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FOSTERING THE ART OF VETERINARY MEDICINE™

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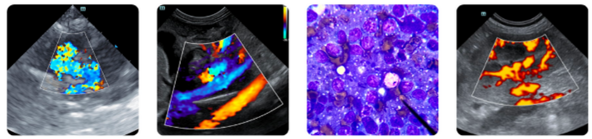


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Munchkin Osborn

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

9 years

WEIGHT

12.42 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

11920

DATE

5/8/2026

PRESENTING CLINICAL SIGNS

Last September = Munchkin presented for significant hyporexia of 4 days, intermittent vomiting of white foam, and suspected PU/PD. In house labs showed progression of azotemia compared to June, mildly elevated ALT, normal urinalysis, negative fPL snap test. Abdominal ultrasound last September (attached) to evaluate for underlying cause of clinical signs and elevated ALT.
Since last September, he's been on 1/4-1" daily mirtazapine which seems to keep his vomiting to a minimum, but he's still vomiting ~twice a month. he's on a hydrolyzed + renal diet, 1/2 packet forti flora daily Repeat ultrasound to assess for changes/progression. Still consistent with IBD vs other.

Abnormal PE/Chem/CBC/UA Results: GI panel: TLI 84.4 (H), PLI 2.1, B12 >1000, folate 36.7 (H) Fecal dysbiosis - 0.9, mildly elevated CBC - normal Chem: Crea 2.3, Ca 14.3, (ica in May 25' - 0.8) Alb 4.0.

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 previously seen urinary bladder debris on the previous ultrasound is not observed clearly on today's exam.

The left kidney presents normal size with normal shape and architecture. Loss of normal corticomedullary distinction. Mild renal pelvic dilation of approximately 1.4 mm in width. No pyelectasia or nephrolithiasis. The left kidney measured 3.5 cm cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. Mild renal pelvic dilation of 1.2 mm in width. No pyelectasia or nephrolithiasis. The right kidney measured 4.4 cm in length.

Adrenal Glands

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

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

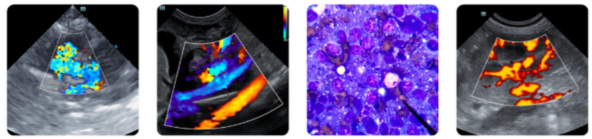
Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.



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Gastrointestinal

The stomach contains a moderate amount of hyperechoic partially digested food and fluid. The stomach wall appears normal in thickness and layering. No mechanical obstruction is seen. Stomach motility appears decreased. On this exam the small bowel appears to have normal wall layering and thickness measuring approximately 1.8 mm in width and no obvious evidence of chronic inflammatory GI disease. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Age related kidney changes with mild renal pelvic dilation bilaterally. The mild renal pelvic dilation may be a normal variation do to suspected chronic kidney disease or may indicate a disease such as pyelonephritis.
- Mild gastric ileus.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urine culture if not already performed.

Consider supportive care with antiemetics and prokinetics for the mild gastric ileus. The cause of the ileus may be inflammatory gastric disease such as IBD, small cell lymphoma versus mast cell disease.

Consider fine needle aspirate of the liver and submission for cytology to help identify the cause of the appearance of the liver. If patient continues to have evidence of hepatic lipidosis this would suggest they're in a negative energy balance on a routine basis, not eating an appropriate number of daily calories. Consider increasing supportive care as discussed for stomach findings. As previously mentioned, consider chronic antiemetics such as Cerenia and prokinetics such as metoclopramide or erythromycin.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

If it is determined the patient may potentially have a chronic enteropathy, consider GI biopsies, either surgically or endoscopically.

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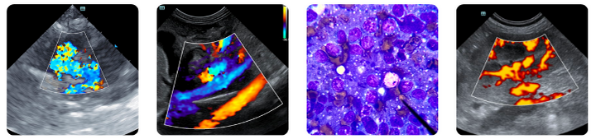

