



**PATIENT**

Samosa Geoghegan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

7 Pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Hlmane Society of the  
Piedmont

**REFERRING VET**

Dr. Harrington

**INVOICE**

35939

**DATE**

5/5/26

**PRESENTING CLINICAL SIGNS**

History: P presented for US due to Vomiting, diarrhea, weight loss. P is hyperthyroid but stable on methimazole.

**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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.4 cm in length. The right kidney measures 3.5 cm in length.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.3 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.9 mm in width.

**Spleen**

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Blood flow to the spleen was normal.

**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. The mid jejunum revealed mild loss of normal layering. The jejunum was thickened, measuring 4.0 mm in width, which is moderately to markedly thickened. In the right quadrant of the abdomen, within the jejunum, there is a significantly abnormal focal section of jejunum that is markedly thickened and has complete loss of layering. The section is hypoechoic and measures approximately 5.0 cm in length. Colon contains normal contents with normal wall thickness.

**Pancreas**



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The pancreas was diffusely hypoechoic with heteroechoic echotexture and slightly nodular appearance. Mild to moderate surrounding hyperechoic fat was noted.

**Free Abdomen**

Moderate mesenteric lymphadenopathy was present within the abdomen. A representative node measured 11.0 mm x 5.2 mm. Moderate to marked surrounding hyperechoic fat was noted around the enlarged lymph nodes.

No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic and rounded mesenteric lymph nodes- given the appearance of the nodes, suspected a neoplastic cause, such as lymphoma or mast cell disease, less likely benign process due to inflammatory bowel disease.
- Suspect changes in the appearance of the GI tract are most likely due to chronic inflammatory enteritis, most likely due to small cell lymphoma, possible mast cell disease, possibly severe inflammatory bowel disease. If geographically relevant, consider histoplasmosis as cause of GI disease as well.
- Intramural jejunal lesion/significantly abnormal focal section of jejunum that is markedly thickened - Given the appearance of this section of jejunum, differentials would include possible lymphoblastic lymphoma, mast cell disease, possibly adenocarcinoma, leiomyosarcoma, less likely a benign leiomyoma and a disease such as inflammatory bowel disease is highly unlikely to be causing the appearance of this segment of thickened abnormal jejunum.
- The patient appears to have possible chronic pancreatitis causing pancreatic hyperplasia and at this time the patient appears to have active pancreatic inflammation. Suspect patient's pancreatic disease is most likely secondary due to the suspected primary gastrointestinal disease.
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend submitting FPLI to screen further for degree of pancreatic inflammation present.

Given the appearance of both of the patient's kidneys, recommend full staging, monitoring and managing per IRIS guidelines.

If possible, obtain fine needle aspirate of the abnormal thickened section of jejunum and submit for cytology. If nondiagnostic, consider exploratory laparotomy, resection of the abnormal segment of bowel with submission for histopathology. Also, would recommend obtaining biopsies of the other more normal appearing jejunum, stomach and ileum during the same procedure.



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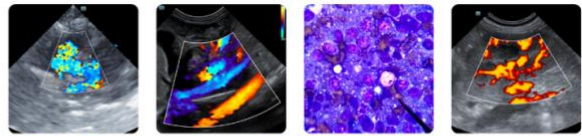
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

**Greg Kuhlman, DVM, DACVIM (SAIM)**

Samosa Geoghegan

Veterinary Internal Medicine Specialist

[info@SonoPath.com](mailto:info@SonoPath.com)

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