



PATIENT

Sonny Santoro

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15 Years 9 Months

WEIGHT

9.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Clegg

INVOICE

73763

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Not eating. Mid abdominal mass noted on exam. Medications: None

Abnormal PE/Chem/CBC/UA Results: Bloodwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is small but appears otherwise normal. There is a moderate amount of suspended echogenic debris within 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 (3.6 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 (3.2 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 4.1 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 diffusely enlarged with irregularly shaped margins, and diffusely hypoechoic.

Liver

The liver is enlarged and diffusely hyperechoic with rounded margins.

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

Gastrointestinal

The stomach has normal wall layering and thickness. The jejunum is thickened, measuring approximately 3.0 mm in width with a markedly thickened muscularis layer. The colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely hypoechoic without surrounding steatitis.

Free Abdomen

Multiple moderately to markedly enlarged, hypoechoic, lobulated mesenteric lymph nodes were present. Two markedly enlarged, hypoechoic, lobulated lymph nodes in the mid abdomen measure 3.0 cm x 1.5 cm and 2.1 cm x 3.7 cm.



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A scant pocket of free fluid is noted at the cranial aspect of the urinary bladder. There are several other pockets of free fluid noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, hypoechoic spleen – concerning for possible infiltrative neoplasia such as lymphoma or mast cell disease, less likely due to infectious disease such as bartonella.
- Enlarged, hyperechoic liver – most likely due to early hepatic lipidosis, less likely infiltrative neoplasia such as lymphoma or mast cell.
- Thickened jejunum – most consistent with infiltrative neoplasia such as lymphoma or mast cell disease.
- Enlarged, hypoechoic mesenteric lymph nodes – most likely enlarged due to round cell or metastatic neoplasia.
- Free fluid.
- Decreased corticomedullary distinction in both kidneys – consistent with early chronic kidney disease.
- Mild pancreatic inflammation – Most likely reactive to the thickened GI tract and enlarged abdominal lymph nodes, less likely primary pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver is most likely due to hepatic lipidosis due to patient not eating normal, reduced daily caloric intake, etc. Consider a fine needle aspirate of the liver for cytology to determine etiology.

The remainder of the findings identified on this ultrasound are most likely all related.

Recommend fine needle aspirate of an enlarged lymph nodes with submission for cytology to determine etiology. If cytology is inconclusive, then consider surgical biopsy of lymph node and submit for histopathology.

If possible, recommend fine needle aspirate of free fluid for fluid analysis and cytology.

Recommend a fine needle aspirate of the spleen with submission for cytology to rule out round cell neoplasia.

Recommend full staging, monitoring and management of the patient's chronic kidney disease per IRIS guidelines.

Recommend urinalysis. If active urine sediment is present, recommend urine culture and antibiotic sensitivity test.



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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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