



PATIENT

Piccolo Alba

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

8.55 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

12102

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Increasing frequency of loose/bloody/mucoid stools over the past few months. Not vomiting. Normal appetite and activity. Hx of early renal disease, thought to be age-related. Goes outdoors and eats grass sometimes.

Physical: BCS normal, not losing weight. Chronic Grade 2/6 murmur. Rectal exam normal, no blood.

Current Medications: Gabapentin 40 mg BID for arthritis pain.

Abnormal PE/Chem/CBC/UA Results: See attached labs: Negative fecal exam. 2/2026: mild elevations of BUN and Creatinine.

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.

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 3.2 cm in length. The right kidney measures 3.5 cm in length.

Adrenal Glands

The adrenal glands were not distinctly visualized in these images.

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. There are multifocal, cystic hyperechoic lesions found throughout the liver. These lesions may represent primary hepatobiliary neoplasia such as biliary cystadenocarcinoma, less likely a benign lesion such as biliary cystadenoma. 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 thickness and layering.

Small intestines have normal thickness measuring up to approximately 2.4 mm in width. Normal over layering is observed, however, mildly to moderately thickened muscularis layer is observed consistent with a chronic inflammatory enteropathy such as inflammatory bowel disease, small cell lymphoma,



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mast cell disease and less likely an infectious disease such as histoplasmosis, unless geographically relevant.

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Colon contains normal contents with normal wall thickness.

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Pancreas

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The visible pancreas is diffusely hypoechoic with mildly nodular echotexture, consistent with possible chronic active pancreatitis. No significant surrounding hyperechoic fat.

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Free Abdomen

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Prominent medial iliac lymph nodes present with a node measuring 4.3 mm in width, and is hypoechoic and slightly rounded.

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Enlarged, hypoechoic, slightly rounded mesenteric lymph nodes present throughout the abdomen. Possibly neoplastic in origin, such as infiltrative neoplasia, lymphoma or mast cell, possibly metastatic neoplasia.

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No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

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- Medial iliac lymphadenopathy. These nodes are most likely reactive and less likely to be neoplastic.
- Mesenteric lymphadenopathy. These nodes are possibly neoplastic in origin.
- Multifocal, cystic, hyperechoic hepatic lesions visualized throughout the liver. These lesions may represent primary hepatobiliary neoplasia such as biliary cystadenocarcinoma, less likely a benign lesion such as biliary cystadenoma. Given the cystic lesions, metastatic neoplasia seems unlikely.
- Diffusely hypoechoic pancreas with a mildly nodular echotexture. Consistent with possible chronic active pancreatitis.
- Mildly to moderately thickened muscularis layer is observed in the small bowel, consistent with a chronic inflammatory enteropathy such as inflammatory bowel disease, small cell lymphoma, mast cell disease and less likely an infectious disease such as histoplasmosis, unless geographically relevant.
- Age related kidney changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recommend a fine needle aspirate of any enlarged abdominal lymph nodes as well as one or several of the hepatic lesions and submission for cytology.

Recommend submission of fPLI to screen further for clinically significant pancreatic inflammation. The patient's pancreatic disease is most likely a reactive process due to either hepatic disease or possibly underlying GI disease. Suspect pancreatic inflammation would resolve with treatment for patient's other underlying conditions.

If histoplasmosis is geographically relevant to the patient's area, recommend testing for histoplasmosis before proceeding with any other procedures. Patient's clinical signs are most likely due to chronic GI disease. If not already performed, a gastrointestinal malabsorption panel (including cobalamin, folate,



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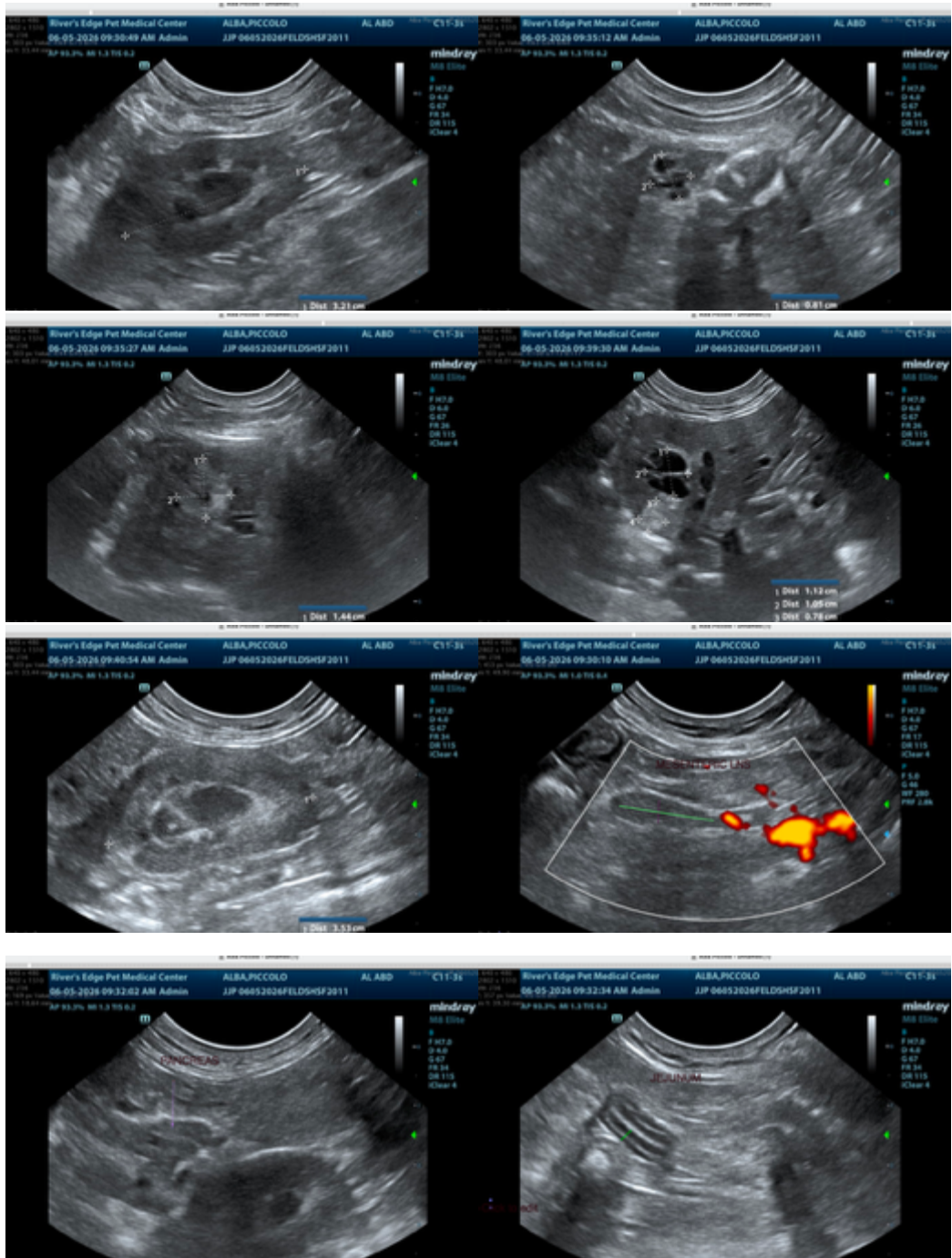
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TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

If a chronic enteropathy is determined, then consider a diet trial with either novel protein/hydrolyzed diet for 2-4 weeks. If patient fails this diet trial 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
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