



## PATIENT

Sylvester Ossont

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

4.5 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville Veterinary  
Clinic

## REFERRING VET

Heather Bauer, DVM

## INVOICE

75669

## DATE

6/4/26

## PRESENTING CLINICAL SIGNS

Presented 4/11 for vomiting and lethargy. Owner reports Pt has vomited undigested food almost daily for the past 2 weeks. Owners feel he may also be straining to defecate and has firm stools. Gave SQ fluids, Maropitant 1mg/kg, Vit B12, and sent home Maropitant and recommended Miralax 1/4-1/2 tsp BID. Recommended x-rays or ultrasound at follow up if not improving. Presented 6/3 for follow up. Antiemetic, provided temporary relief. The vomiting has since progressively worsened. The vomitus primarily consists of hairballs rather than undigested food. The owner reports the patient has been lethargic since starting the medication again, but is unsure if this is a side effect or due to better food retention. The patient has a history of urinary crystals. Dispensed additional Maropitant.

Abnormal PE/Chem/CBC/UA Results: BW from 4/11 was normal.

## 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 (3.5 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 adrenal glands were not visualized on this exam.

### 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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Diffusely, the small intestines are markedly fluid filled. Visible wall layering of the small bowel appears normal. Measurement of bowel wall could not be obtained given that diffuse ingesta distention. No evidence of a mechanical obstruction seen. Colon contains normal contents with normal wall thickness.

### **Pancreas**

The area of the left and right pancreas is seen, no pathology noted.

### **Free Abdomen**

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

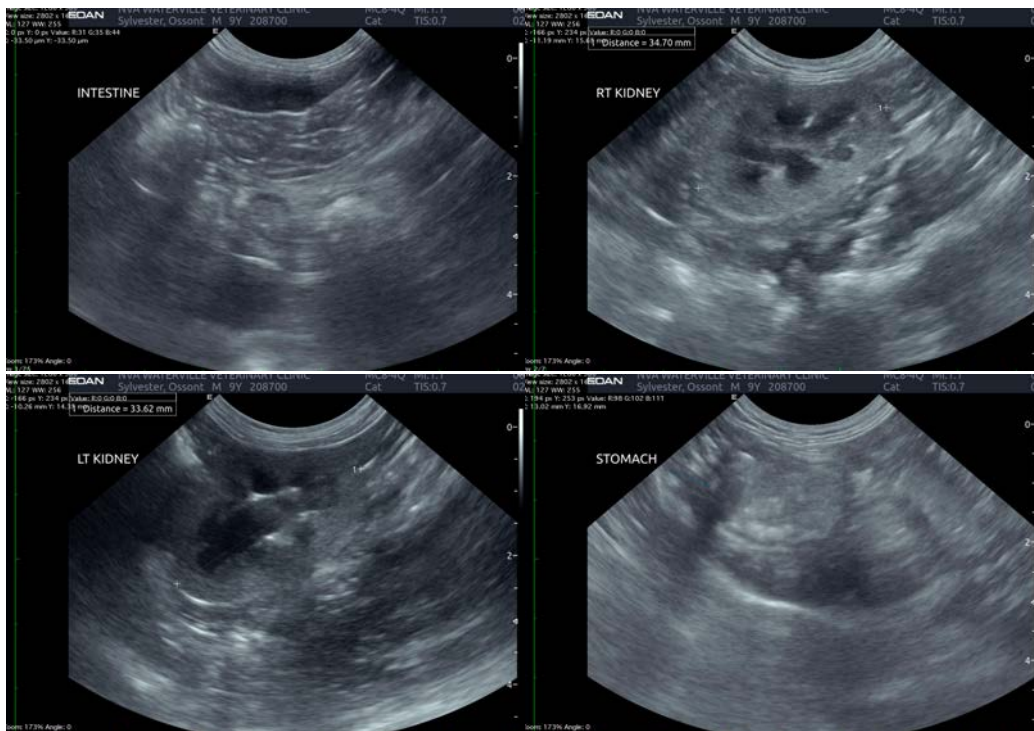
## ULTRASONOGRAPHIC FINDINGS

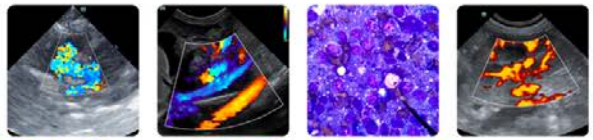
- Urinary bladder debris.
- Ingesta and fluid distended GI tract.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder debris is consistent with patient's history of crystalluria.

I suspect this patient has severe underlying GI disease. Recommend submitting a GI panel to confirm. If chronic enteropathy is confirmed, then recommend GI biopsies either surgically or endoscopically.





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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](mailto:info@SonoPath.com)