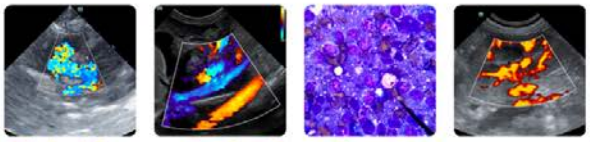


PATIENT

Wimsey Clark

SPECIES

Feline

BREED

Siamese x

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.7 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Lameg

INVOICE

74988

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Prev u/s with sonopath for cardiac and abdomen separate studies. Prev dx'd w/ a focal LV HCM and suspect IBD (diffuse SI thickening and stomach thick). GI signs are reasonably well controlled but some appetite fluctuations and intermittent lethargy do occur. Use Cerenia for apparent nausea without vomiting. Have considered using steroids but have not d/t to heart condition. Weight stable. SRR is 18-20 consistently and heart murmur is stable at 3/6. Double study to see if abdominal and cardiac changes are progressing as may need to use steroids in this cat for gi signs, and want to know if this would be a poor choice considering his current heart condition. (will he be at risk for CHF).
Meds: Cerenia 24mg tablet Give 1/4 tablet every 24 hours for up to 4 consecutive days in a row, as needed, for anorexia and vomit.

Abnormal PE/Chem/CBC/UA Results: BCS 6/9 Grade 3/6 systolic murmur

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 presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. Right kidney measures 4.2 cm.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. Left kidney measures 4.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right measures 3.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left measures 4.7 mm in width.

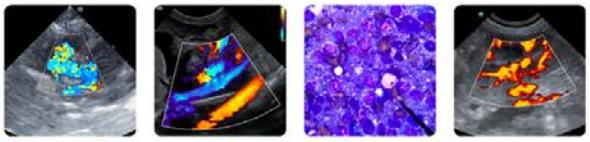
Spleen

The visible spleen appears 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.



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Gastrointestinal

The stomach has normal wall layering and thickness. The jejunum diffusely is moderately thickened due to a markedly thickened muscularis layer. The jejunum measures 3.5 mm in width (normal feline jejunum should measure <2.8 mm in width). In the area of the ileocolic junction there are several enlarged mesenteric lymph nodes with surrounding hyperechoic fat. A representative node measures 6.9 mm x 4.5 mm. These nodes are hypoechoic and rounded in appearance. Colon contains normal contents with normal wall thickness.

Pancreas

The area of the right and left pancreas is seen, no pathology noted.

Free Abdomen

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Thickened muscularis layer of the jejunum.
- Enlarged mesenteric lymph nodes.

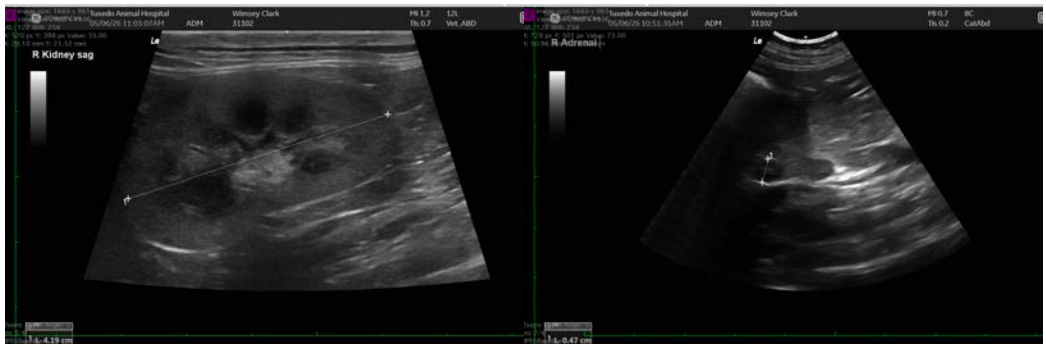
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the markedly thickened muscularis layer, the patient appears to have significant inflammatory chronic bowel disease, most likely either severe inflammatory bowel disease versus small cell lymphoma versus mast cell disease, less likely an infectious disease such as histoplasmosis.

