetite but cannot gain weight; emaciated. He will occasionally eat until he vomits, has difficulty walking (abnormal hind leg/lumbar gait), always has low energy; cannot retract hind claws.

Abnormal PE/Chem/CBC/UA Results: Weight loss (2.86 kg January'26 and today he is 2.54 kg) Last PE was Dec 2025: Cachexia CBC Dec 23/25: WBC 15.1x10e9/l (4.2-13.0) Basos 0.3 (0.0-0.26) Lymph 8.29 (1.1-8.1) CHEM Dec 23/25: ALT 259 u/l (12-130) 11/17/25: FeIV/FIV/Heartworm negative HCT 0.50 (0.28-0.49) RDW 19.7% (14-17)

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 2.6 cm. There is a small defect in the cranial pole, possibly due to previous infarction. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney is slightly small in size (2.8 cm). 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 measures 3.3 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.0 mm in width.

Spleen

The spleen is normal in size (7.8 mm in width) with uniform echotexture and normal echogenicity. No splenic abnormalities seen.

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 portal vein to caudal vena cava ratio is approximately 1.2, which is normal. Portosystemic shunt is not considered likely.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall appears to have normal layering and thickness. The stomach does retain a mild amount of fluid. No mechanical obstruction seen. The stomach wall measures 1.7 mm in width. Diffusely the small

PATIENT

J Nikkel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

2.54 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Gaw

INVOICE

75520

DATE

5/28/26

bowel appears to have normal thickness and layering, measuring approximately 2.3 mm in width. No obvious evidence of small bowel disease seen on this exam. The ileus is also normal in thickness at 2.3 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is diffusely mildly hypoechoic. No surrounding steatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Slightly small kidney size.
- Gallbladder debris.
- Diffusely mildly hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to potentially have mild functional gastritis, cause unknown.

The appearance of the pancreas may be a normal patient variant or the patient may have mild reactive pancreatic inflammation. Recommend submitting a GI panel that includes a cPLI, TLI, cobalamin and folate. One of the differentials for the patient's clinical signs and lack of weight gain could potentially be exocrine pancreatic insufficiency, which is more common in the feline species than originally thought. Therefore, recommend screening for EPI. It does often present differently in cats than it does in dogs, and that is what the TLI would should on a GI panel.

If a comprehensive fecal pathogen PCR test has not been submitted, also recommend this.

It would be uncommon but checking a T4 on the patient if not already performed would be recommended to determine if this may potentially be a case of juvenile hyperthyroidism.

If none of the aforementioned testing identifies a cause for the patient's weight loss, considering submitting a bile acids test to definitively ruled out the possibility of a portosystemic shunt, although not highly suspected as previously mentioned.

PATIENT

J Nikkel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

2.54 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Gaw

INVOICE

75520

DATE

5/28/26

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