



**PATIENT**

Eli Eckess

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

19.22 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Jenny Wenrich, DVM

**HOSPITAL NAME**

Straley Veterinary  
Associates

**REFERRING VET**

Jenny Wenrich, DVM

**INVOICE**

72938

**DATE**

2/12/26

**PRESENTING CLINICAL SIGNS**

1 week hx of vomiting, lethargic for 1 days, still eating/drinking, hx of diabetes, currently well controlled

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs: circular soft tissue mass in abdomen that does not appear to be associated with intestines, CBC and Chemistry are unremarkable

**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.

The right kidney presents minor age related changes yet is overall normal, measuring 4.2 cm.

The left kidney is normal with minor age related changes, measuring 4.3 cm.

**Adrenal Glands**

The right adrenal gland is not seen.

The left adrenal gland is not seen.

**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 unremarkable. Diffusely, the small intestines are mildly thickened with segments measuring up to 3.3 mm in width (normal feline intestines measure <2.8 mm in width). The small intestines are thickened due to thickened muscularis layer, which is consistent with an inflammatory enteritis due to either small cell lymphoma, mast cell disease, or in this case less likely benign inflammatory bowel disease. 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 is what appears to be marked mesenteric lymphadenopathy present. There are two lymph nodes present that are markedly enlarged. Together they measure 2.7 cm x 2.1 cm in size. There is surrounding hyperechoic fat.



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## ULTRASONOGRAPHIC FINDINGS

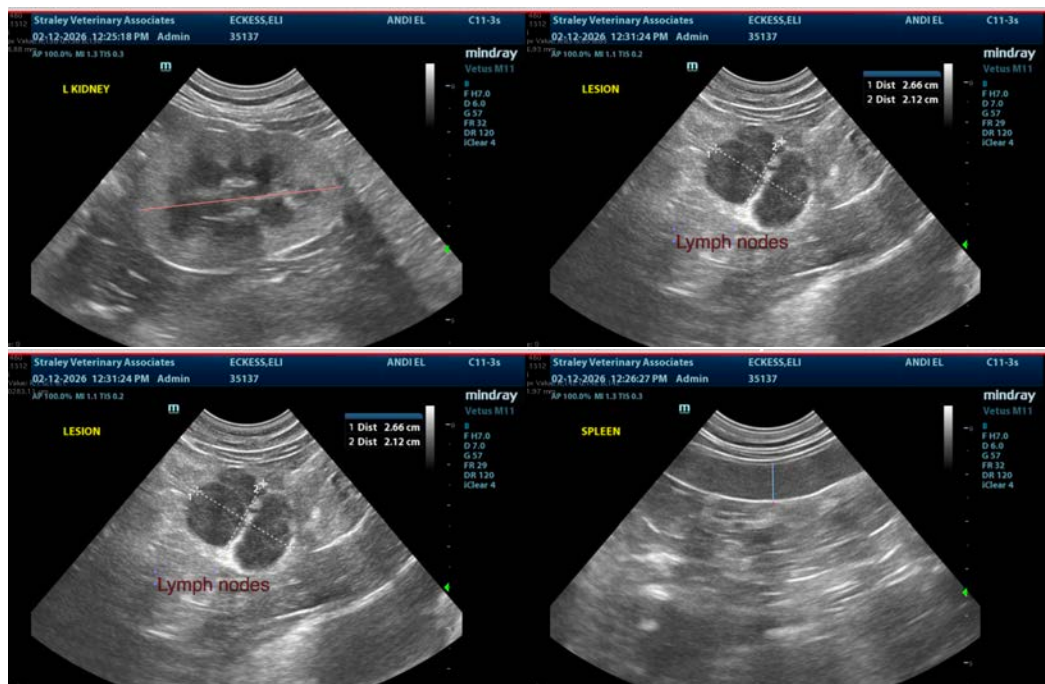
- Enlarged mesenteric lymph nodes.
- Thickened small intestine due to thickened muscularis layer.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It appears that the patient has neoplastic disease. Recommend an ultrasound guided fine needle aspirate of the enlarged mesenteric lymph nodes and submitting for cytology, preferably to Colorado State University for cytology, and if indicated by the cytology PCR for antigen receptor rearrangement assay, PARR. Differentials for these enlarged lymph nodes include lymphoblastic lymphoma versus mast cell disease or possibly histiocytic sarcoma. These lymph nodes are possibly enlarged due to metastatic neoplasia. No primary tumor was seen to be the cause of metastatic disease for the enlarged lymph nodes.

If for some reason the cytology is non-diagnostic, then I would recommend exploratory laparotomy to extricate a lymph node for histopathology. If an exploratory laparotomy is performed, then I would recommend biopsy of the GI tract as well. I suspect that the disease processes between the GI tract and the enlarged mesenteric lymph nodes are related, and therefore if we obtain a diagnosis as to the cause of the enlarged mesenteric lymph nodes and formulate a treatment plan based on that cytology, I suspect this will also be an appropriate treatment plan for the patient's suspected GI disease.

Patient's prognosis is guarded at this time, but to be determined further based on cytology results of the enlarged mesenteric lymph nodes.





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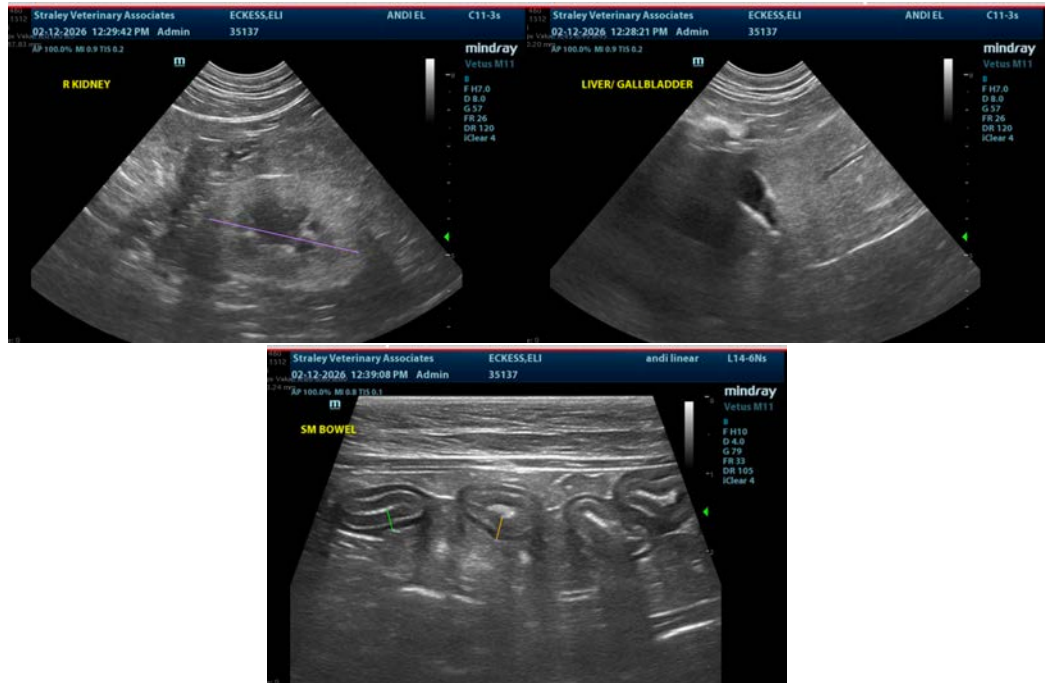
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)