



PATIENT

Duke Brezsnjak

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years 8 months

WEIGHT

5.84 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Elizabeth Cumyn

INVOICE

11516

DATE

3/18/2026

PRESENTING CLINICAL SIGNS

- Duke is a p with a history of triaditis and elevated liver enzymes, who presented for a shifting leg limp, leading to the incidental discovery of a cranial abdominal mass and weight loss.
- The patient was recently evaluated for a shifting leg limp. During this examination, weight loss was noted, which the owners had initially attributed to their attempts at diet management. A cranial abdominal mass, estimated to be 4 cm, was palpated. Radiographs confirmed the cranial location of the mass, suggesting potential association with the liver or pancreas. In-house bloodwork revealed a markedly elevated lipase of 5,300, a neutrophilia, and a low-normal hematocrit of 32%. Other values, including liver enzymes and total T4 (22), were within normal limits. The high lipase and neutrophilia raise suspicion for a pancreatic mass or a potential abscess vs open. Clinically, Duke has no fever and is reportedly acting and eating normally, although appetite is difficult to monitor accurately due to the presence of another cat. An abdominal ultrasound is planned for further evaluation.
- Duke has a prior history of triaditis from when he was younger and previously had elevated liver enzymes. He has been on long-term ursodiol therapy, which was initiated by a previous veterinarian and has been continued. On recent bloodwork, his liver enzymes are normal.

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. Ureteral papillae not visualized.

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

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 left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.2 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 2.5 mm in width.

Spleen

The spleen is normal in size (8.2 mm in width) with scalloped margins and diffusely hypoechoic echogenicity with mild surrounding hyperechoic fat. No masses are seen.

Liver

The liver presents small in 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.



PATIENT

Duke Brezsnayk

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years 8 months

WEIGHT

5.84 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Elizabeth Cumyn

INVOICE

11516

DATE

3/18/2026

The gallbladder contains a small amount of suspended echogenic debris consistent with the patient's history of triaditis. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach is normal in layering and thickness and has very mild fluid retention. Most likely gastric ileus. There is no pyloric outflow tract obstruction observed. Small intestines have normal wall layering and thickness. Colon contains what appears to be liquid stool with normal wall thickness.

Pancreas

The right limb of the pancreas appears normal. The left pancreas appears normal. In the area of the left limb of the pancreas, there is a 3.7 cm x 4.2 cm in size heterogenous, mildly cavitated mass lesion that has blood flow via doppler. The exact tissue of origin of this mass cannot be determined by ultrasound alone. Given its location, it is most likely a pancreatic mass or possibly a markedly enlarged mesenteric lymph node. Although a hepatic, splenic, or GI mass cannot be ruled out although seemingly unlikely.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. Scant pockets of free fluid throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Incidental gallbladder debris.
- Scalloped spleen.
- Heterogenous, mildly cavitated mass lesion in the area of the left pancreas.
- Scant pockets of free fluid.
- Mild fluid retention in the stomach – Most likely gastric ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass has already been fine needle aspirated. Recommend anaerobic and aerobic culture of the mass if clinically warranted. If cytology is inconclusive, and an abscess is ruled out, consider abdominal CT scan to further characterize the tissue origin of this mass, and to determine if this mass is surgically resectable.

Also recommend three view chest radiographs to rule out pulmonary metastatic disease.

This mass does not appear to be obstructing the GI tract at this time.

Recommend ultrasound guided FNA of the abdominal fluid, and submit for fluid analysis, cytology and bacterial culture if warranted to rule out carcinomatosis or septic peritonitis.

Video clip post FNA of the abdominal mass lesion was provided, no hemorrhage is observed.



