



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Butter Chen	Acute onset of vomiting, lethargy, febrile, ADR. Possible linear FB.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	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.
DSH	The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Mild renal pelvic dilation noted measuring approximately 0.5 mm in width. No pyelectasia or nephrolithiasis. The left kidney measured 4.2 cm in length.
<b>SEX</b>	
MN	The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Mild renal pelvic dilation noted measuring approximately 1.0 mm in width. No pyelectasia or nephrolithiasis. The right kidney measured 4.5 cm in length.
<b>AGE</b>	
3	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 4.3 mm in width.
6.2	The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 4.2 mm in width.
<b>INTERPRETED BY</b>	
Greg Kuhlman, DVM, DACVIM (SAIM)	<b>Spleen</b>
	The spleen is mildly enlarged in size (1.4 cm in width), with scalloped margination. No masses are seen.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Gira	Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>HOSPITAL NAME</b>	
Petzoic Emergency	The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Ehab Hamed	The stomach has normal wall layering and thickness and is moderately gas filled. The pylorus appears patent. Duodenum has mild decrease in layering, and mild amount of fluid and gas within the lumen, measuring 2.1 mm in width. Jejunum appears normal in thickness and layering measuring 2.2 mm in width. Colon contains normal contents with normal wall thickness.
<b>INVOICE</b>	
11904	<b>Pancreas</b>
<b>DATE</b>	
5/7/2026	The visible pancreas is mildly hypoechoic and normal in size measuring 3.7 mm in width. There is no surrounding hyperechoic fat.
	<b>Free Abdomen</b>



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DACVIM (SAIM)

## IMAGING PERFORMED BY

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## HOSPITAL NAME

Petzoic Emergency

## REFERRING VET

Dr. Ehab Hamed

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There are enlarged hypoechoic and rounded mesenteric lymph nodes. A representative node near the area of the ileocolic junction measures 1.2 cm x 0.7 cm in size.

No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy in the liver.
- Mildly hypoechoic pancreas – Suspect mild reactive pancreatitis.
- Enlarged, hypoechoic, rounded mesenteric lymph nodes – Given the appearance of these nodes, there is concern for either infiltrative or metastatic neoplasia.
- Mildly enlarged, scalloped spleen. Enlargement of the spleen could be due to sedation for this exam.
- Bilateral renal pelvic dilation in the kidneys.
- Duodenum is mildly decreased in layering, and is distended with a mild amount of ingesta and gas within the lumen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider submitting fPLI to screen further for clinically significant pancreatic disease.

Recommend an ultrasound guided FNA of the lymph nodes and submission for cytology.

Given the overall appearance, echogenicity and echotexture the spleen doesn't appear to be mildly enlarged due to an infiltrative neoplastic process such as lymphoma or mast cell. If there is clinical concern for these diseases, consider FNA and cytology of the spleen.

Given that both kidneys have mild renal pelvic dilation, consider possible pyelonephritis as the cause of patient's clinical signs. I recommend urine culture if not already performed.

If not already performed, recommend full lab work including liver values to assess patient further for possible clinically significant hepatopathy. If this is confirmed, then consider a FNA of the liver to rule out infiltrative diseases such as lymphoma.

The appearance of the duodenum is suggestive of mild inflammatory disease. No plication is observed, and there is no evidence of mechanical obstruction or a linear foreign body. Differentials could include possible dietary indiscretion, inflammatory bowel disease, and less likely infiltrative neoplasia such as lymphoma or mast cell disease. Recommend treating patient supportively for gastroenteritis and if there is no improvement after supportive care, then I recommend recheck imaging via ultrasound. If the appearance of the duodenum is persistent then consider endoscopic biopsies.



