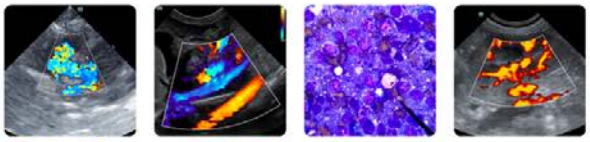

PATIENT

Bella Hicken

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.3 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Kristina Ramer, DVM

INVOICE

75625

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Patient has been vomiting daily for a while, first noted to be a problem in Dec 2025. Labwork and Tot T4 within normal limits. Recent recheck labwork showed ALP <10. AUS recommended to screen health further.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The left kidney presents normal size with (3.7 cm) 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 2.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.8 mm in width.

Spleen

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

Liver

On the images provided, the liver appears normal. I did not clearly see the gallbladder.

Gastrointestinal

The stomach has normal wall layering and thickness. There are segments of small bowel that are moderately thickened at 3.1 mm width due to a markedly thickened muscularis layer. Also in the caudal abdomen there is a segment of jejunum that has lost normal layering and has a diffusely hypoechoic intestinal wall, measuring 2.8 mm in width, which appears to be an intramural mass lesion. This lesion does not appear to be obstructing the GI tract at this time. The ileum is markedly thickened at 3.9 mm in width with loss of layering present and a markedly thickened muscularis layer. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is diffusely hypoechoic with moderate surrounding hyperechoic fat.

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Free Abdomen

There are numerous mildly to moderately enlarged mesenteric lymph nodes present. These lymph nodes are rounded and hypoechoic. A representative node measures 1.8 mm in width.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Small intestinal wall thickening and intramural mass.
- Hypoechoic pancreas.
- Mildly to moderately enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

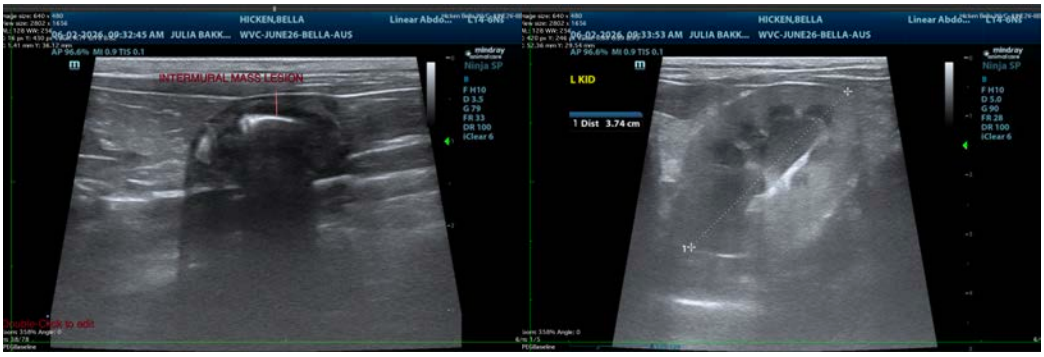
The patient appears to have clinically significant pancreatitis. Recommend submitting a GI panel that includes an fPLI to screen the patient further for the degree of pancreatitis present. The GI panel should also include TLI, cobalamin and folate.

The patient's clinical signs are most likely attributed to the moderately to markedly thickened small bowel and the intramural mass lesion described. These findings are most likely due to malignant neoplasia such as lymphoma, possibly lymphoblastic lymphoma or mast cell disease, adenocarcinoma or leiomyosarcoma, less likely the GI changes could be due to a benign etiology such as inflammatory bowel disease. Recommend fine needle aspirate of the intramural mass lesion with submission for cytology to determine etiology if possible. If cytology is inconclusive, recommend GI biopsies either surgically or endoscopically. In this case surgical biopsies would be preferred, given the intramural mass lesion. Resection of the intramural mass lesion should be considered with submission for histopathology.

The enlarged lymph nodes are also most likely enlarged due to a neoplastic cause such as lymphoma or mast cell disease, possibly metastatic neoplasia.

Recommend 3-view chest radiographs to screen the patient for pulmonary metastatic disease.

Prognosis is guarded pending further diagnostics.