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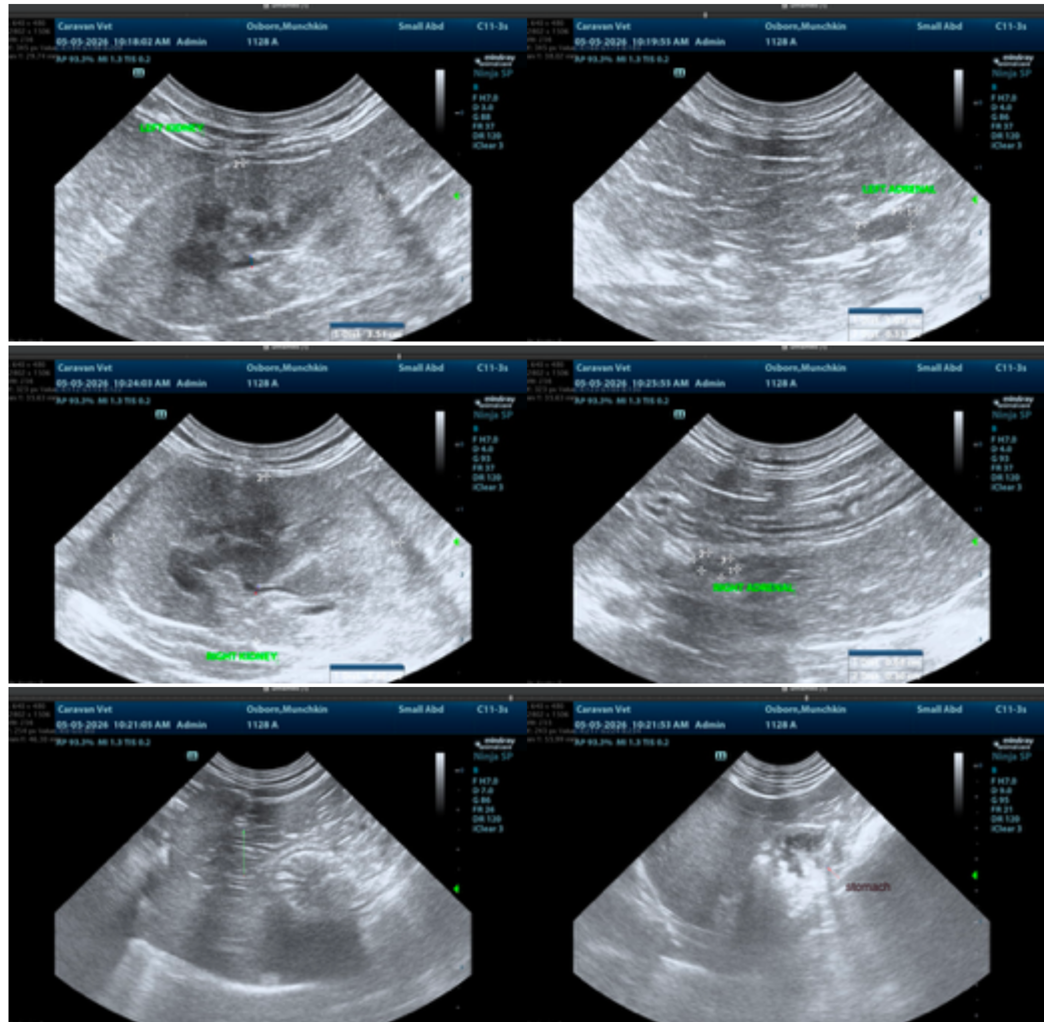

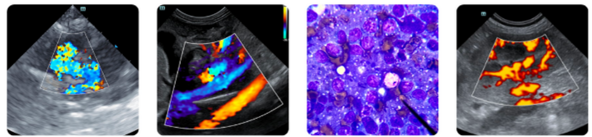

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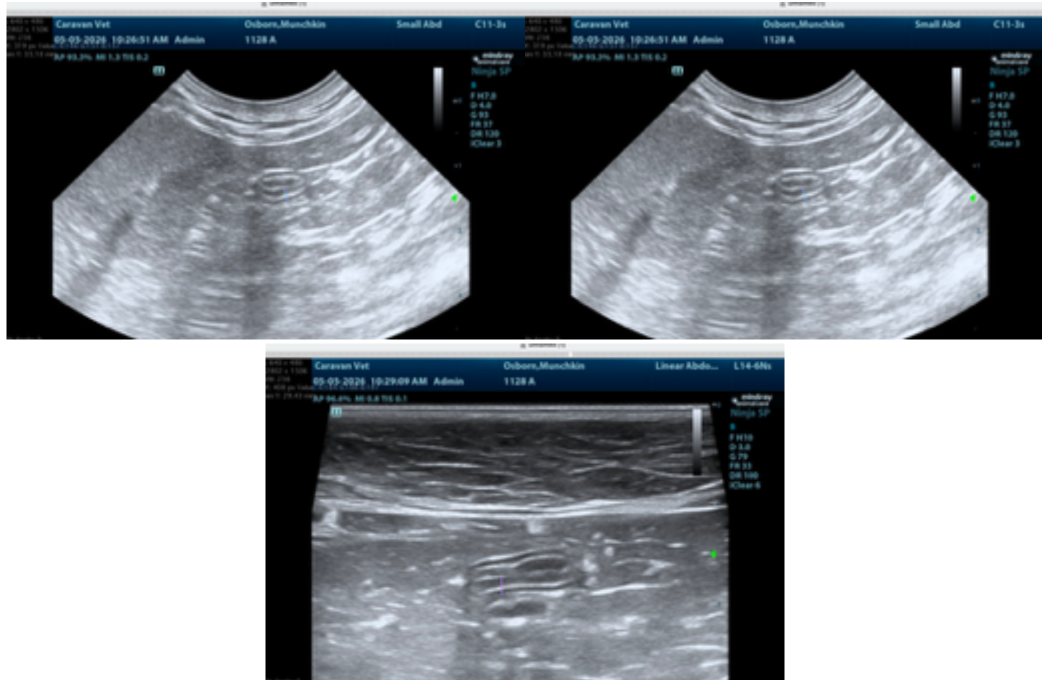

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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