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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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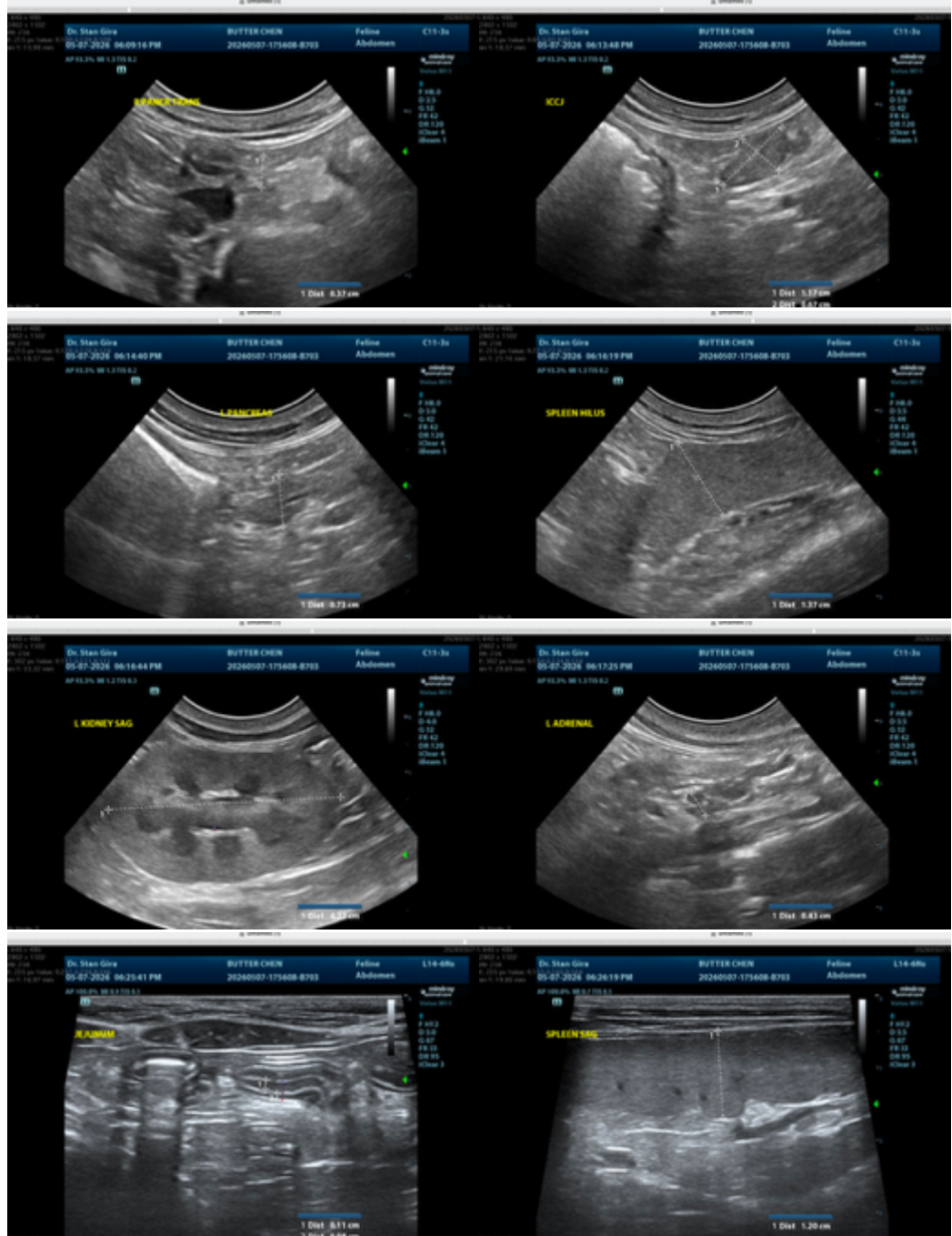
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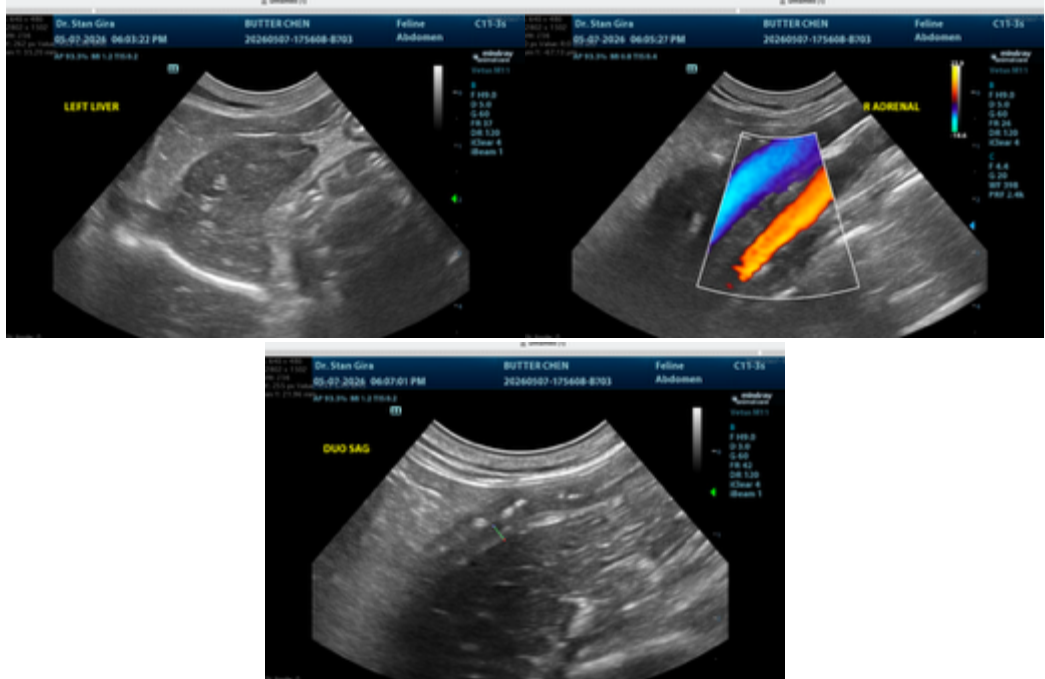
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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