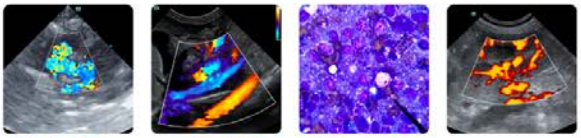


PATIENT

Tuna Millman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 4 Months

WEIGHT

9.34 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Woodcliff Lake Veterinary Hospital

REFERRING VET

Dr. Black

INVOICE

73744

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Weight loss, not eating, decreased bowel movement. Screen for neoplasia

Was on Felimazole 5 mg BID, 2.5 mg SID; now on 10mg BID. Mirtaz topical PRN.

Abnormal PE/Chem/CBC/UA Results: Elevated thyroid 8.9 mg/dL, Elevated WBC 17.8

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 is irregular in shape, measuring 3.7 cm. There is moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.1 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 3.9 mm in width.

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

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

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 small intestines are moderately distended with retained ingesta. No mechanical obstruction is seen within the GI tract. The stomach has normal wall layering and thickness. Diffusely the small bowel appears to have normal layering. Overall thickness of small bowel cannot be determined on this exam, given the distention of the small bowel. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely hypoechoic and normal in size, measuring approximately 6.5 mm in width. No surrounding steatitis.

PATIENT

Tuna Millman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 4 Months

WEIGHT

9.34 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Woodcliff Lake Veterinary Hospital

REFERRING VET

Dr. Black

INVOICE

73744

DATE

3/17/26

Free Abdomen

There are several moderately enlarged, hypoechoic, rounded abdominal lymph nodes present. Two representative nodes measure 4.7 mm in diameter and 6.3 mm in diameter.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

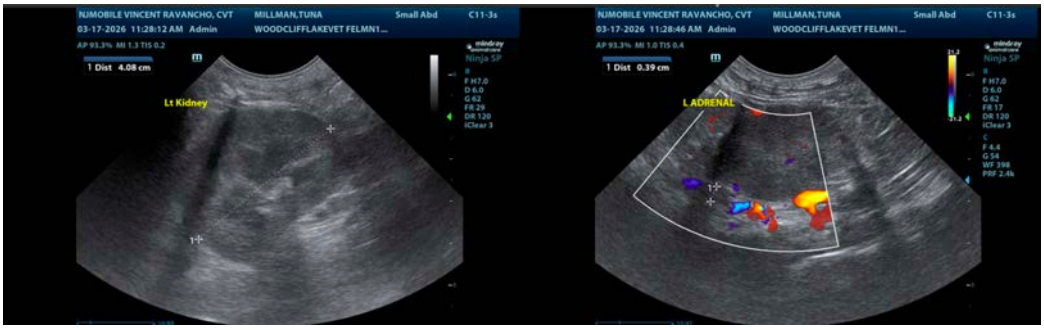
- Loss of corticomedullary distinction in both kidneys.
- Enlarged, hypoechoic, rounded lymph nodes – Likely neoplastic cause such as round cell neoplasia (lymphoma or mast cell disease) or possibly but less likely metastatic neoplasia. Other less likely differentials would include infectious disease such as feline infectious peritonitis, toxoplasmosis, bartonella.
- The patient appears to have functional ileus or was possibly not completely fasted for the exam. Correlate with clinical history and treat accordingly.
- The patient appears to have reactive pancreatitis – The cause of the reactive pancreatitis is most likely also the cause of the enlarged abdominal lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, and managing of the patient's kidney disease per International Renal Interest Society Guidelines.

Recommend fine needle aspirates of one or several lymph nodes and submission for cytology to determine etiology. If fine needle aspirate does not provide a diagnosis, then recommend comprehensive infectious disease testing. Ultimately, if no cause for the enlarged lymph nodes is identified, consider that the patient's clinical signs are most likely due to unregulated hyperthyroidism.

I suspect the pancreatic inflammation will resolve once the etiology of the enlarged abdominal lymph nodes is determined and treatment plan is initiated.



PATIENT

Tuna Millman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 4 Months

WEIGHT

9.34 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Woodcliff Lake Veterinary Hospital

REFERRING VET

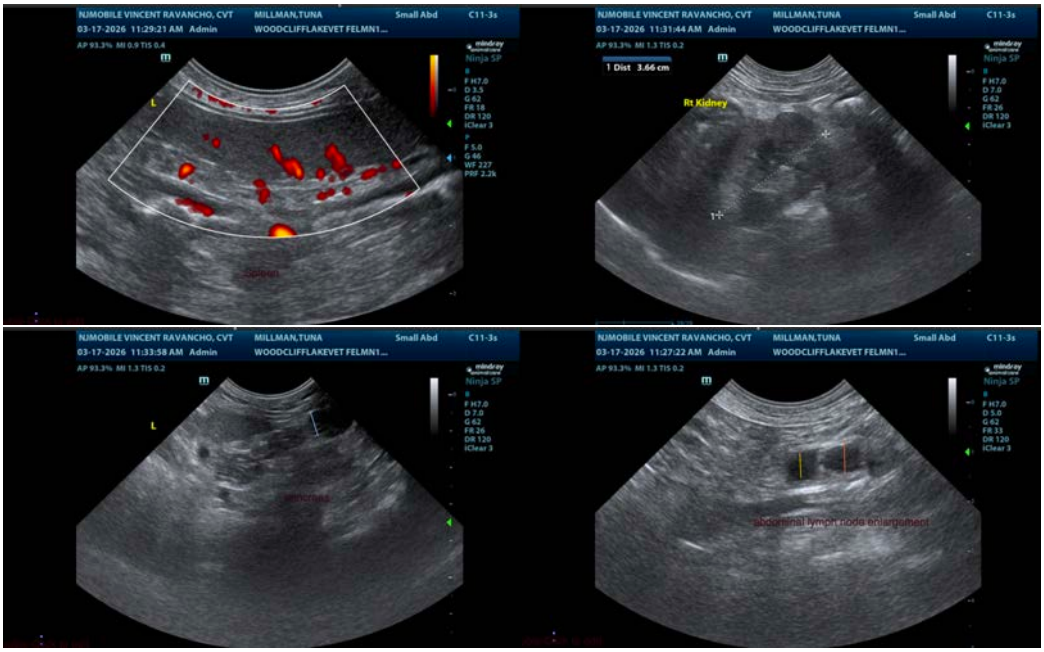
Dr. Black

INVOICE

73744

DATE

3/17/26



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