PATIENT

Duke Breznsnyak

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years 8 months

WEIGHT

5.84 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill AC

REFERRING VET

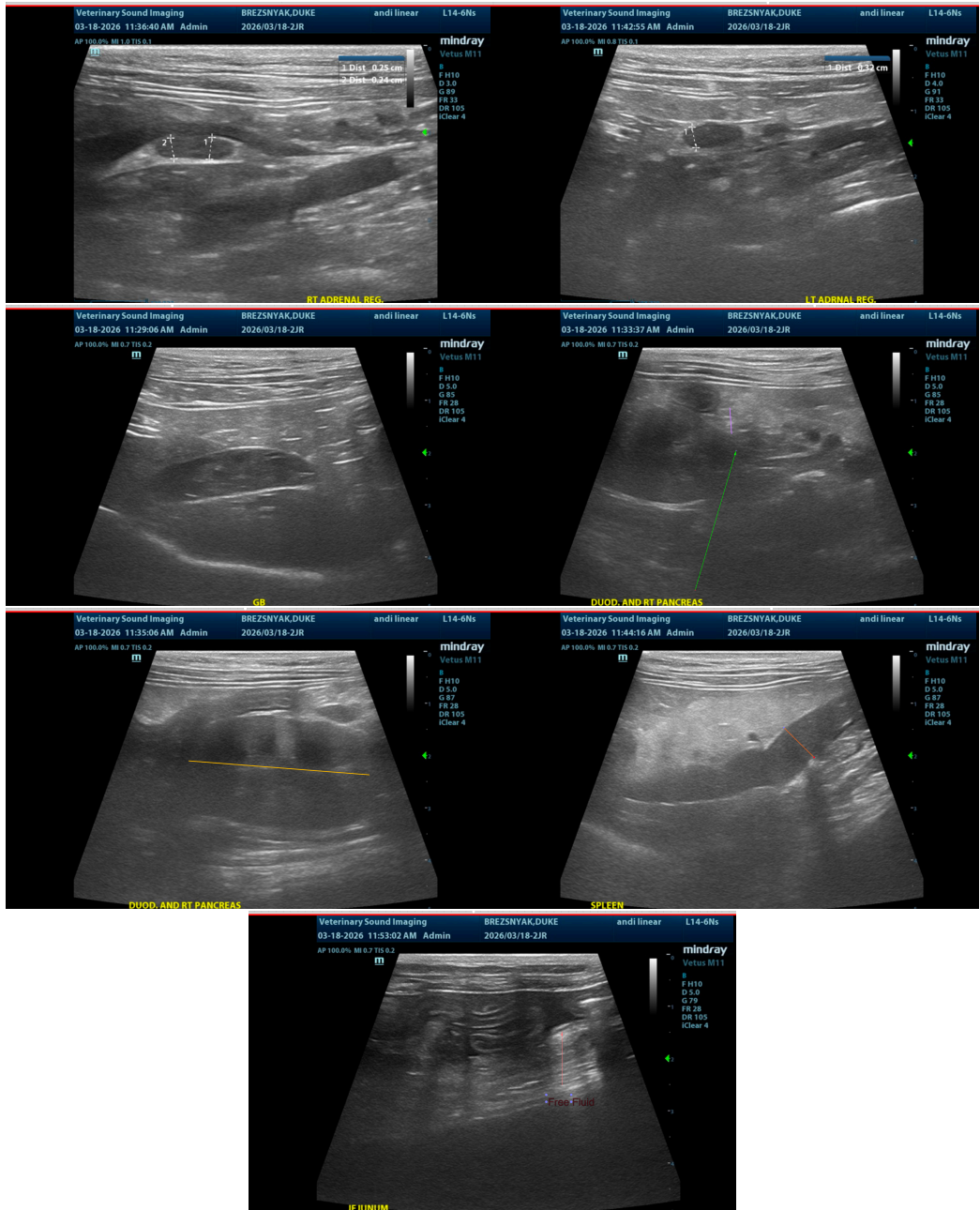
Dr. Elizabeth Cumyn

INVOICE

11516

DATE

3/18/2026



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)



PATIENT

Duke Brezsnyak

Veterinary Internal Medicine Specialist

info@SonoPath.com

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years 8 months

WEIGHT

5.84 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Elizabeth Cumyn

INVOICE

11516

DATE

3/18/2026