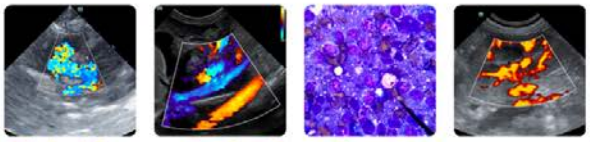

PATIENT

Bella Gillespie

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15.5 Years

WEIGHT

2.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Oakbank Animal Hospital

REFERRING VET

Dr. Atkinson

INVOICE

75968

DATE

6/17/26

PRESENTING CLINICAL SIGNS

3 year progressive weight loss (despite a maintained to increased appetite), vomiting, and constipation -Hyperthyroidism is considered less likely given the normal thyroid results from January 2026 and a HR of 180 BPM. -Current meds: Cerenia:8mg every 2 days on an ongoing basis, otic medication. -DDx: Neoplasia (gastrointestinal lymphoma), chronic IBD, CKD, endocrinopathy.

Abnormal PE/Chem/CBC/UA Results: Dental disease - Moderate calculus is present on multiple teeth. Several teeth are missing, which may contribute to difficulty eating hard food. Bilateral otitis externa - Mild-moderate inflammation and ceruminous debris are present in both ear canals, causing discomfort. No recent diagnostics have been performed.

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 (3.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 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 measured 3.0 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.1 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. The jejunum is diffusely normal in thickness at 2.1 mm in width with normal layering. The muscularis layer is prominent. The ileum is normal in thickness at 2.7 mm in width. The muscularis layer of the ileum is moderately thickened, strengthening suspicion for possible chronic enteropathy. Colon contains normal contents with normal wall thickness.

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Pancreas

The pancreas is diffusely hypoechoic with moderate surrounding hyperechoic fat. Pancreatic ducts appear dilated.

Free Abdomen

Moderate mesenteric lymphadenopathy is present. A representative node measures 8.0 mm x 1.6 mm. These nodes are hypoechoic with surrounding hyperechoic fat. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Prominent muscularis layer of the jejunum and ileum.
- Gallbladder debris.
- Hypoechoic pancreas with hyperechoic surrounding fat and dilated pancreatic ducts.
- Moderate mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

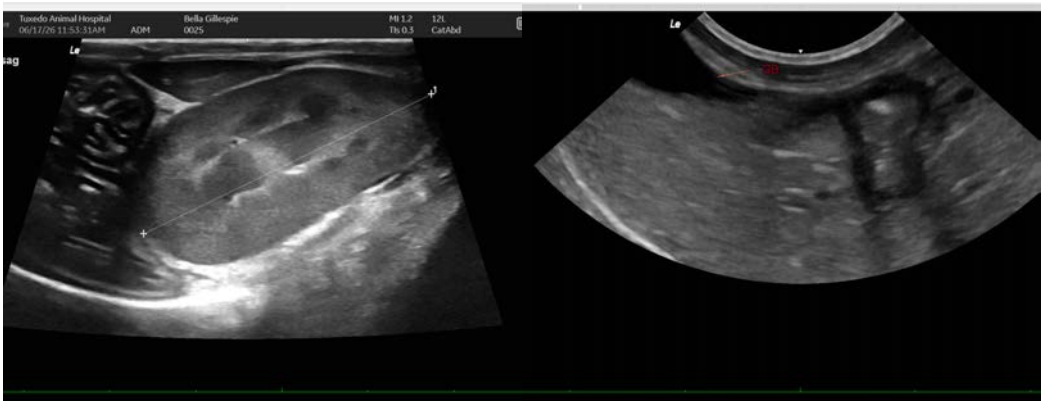
The gallbladder debris appears insignificant at this time.

Recommend submitting a GI panel including fPLI, TLI, cobalamin and folate to screen the patient for possible chronic enteropathy as a possible cause of the patient's progressive weight loss. If chronic enteropathy is confirmed, recommend diet trial with hydrolyzed diet. If patient fails diet trial and continues losing weight, consider GI biopsies at that time (surgically or endoscopically).

The patient appears to have clinically significant pancreatitis. As previously recommended, recommend submitting a GI panel that includes fPLI to screen the patient further for clinically significant pancreatic inflammation. If pancreatic inflammation is confirmed, it is suspected to be reactive to patient's suspected GI disease.

Given that there is pancreatic inflammation, gallbladder debris, and a prominent muscularis, it does appear that patient has feline Triaditis as a cause of their clinical signs.

The mesenteric lymph nodes are consistent with either reactive lymphadenopathy reacting to patient's underlying suspected chronic enteropathy, or possibly the nodes are enlarged due to a neoplastic cause such as lymphoma or mast cell disease. If possible, recommend a fine needle aspirate of the enlarged mesenteric lymph nodes, submitting for cytology.



