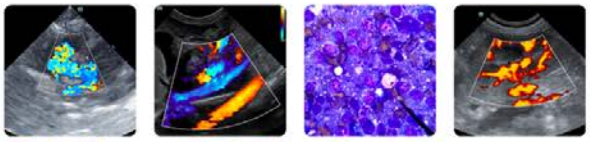


PATIENT

Honus Knapp

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Neutered Male

AGE

16

WEIGHT

15.1

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Sophia Sullivan

INVOICE

72970

DATE

2/12/26

PRESENTING CLINICAL SIGNS

P presents for vomiting once, anorexia this morning and generalized lethargy. BW performed showed elevated creatinine 2.2. urine test pending. he is on solensia

Abnormal PE/Chem/CBC/UA Results: Popliteal LN mildly prominent dental tartar Crea: 2.2 NEU: 13.73 K/uL, MONO: 0.88 K/uL EOS: 0.05 K/uL MCV: 55.9 fL MCH: 18.9 pg GLU: 186 GGT: 5 amylase 1616

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 normal size (3.8 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.2 mm in width.

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

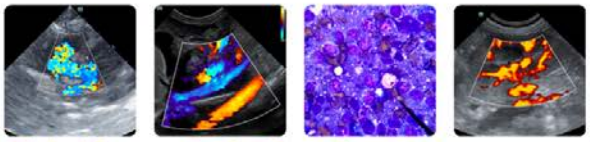
The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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 a hypoechoic, rounded abdominal lymph node with surrounding hyperechoic fat in the area of the left kidney. This lymph node measures 5.4 mm in width.



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A second enlarged mesenteric lymph node is noted in the area of the left kidney measuring 6.0 mm x 13.0 mm. This lymph node appears reactive and not likely to be mildly enlarged due to neoplasia.

There is an aggressive appearing enlarged mesenteric lymph node caudal to the right kidney measuring 1.3 cm x 0.86 cm. This lymph node is also hypoechoic and rounded and has surrounding hyperechoic fat.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, aggressive appearing mesenteric lymph nodes – Concerning for possible neoplastic process such as lymphoma or mast cell disease.
- Bilateral loss of corticomedullary distinction in the kidneys, consistent with chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing of the patient per the International Renal Interest Society Guidelines for the chronic kidney disease. Given the reported recent lab work, the patient appears to be Stage 2. Renal disease may be the cause of the patient's clinical signs.

Causation for the enlarged, aggressive appearing mesenteric lymph nodes is not seen on this ultrasound. It does appear that it would be difficult, given the location of these nodes, to perform an ultrasound guided aspirate. If possible, I think it would be worth an attempt to sedate the patient and attempt to aspirate (most likely the lymph node caudal to the right kidney), if possible, and submitting for cytology, which would most likely provide a diagnosis as to the cause of the lymph node enlargement.

If that is not possible, recommend treating the patient supportively for 10 days and rechecking the ultrasound to determine if these lymph nodes are still present or have resolved with time and supportive care. If these lymph nodes do not resolve spontaneously, then recommend an exploratory laparotomy to extirpate a lymph node and submit it for histopathology. If surgery is pursued, I would also recommend obtaining liver and GI biopsies to obtain as much information as possible during the surgical procedure.

Given the appearance of these hypoechoic, enlarged lymph nodes described, there is concern it could be due to lymphoma, mast cell disease, less likely histiocytic sarcoma. A benign etiology is possible but does not seem to be highly likely.

Patient's prognosis is open at this time pending determination as to the cause of the enlarged, hypoechoic lymph nodes described, as well as pending determination as to whether chronic kidney disease is truly present. Prognosis will ultimately depend on the stage of chronic kidney disease.

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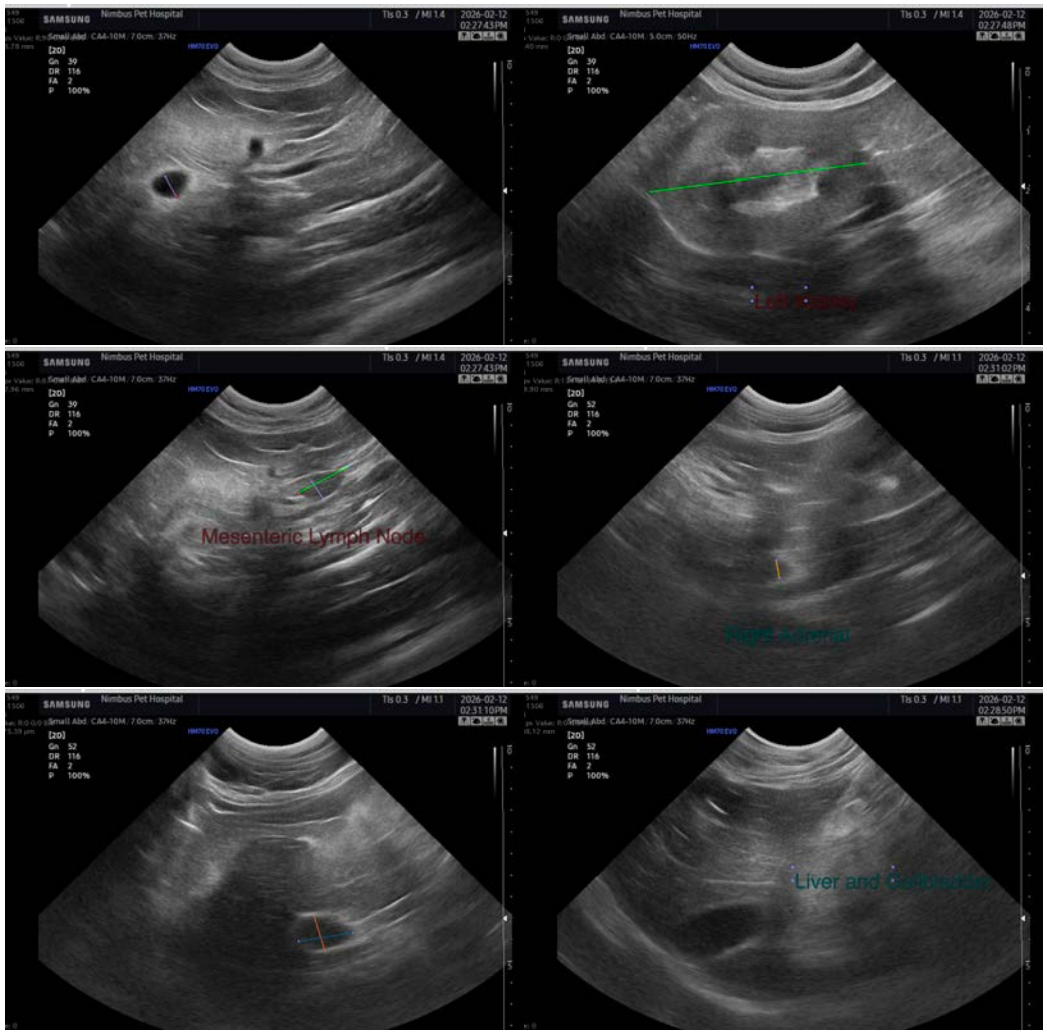

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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