



PATIENT

Bosa Pew

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

5.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Black River Veterinary
Hospital

REFERRING VET

Dr. Matt Herber

INVOICE

75692

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Chronic weekly vomiting, intermittent diarrhea, weight loss. Cat is underweight and muscle wasted. Rule out IBD vs lymphoma vs other. Medications: None

Abnormal PE/Chem/CBC/UA Results: HCT = 28% Suspect stress neutrophilia Alb = 2.0 Normal liver and kidney values.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.8 cm. Right kidney measures 3.9 cm.

A moderate amount of free abdominal fluid is present around both kidneys.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.7 mm in width.

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

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. More normal appearing small bowel measures 4.0 mm in width, which is significantly thickened. It is mildly to moderately distended with ingesta. There is a



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segment of small bowel that appears to be jejunum that measures 5.9 mm in width with significant loss of normal layering. Colon diffusely contains heterochoic fluid material. It appears diarrhea is imminent.

Pancreas

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

Free Abdomen

There are several moderately to markedly enlarged mesenteric lymph nodes present. A representative node measures 2.1 cm x 0.68 cm.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Age related renal changes.
- Free fluid.
- Thickened small bowel segment with significant loss of layering.
- Heterochoic fluid in the colon.
- Moderately to markedly enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of both kidneys, recommend full staging, monitoring and managing of the patient per IRIS guidelines.

The more thickened loop of bowel with loss of layering in the jejunum most likely represents a neoplastic process such as lymphoblastic lymphoma or mast cell disease. Small cell lymphoma is a consideration. Other differentials include neoplastic diseases such as adenocarcinoma or leiomyosarcoma. If possible, recommend an ultrasound guided fine needle aspirate of this markedly abnormal segment of small bowel and submit for cytology. If warranted by cytology, PCR for antigen receptor rearrangement testing would be recommended. If cytology is inconclusive, consider surgical resection of the segment of bowel with submission for histopathology. If surgery is performed, recommend obtaining biopsies of the other more normal appearing small intestine for histopathology as well.

Prior to surgery, based off the fact there are several moderately to markedly enlarged mesenteric lymph nodes present, if attempting FNA of the abnormal segment of small bowel, also recommended obtaining a fine needle aspirate of one of the enlarged lymph nodes present if possible and submitting it in addition to the aspirates of the abnormal segment of small bowel. If all cytology is indeterminate in regard to the etiology of the GI changes, then consider surgical approach previously discussed to obtain samples for histopathology.

No obvious cause for the free fluid seen on this exam. If cytology samples are being obtained of the abnormal segment of small bowel and the mesenteric lymph nodes, also recommend obtaining a free fluid sample from the abdomen and submitting it for fluid analysis and cytology as well.



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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.

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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.

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Veterinary Internal Medicine Specialist

info@SonoPath.com

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