



PATIENT

Sydney Ludba

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

16 Years

WEIGHT

5.65 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Pat Dorval

INVOICE

14355

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- 1 year follow up AUS to re-evaluate the spleen and liver.
- He is clinically well.

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. No papilla is seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.5 cm in length.

Adrenal Glands

The adrenal glands were not seen.

Spleen

Diffusely, the spleen is enlarged and diffusely is hypoechoic with a markedly mottled echotexture. There are multifocal to coalescing hyperechoic lesions that are non-capsule displacing found throughout the entire spleen. The splenic margin is scalloped in shape.

Liver

The liver is normal in size and echogenicity with normal echotexture. There are several multifocal hypoechoic ill-defined non-capsule displacing lesions seen throughout the liver. In the left caudal liver, a representative lesion was measured and found to be 5.9 mm in diameter. These lesions appear similar to those described in the previous ultrasound that was dated February 10th, 2025. No progression or changes are seen to the liver lesions at this time.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The colon contains formed stool. The colon wall diffusely appears normal in thickness. The small bowel is diffusely normal in thickness at 1.8 mm in width with normal layering. The stomach wall is normal in thickness and layering. The stomach is empty and appears normal. The duodenum and ileum both appear normal in thickness and layering.

Pancreas

The visible sections of the pancreas are mildly hypoechoic as compared to the surrounding mesentery.



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Free Abdomen

Near the ileocolic junction, there are prominent mesenteric lymph nodes with a representative node measuring 3.0 mm by 5.8 mm.

ULTRASONOGRAPHIC FINDINGS

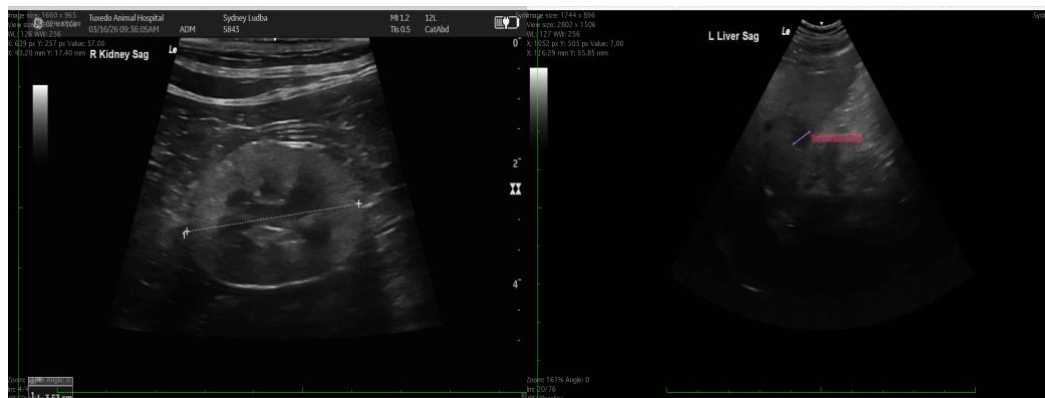
- Liver lesions: these appear unchanged from the previous ultrasound. Unlikely that these lesions are present due to neoplasia, most likely these liver lesions are nodular hyperplasia, cholangiohepatitis complex, granulomatous hepatitis, and unlikely to be infiltrative or metastatic neoplasia. Most likely given the chronicity of these lesions and that they are unchanged, they are most likely benign regenerative nodules.
- Splenomegaly.
- Mesenteric lymphadenopathy.
- Hypoechoic pancreas.
- Formed stool in colon.

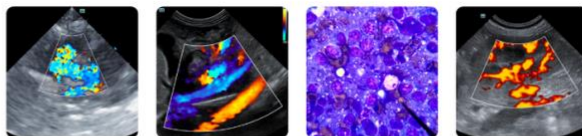
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that it does appear that the appearance of the spleen has significantly progressed from the previous ultrasound performed, the appearance of the spleen is more concerning for either neoplastic or possibly an infectious etiology. It is recommended to perform ultrasound guided fine needle aspirate spleen, submit for cytology if round cell neoplasia such as lymphoma or mast cell disease or possibly histiocytic sarcoma are ruled out based off cytology, then it is recommended to perform comprehensive infectious disease screening including Bartonella testing, toxoplasmosis testing. Less likely, the appearance of the spleen is due to a viral disease such as feline infectious peritonitis.

On this ultrasound, the pancreas is mildly hypoechoic, consistent with mild pancreatic inflammation, most likely reactive inflammation and not primary pancreatitis due to patient's splenic changes. Recommend submitting fPLI to determine extent of pancreatic inflammation present in health. Determine resolution of pancreatic disease once treatment is performed.

Further assessment would be three view thoracic radiographs to screen for possibility of infectious pulmonary disease or possibly pulmonary metastatic disease. Specific therapy would depend on etiological diagnosis.





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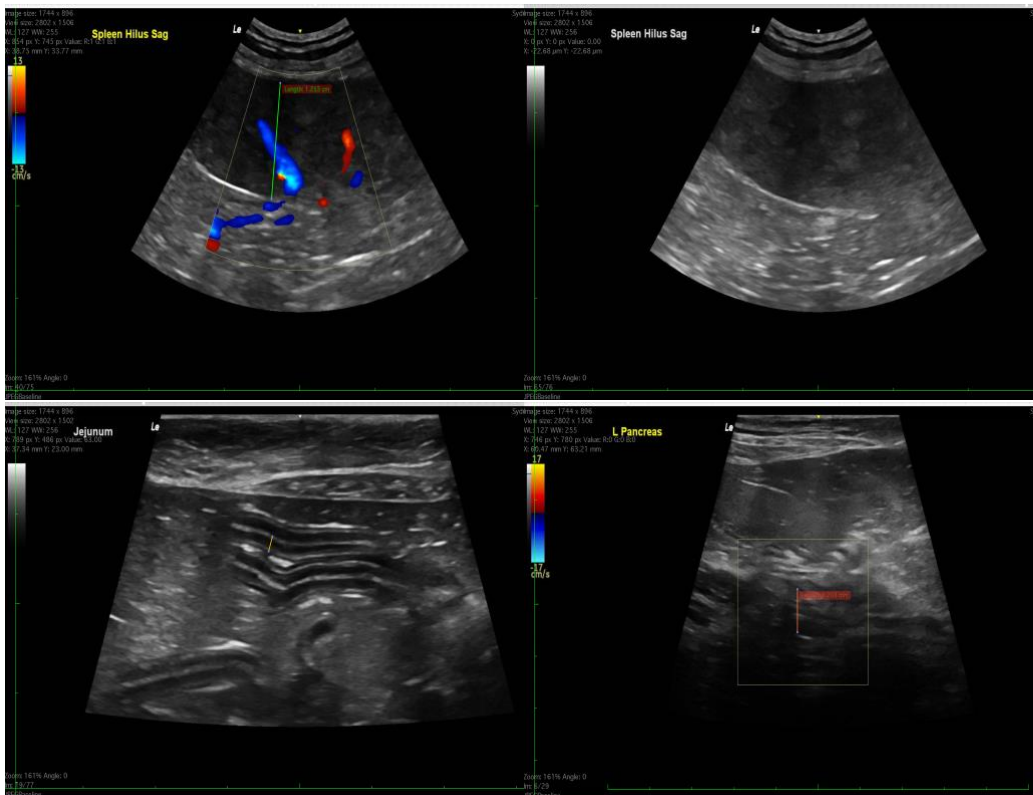
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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