



PATIENT

Alley Dunning

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 10 Months

WEIGHT

7.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Alexandra Peters

INVOICE

75981

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Hx: Patient was sedated with butorphanol. Presented 1 week ago for hyporexia and pawing at her mouth. Full oral exam showed no significant disease or masses to explain patient's clinical signs. Patient was also mildly dehydrated on exam. O reports historic occasional vomiting. Patient has an approximate 3 lb weight loss since last year (suspected to be due to eliminating dry food from her diet). Patient was tx with SQF, convenia, cerenia, pepcid and AUS scheduled. AFAST at time of appt noted an irregular structure in the cranial abdomen that warranted further investigation. Patient clinically is doing well and eating normal after outpatient treatments. Current diet - fancy feast. No current medications. Diagnostics - Bloodwork 6/11/26: CBC: HCT 37%, WBC 22.38 k/ul (H), Neut 18.71 k.ul (H), suspected bands. Chem: Glucose 168 (r/o stress), Glob 5.5 (H), creat 1.0 (N). UA USG - 1.022, trace glucose

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 right kidney presents normal size (3.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.2 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.0 mm in width.

Spleen

The spleen measures at the upper end of normal limits for size at 8.5 mm in width. The spleen has normal echotexture and echogenicity diffusely. No splenic lesions 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.

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. Diffusely, the jejunum has normal layering and is moderately thickened and 3.2 mm in width due to a moderately to markedly thickened muscularis layer. Colon contains normal contents with normal wall thickness.



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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are multiple mildly to markedly enlarged mesenteric lymph nodes present throughout the abdomen. These nodes are hypoechoic and rounded. The two largest nodes appear to be near the tail of the spleen and measures 13.2 mm x 6.6 mm and 7.2 mm x 4.4 mm. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

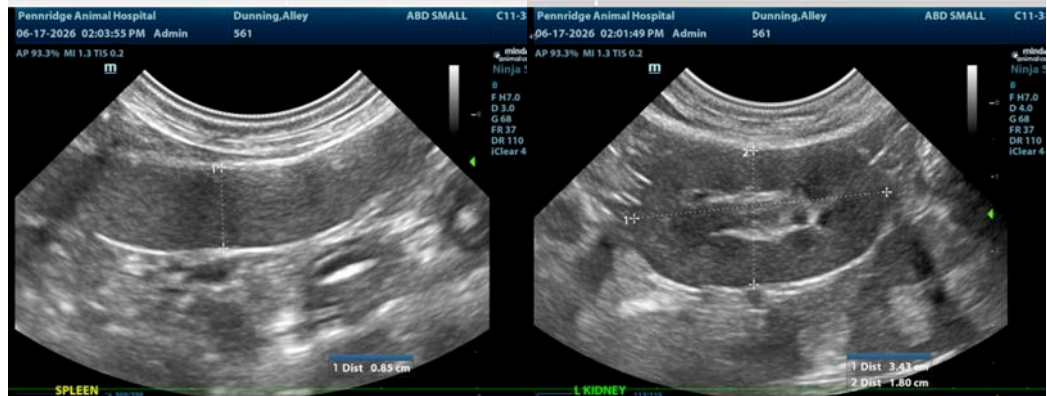
- Moderately thickened jejunum.
- Age related pancreatic remodeling.
- Enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen may be a normal variation due to being sedated, or less likely due infiltrative disease such as lymphoma or mast cell.

Given the appearance of the mesenteric lymph nodes, their enlargement is concerning for a neoplastic process, either infiltrative lymphoma or mast cell disease, possibly histiocytic sarcoma, or possibly they are enlarged due to metastatic neoplasia. No primary tumor seen on this exam. Recommend fine needle aspirate of one or several of these enlarged lymph nodes, submitting for cytology to further characterize their enlargement.

The thickened muscularis layer of the jejunum is consistent with chronic enteropathy. Given the patient's age, priority is given to disease such as lymphoma or possibly mast cell disease causing this GI thickening, less likely a benign etiology such as inflammatory bowel disease. I suspect cytology of the enlarged abdominal lymph nodes may provide a diagnosis as to the cause of the GI thickening. If the mesenteric lymph node cytology is inconclusive then consider GI biopsies either surgically or endoscopically.