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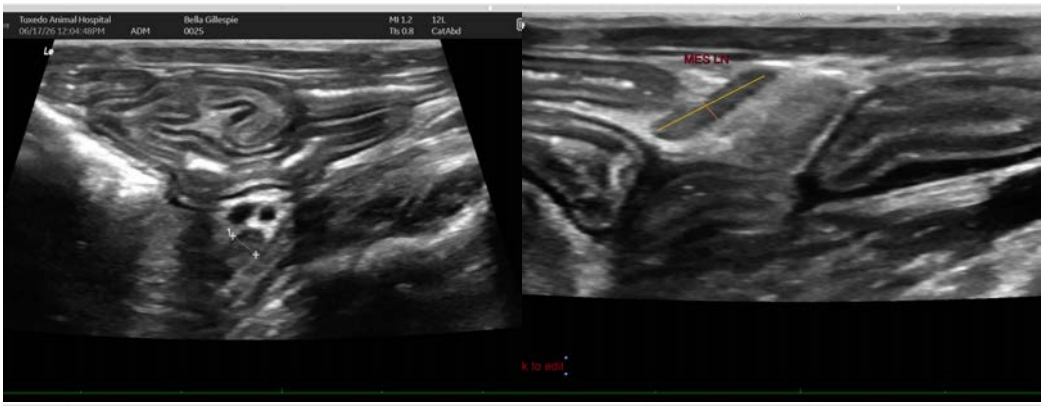

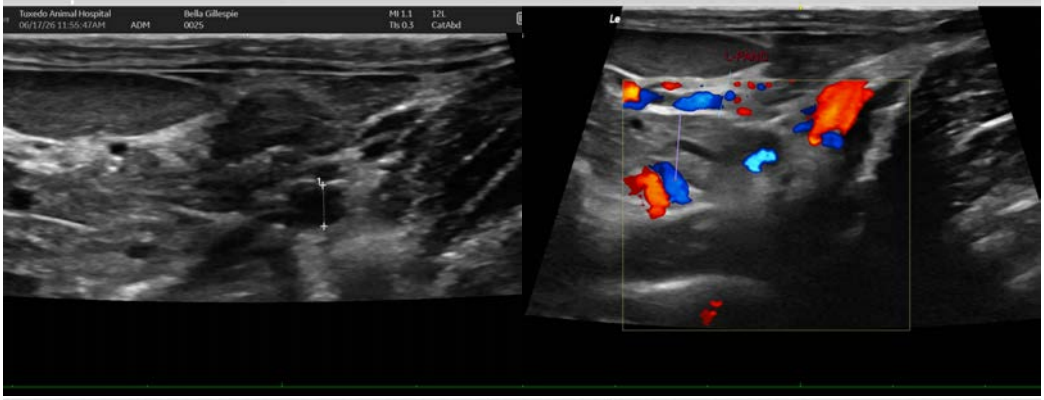

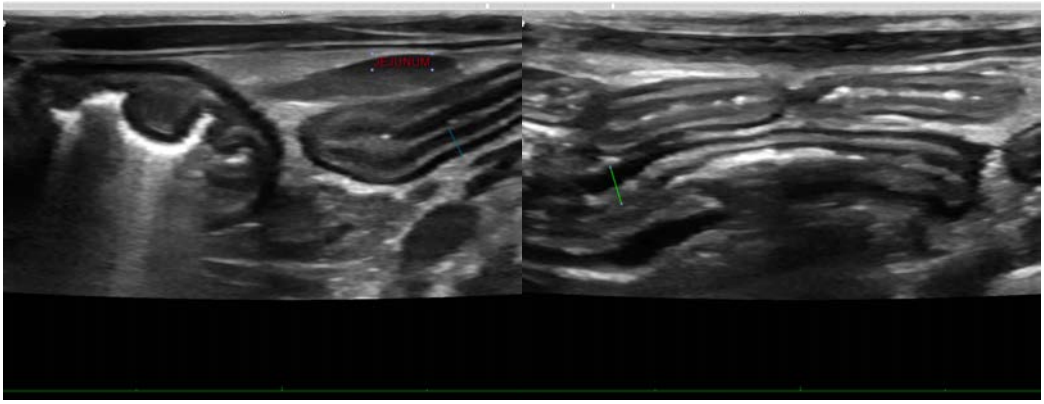

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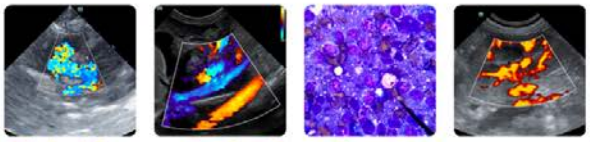

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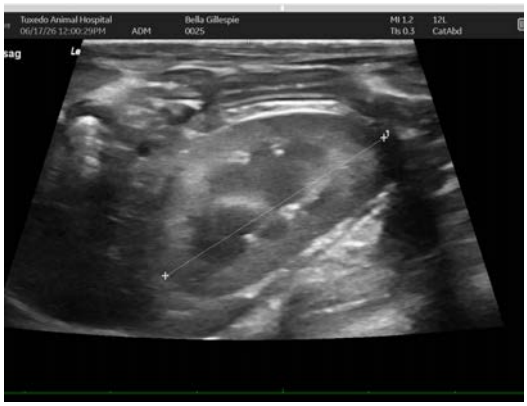

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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