



PATIENT

Walter Wichelman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

9 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INVOICE

37430

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Saturday presented with vomiting and anorexia. Weight loss 1.7lb since February 2025. ALT elevated at 221 otherwise NSF. T4 WNL.

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 moderate amount of 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 (3.9 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

The spleen measures the upper end of normal in size (8.1 mm in width), with scalloped margins, and diffuse hypoechoic echogenicity.

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.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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, 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.



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The small bowel diffusely appears normal. There are sections that contain mild to moderate amount of ingesta and empty sections of small bowel. The small bowel measures 2.6 mm in width, which is normal. The muscularis layer is normal.

The colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder debris- appears clinically incidental
- Moderate urinary bladder debris
- Spleen upper ends of normal in size with scalloped margins – may be normal variation or may be a result of infiltrative neoplasia, such as lymphoma or mast cell disease. Less likely an infectious disease, such as bartonellosis.
- Full stomach
- Ingesta in the small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate to further characterize splenic changes.

No obvious evidence of chronic enteropathy is seen on this exam. However, given the patient's clinical signs, consider submitting a GI panel to further evaluate for the possibility of a chronic enteropathy.

No cause for the patient's full stomach is seen on this exam. The stomach does appear more full than what it should for a patient that has not fasted for an exam. Recommend a longer fast and determining if gastric food retention continues to be present. If the patient's stomach still retains food after a longer fast, consider endoscopic evaluation of the patient's upper GI tract to evaluate for possible lesions not seen on this exam; either foreign objects causing delayed gastric empty or a possibility of a gastric mass.



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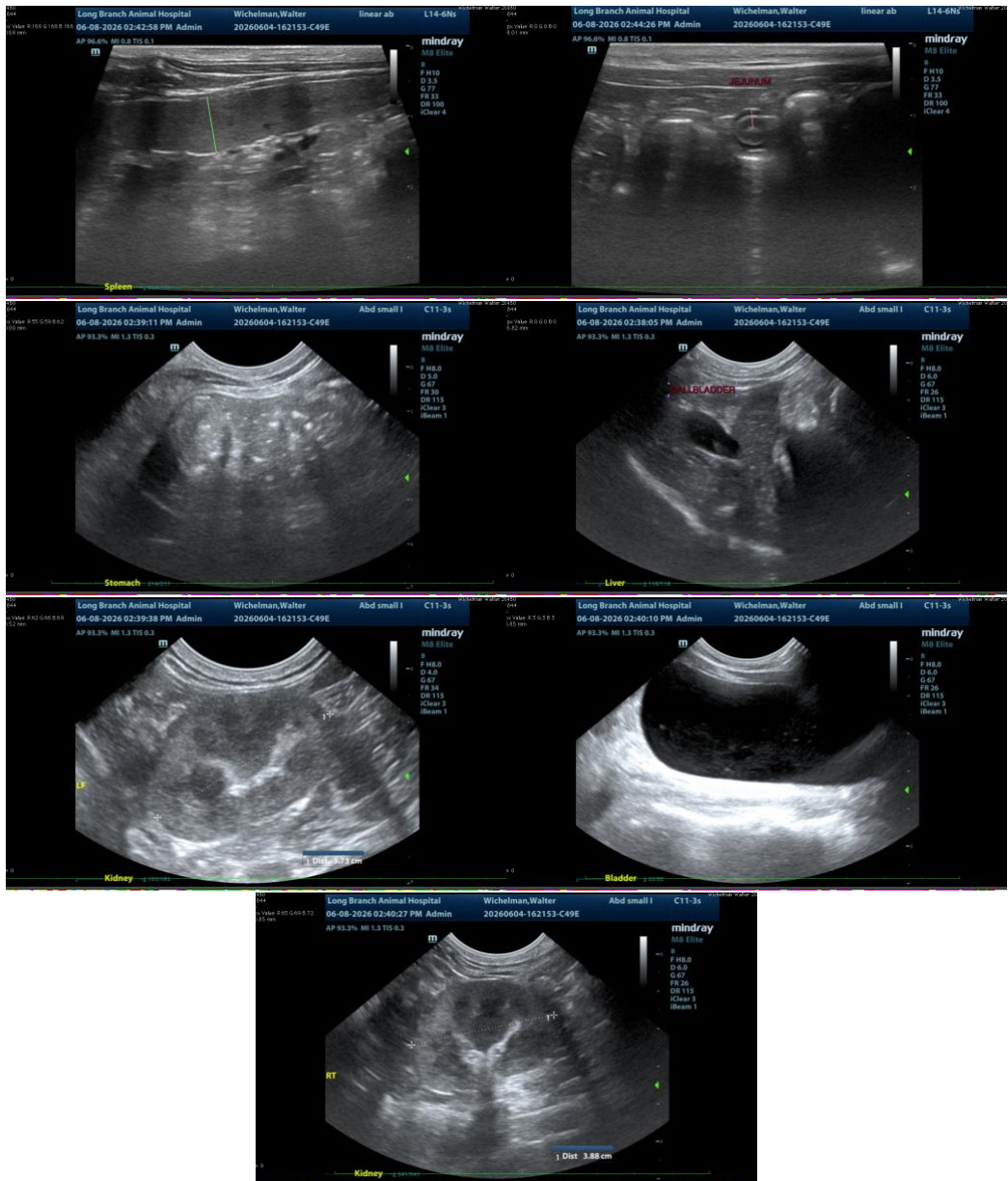
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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Veterinary Internal Medicine Specialist

info@SonoPath.com

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