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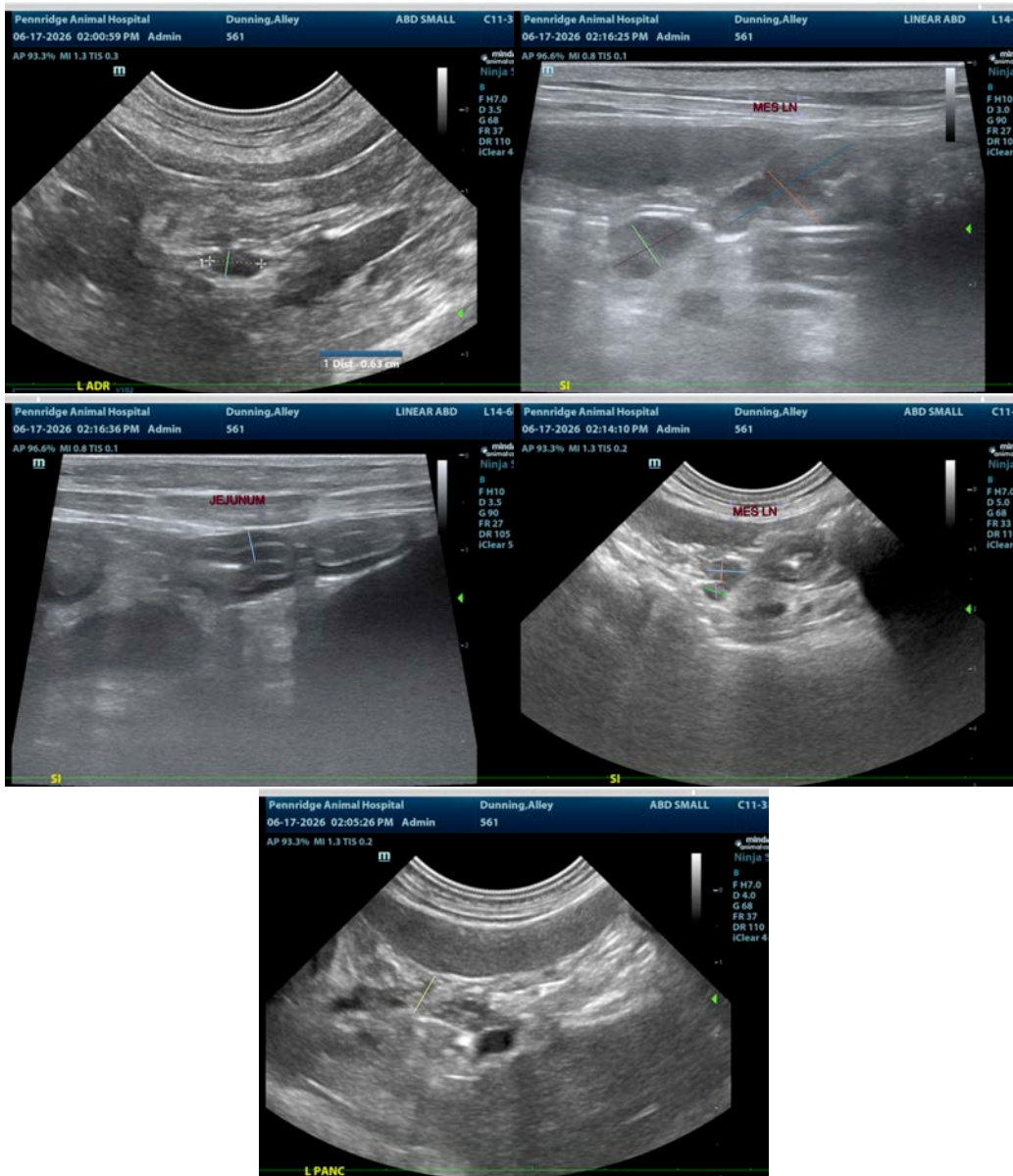
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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