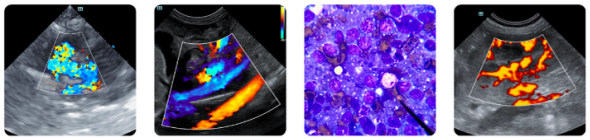


PATIENT

Cinder Angellakis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 years

WEIGHT

3.10 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Petzoic Emergency

REFERRING VET

Dr. Ehab Hamed

INVOICE

11899

DATE

5/7/2026

PRESENTING CLINICAL SIGNS

Seen today at rDVM for vomiting, diarrhea and anorexia. Anorexic since yesterday morning. She vomited once yesterday and today twice. There was a bite mark on recent plastic bag found at front door.

Abnormal PE/Chem/CBC/UA Results: BW showed hemoconcentration, eosinophilia, thrombocytopenia (platelet clumps present though), chem all WNL. AXR showed no GI obstruction or fb.

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 2.7 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 3.9 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

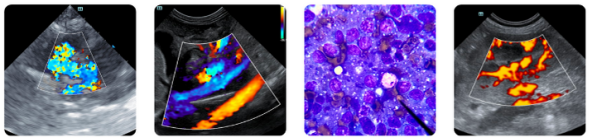
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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 has normal wall layering and thickness and contains a small amount of retained ingesta.

Jejunum is markedly thickened with complete loss of layering measuring 4.8 mm in width. The duodenum is markedly thickened, with marked loss of layering, and measures 4.6 mm in width which is



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significantly abnormal. Duodenal papillae is visualized and measures 3.2 mm in width and does not appear to have any surrounding inflammation. Ileum is markedly thickened with loss of layering measuring 4.2 mm in width.

Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is mildly hypoechoic and measures 7.1 mm in width. There is no significant surrounding steatitis.

Free Abdomen

There are multiple enlarged, rounded, hypoechoic mesenteric lymph nodes present. A representative node measures 1.1 cm x 0.5 cm. Medial iliac lymphadenopathy present with a representative node measuring 0.58 cm x 1.1 cm in size.

There is scant free fluid present cranial to the ventral to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Markedly thickened duodenum and ileum with marked loss of layering, jejunum is markedly thickened with complete loss of layering – Suspect inflammatory disease, chronic inflammatory enteritis., most likely due to small cell lymphoma, mast cell disease and less likely a benign etiology such as inflammatory bowel disease. If geographically relevant, then consider histoplasmosis as a differential.
- Mildly hypoechoic pancreas – most likely reactive in nature, due to the patient's suspected underlying chronic enteropathy.
- Enlarged, rounded, hypoechoic mesenteric lymph nodes and medial iliac lymphadenopathy – Likely enlarged due to a neoplastic cause such as lymphoma, mast cell disease, or less likely but possibly metastatic neoplasia. A benign etiology is not suspected.
- Scant free fluid.
- Mild gallbladder debris appears clinically incidental at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the free fluid for fluid analysis and cytology.

Consider fine needle aspirates of any of the enlarged mesenteric lymph nodes and submission for cytology.

Given the acute nature of the patient's clinical signs, the top differential I suspect is possible GI Mast cell disease. Given the appearance of the duodenum, jejunum, and ileum I recommend GI Biopsies, either surgically or endoscopically (endoscopically preferred as it's less invasive.)

If clinically warranted, then submit a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

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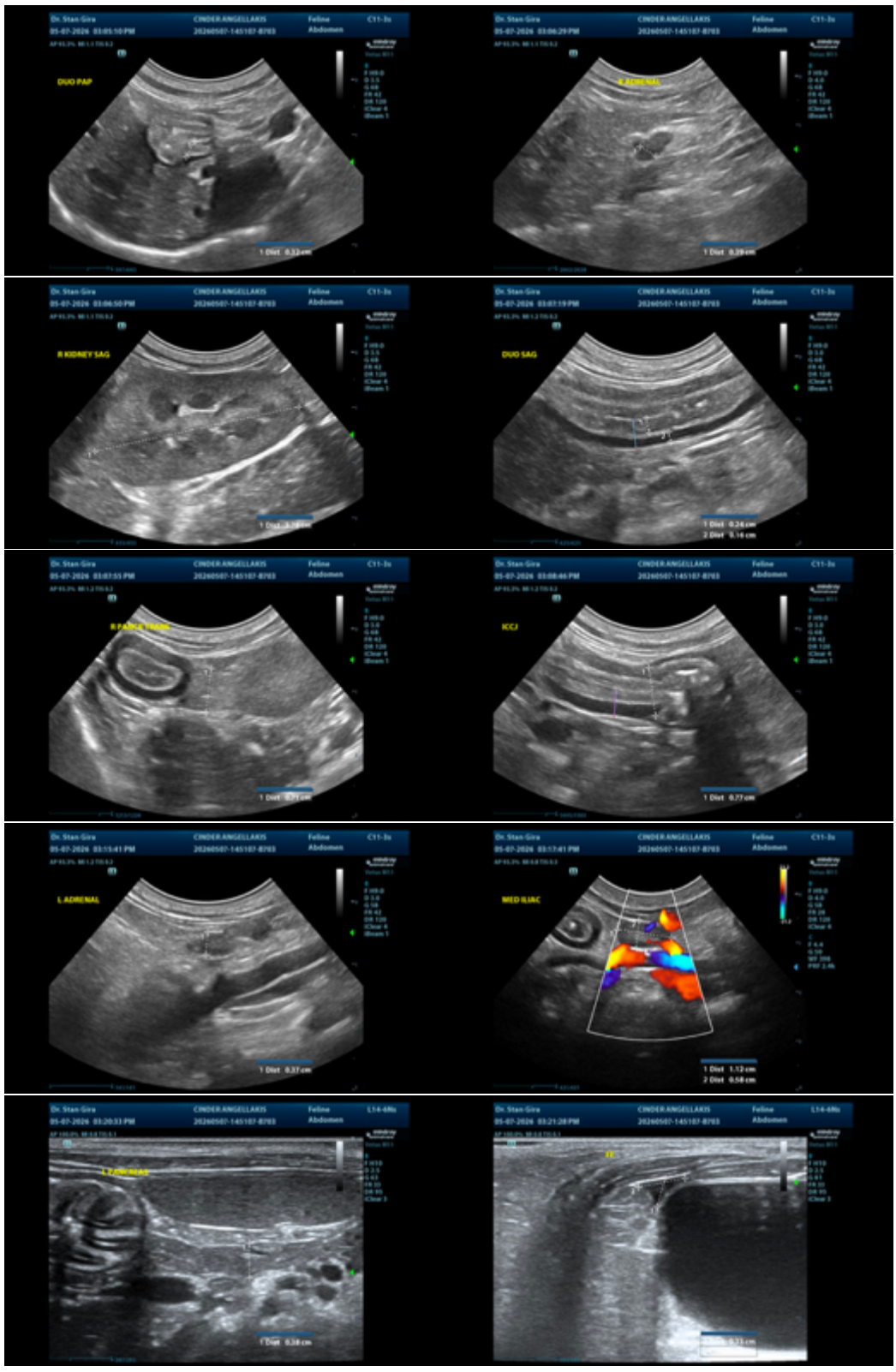

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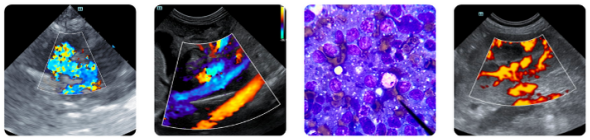

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com