



PATIENT

Tab Eschenberg

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 1 Month

WEIGHT

10.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Alex McFeely, DVM

HOSPITAL NAME

Centre Animal Hospital

REFERRING VET

Alex McFeely, DVM

INVOICE

16474

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Tab presented for abdominal ultrasound to determine cause of decreased appetite and occasional vomiting. Albumin decreasing over time. Low cobalamin on GI panel. Radiographs - subjective thickening of small intestines. US to look for IBD/lymphoma. Tab has been defecating outside of the litter box with a dot of blood, every 3-4 days. Received B12 injection this am and ate breakfast prior to exam. Tab was not sedated for the abdominal ultrasound exam today

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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. The left kidney measures 3.7 cm. The right kidney measures 3.9 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.9 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 2.6 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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The common bile duct is visualized and measures 1.9 mm width and within normal limits.

Gastrointestinal

Colon contains normal contents with normal wall thickness.

Small bowel is diffusely thickened at 3.3 mm width. Normal feline small bowels should measure less than 2.8 mm in width. The thickened small bowel is due to a mildly thickened muscularis layer. These findings of thickened intestine and thickened muscularis are consistent with chronic enteropathy, such



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as inflammatory bowel disease, small cell lymphoma, mast cell disease, or possibly histoplasmosis if geographically relevant for patient.

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, 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.

Pancreas

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

Free Abdomen

Moderate mesenteric lymphadenopathy is present. The lymph nodes are hypoechoic, rounded and with a representative node measuring 6.2 mm width. Given the appearance of these nodes, a neoplastic cause for their enlargement is possible, such as infiltrative lymphoma or mast cell disease or possibly metastatic neoplasia. Less likely these nodes are reactive given their appearance.

ULTRASONOGRAPHIC FINDINGS

- Moderate mesenteric lymphadenopathy.
- Urinary bladder debris.
- Full stomach.
- Thickened small bowel.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urinalysis has not been performed, recommend urinalysis. If there is active urine sediment, recommend urine culture antibiotic sensitivity.

The finding of a chronic enteropathy is supported by a patient's hypocobalaminemia, and it is also reported patient's albumin is decreasing, possibly due to protein losing enteropathy. Recommend ruling out a renal or hepatic cause for the hypoalbuminemia.

Given the appearance of the enlarged mesenteric lymph nodes and the thickened small bowel, primary concern is possible small cell lymphoma as it causes the patient's suspected chronic enteropathy. Recommend sedating patient and attempting ultrasound-guided aspirates of one or several of the larger mesenteric lymph nodes. Submitting these aspirate samples for cytology and if warranted, PCR for antigen receptor rearrangement assay to determine if patient has small cell lymphoma. If lymph node aspirates cannot be obtained or are inconclusive as the cause of their enlargement, then recommend GI biopsies either surgically or endoscopically.



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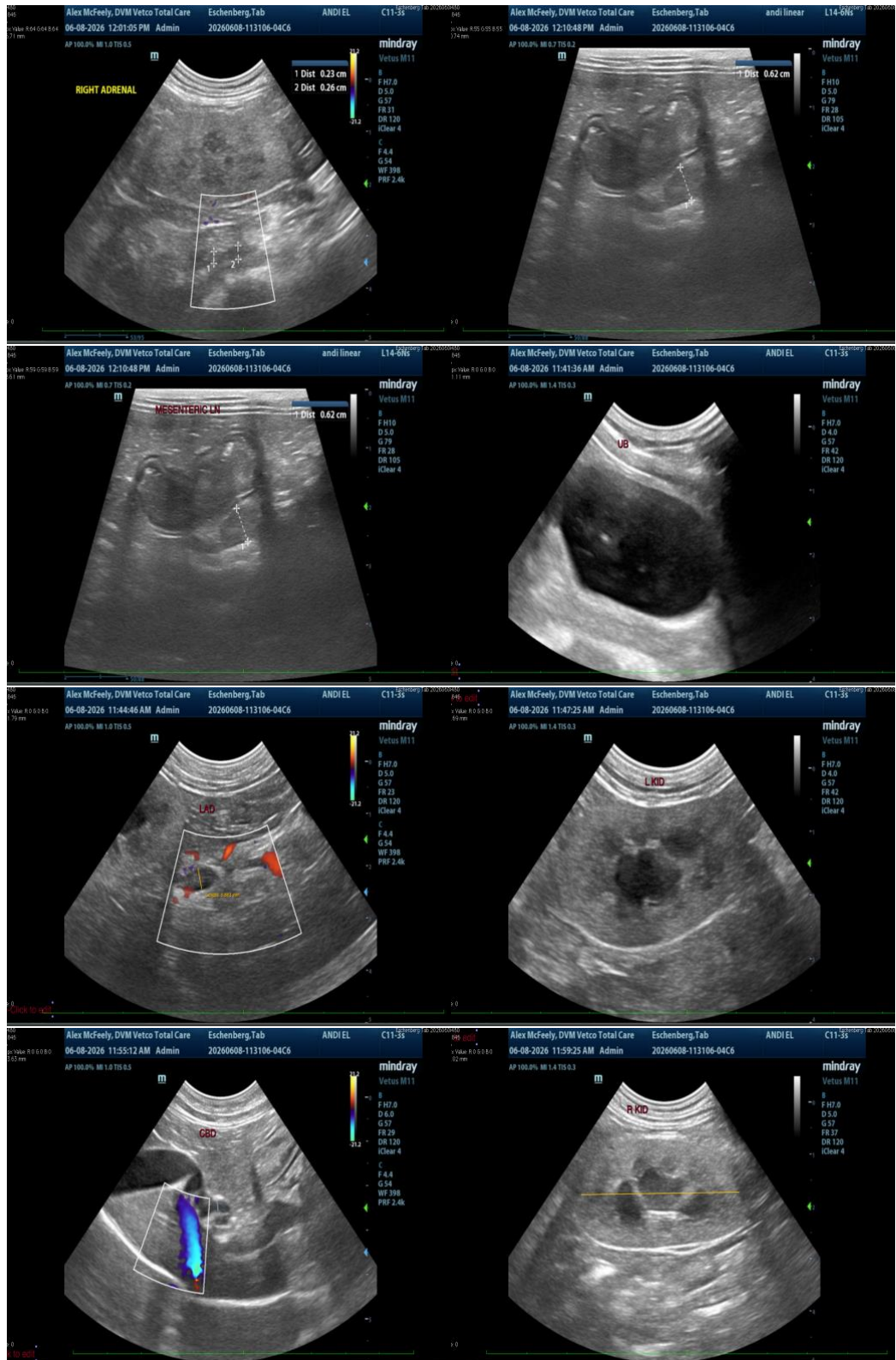
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
Veterinary Internal Medicine Specialist
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