



PATIENT

Jinx Gaucin

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

11

WEIGHT

10

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas
Veterinary Medical
Center

REFERRING VET

Dr. Jenny Russell

INVOICE

16283

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Jinx presented for weight loss. Owner says that she has also had some occasional vomiting after eating. She has had a decrease in appetite but is still eating some. They have not seen any diarrhea. Her appetite has decreased over the past few weeks. Record review indicates that she has lost 20% of her body weight. O have a libropet waterer for jinx and the records indicate that her water consumption has decreased significantly in the past 6 weeks. Senior labwork completed march 9th was wnl (including fructosamine and t4) Labwork submitted to diagnostic lab yesterday is still pending. Jinx has lost 20% of her bw since March. Weight at that time was 12.5#

Abnormal PE/Chem/CBC/UA Results: Aspirate of abdominal lymph nodes in house today shows mixed population of inflammatory cells with a marked number of eosinophils noted. labwork from 6/2 pending labwork from March attached

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 3.7 cm in length.

The right kidney presents mildly irregular in shape. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.0 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 2.4 mm 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. Colon contains normal contents with normal wall thickness. The small bowel diffusely appears normal in thickness. However, diffusely the small bowel



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has a moderately to markedly thickened muscularis layer consistent with chronic inflammatory GI disease. Differentials include less likely inflammatory bowel disease, more likely inflammatory neoplasia such as lymphoma or possibly mast cell disease. There are segments of small bowel that measure up to 2.8 mm in width.

Pancreas

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

Free Abdomen

There are numerous round hypoechoic moderately enlarged mesenteric lymph nodes present throughout the abdomen. A representative node measures 1.1 cm in diameter. The appearance of these nodes is consistent with a neoplastic infiltration of either lymphoma, mast cell disease, or possibly metastatic neoplasia although considered less likely.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestine.
- Mildly irregular right kidney.
- Mild gallbladder debris.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient lives in Texas, consider histoplasmosis. Recommend submitting a MiraVista urine antigen test for histoplasmosis to rule out histoplasmosis. If histoplasmosis is ruled out, in this case given the appearance of the small bowel recommend GI biopsies either surgically or endoscopically. Endoscopically is preferred as it is more minimally invasive. Recommend submitting a Texas A&M GI panel to screen patient for hypcobalaminemia and to evaluate patient's pancreas.

Prior to considering GI biopsy, recommend, if possible, aspirate of one of the enlarged mesenteric lymph nodes, submission for cytology, and if warranted, PCR for antigen receptor rearrangement to Colorado State University.

The patient's clinical signs appear to be attributed to chronic inflammatory GI disease. Prognosis is open, pending determination as to underlying cause of patient's GI disease.



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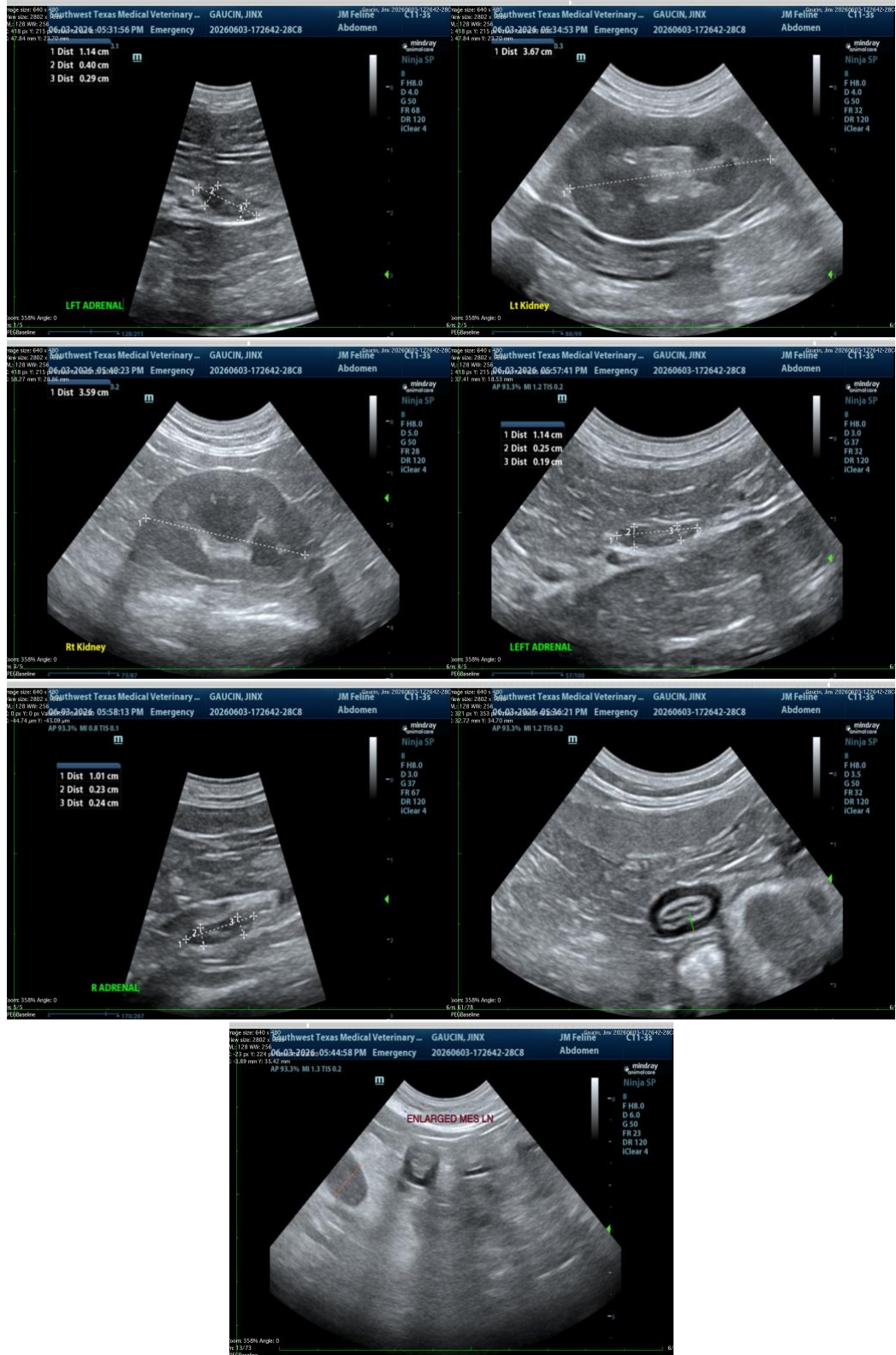
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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