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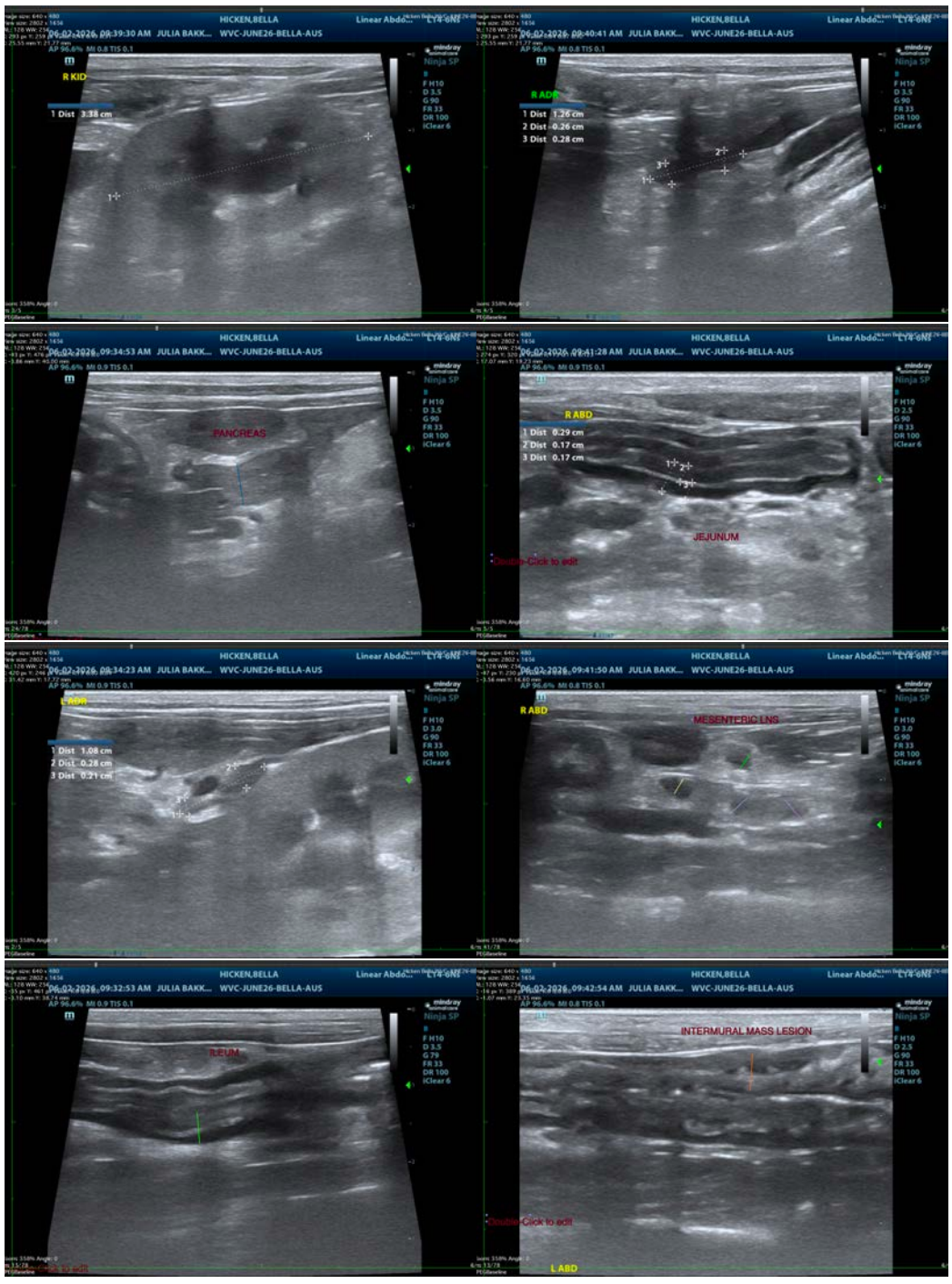
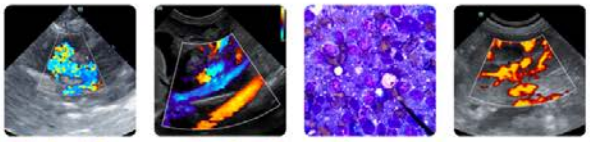


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com