Given the appearance of the small bowel, if the patient's cardiac status will allow for a reasonable anesthetic event, consider GI biopsies either surgically or endoscopically. Endoscopically may be preferred given the patient's history of cardiac disease, as it is less invasive with shorter anesthesia period.

Regarding whether steroids could or should be started, given the appearance of the small bowel, obtaining a diagnosis before starting steroid is recommended.

The appearance of the mesenteric lymph nodes is concerning for possible infiltrative neoplasia. Less likely these lymph nodes are reactive. Given the size and location of these enlarged lymph node, it does seem less likely that a fine needle aspirate could be performed even under ultrasound guidance.



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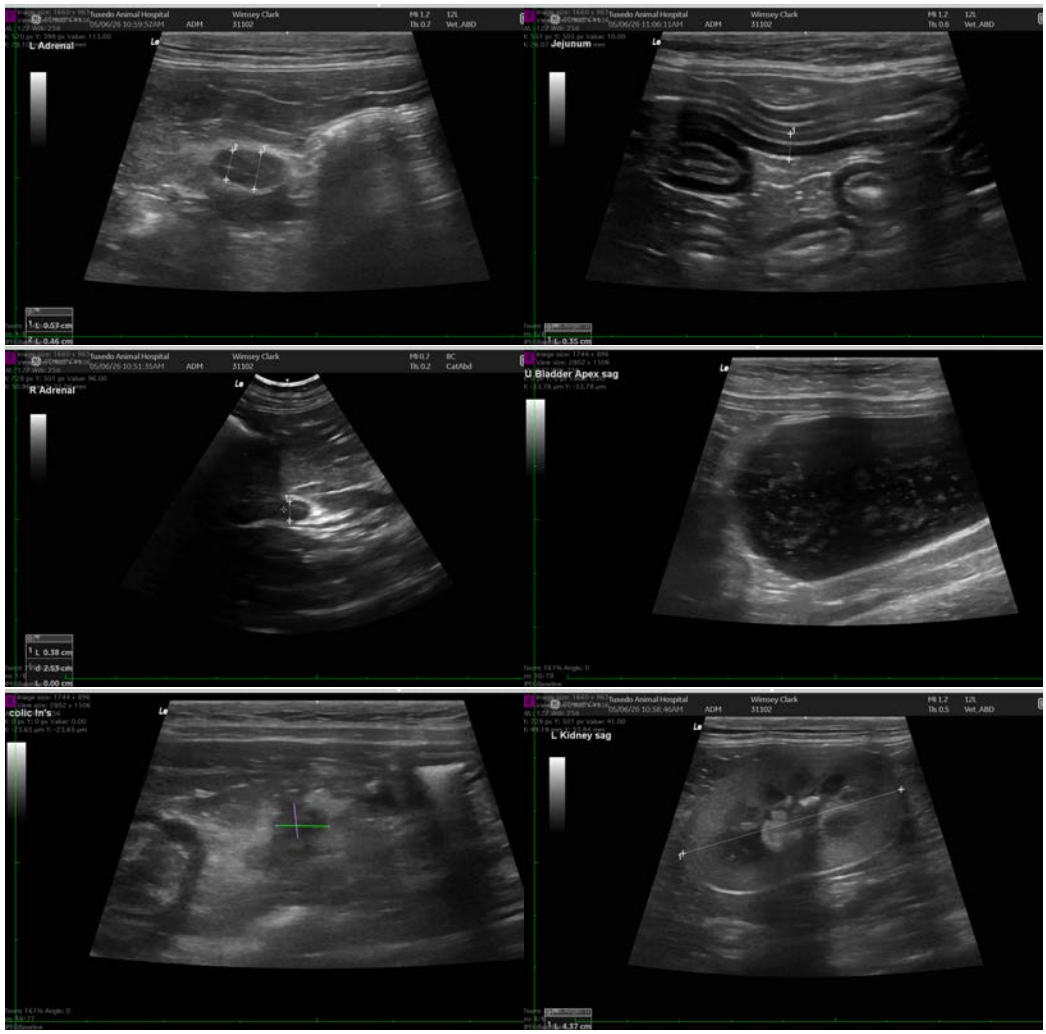

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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