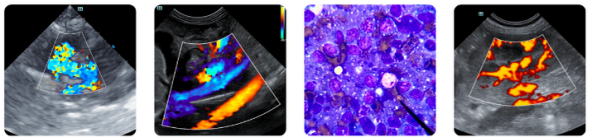

PATIENT

Zevon Baumann

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years 11 months

WEIGHT

9.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Mary Kermendy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Kevin Kicker

INVOICE

12086

DATE

6/4/2026

PRESENTING CLINICAL SIGNS

Zevon was seen in April for PE/chronic weight loss. Pet also has multiple vomiting episodes a week per owner. Physical exam is WNL. Prescribed diet change to I/D Biome, and Cerenia q 24-48 hours. Pet does better on Cerenia but as it gets closer to the 48 hour mark she appears to lose her appetite. AUS to rule out GI lymphoma, IBD, other.

Abnormal PE/Chem/CBC/UA Results: The only abnormal lab result (Chem/CBC,T4) in April 2026 MCH = 11.8 (12.3-17.3)

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 3.6 cm in length and the right kidney measures 3.2 cm in length.

Adrenal Glands

The adrenal glands were not distinctly visualized.

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 is normal in wall layering and thickness.

Diffusely the small intestines appear normal in wall layering and thickness with sections measuring up to 2.1 mm in width. No obvious evidence of chronic enteropathy seen on this exam.

Colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

There is mild mesenteric lymphadenopathy present with two nodes measuring 3.5 mm and 4.6 mm in width.

No free abdominal fluid is seen.

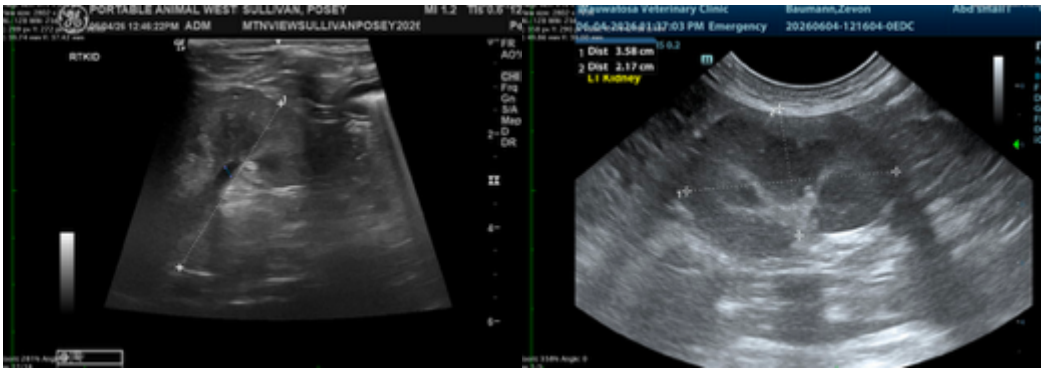
ULTRASONOGRAPHIC FINDINGS

- Age related kidney changes.
- Mild urinary bladder debris.
- Mild mesenteric lymphadenopathy. Perspectival, these nodes may be reactive or may be enlarged due to a neoplastic process such as lymphoma or mast cell disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, and managing per International Renal Interest Society (IRIS) Guidelines.

Recommend an ultrasound guided FNA of the mesenteric lymph nodes, and submission for cytology. If cytology is suggestive of lymphoma, then consider submission a PCR for antigen receptor rearrangement testing. The patient's clinical signs are likely attributed to the cause of the enlarged mesenteric lymph nodes. As previously mentioned, there is no obvious enteropathy seen on this exam. However, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. If an enteropathy is apparent, and lymph node aspirates are inconclusive as a cause of the patient's clinical signs, or the aspirates are unable to be obtained, consider GI Biopsies (either surgically or endoscopically.)



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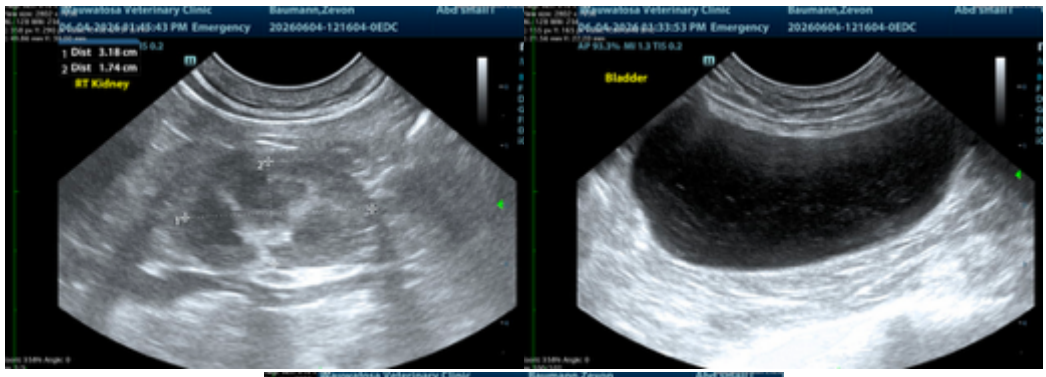

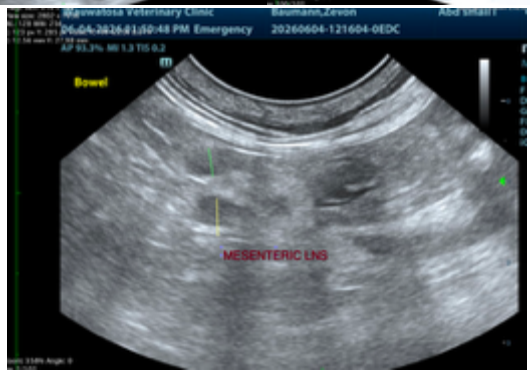

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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