



PATIENT

Loofie Klonin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

6.9 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Kluckurosky

INVOICE

14547

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- weight loss despite eating well

CBC: low RBCs = 6.13 (6.5-11.53) low HCT = 30% (31-51) low Hb = 9.7 (10.6-16.7) monocytosis = 1,670 (42-467) Chem: WNL Fecal = negative UA WNL chest/abdominal films show no concerning abnormalities

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 3.3 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 3.2 cm in length.

Adrenal Glands

The adrenal glands were not seen.

Spleen

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

Liver

Within the liver, there is an isoechoic liver mass present that measures 1.6 by 0.97 cm in size. There are multiple hypoechoic ill-defined smaller lesions present throughout the liver that may be regenerative nodules or may be present due to metastatic neoplasia from the mass seen within system of the mass seen in what appears to be the right abdomen.

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 measuring 2.8 mm width with mild retained fluid. Colon contains normal contents with normal wall thickness. The ileum is mildly thickened at 1.2 mm in width due to a moderately thickened muscularis. These findings are consistent with inflammatory enteropathy such as small cell lymphoma or mast cell disease. Possibly but less likely inflammatory bowel disease.

Pancreas



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The right limb of the pancreas is diffusely hypoechoic with mildly distended intrapancreatic ducts. There is no surrounding steatitis. Suspect pancreatic inflammation reactive due to underlying gastrointestinal disease.

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Free Abdomen

There are multiple mildly to moderately enlarged mesenteric lymph nodes present with a representative node measuring 2.8 by 2.9 mm in size with mild surrounding hyperechoic fat. These nodes most likely are enlarged due to reactive cause or possibly a round cell neoplastic cause. Less likely metastatic neoplasia since no primary tumor is seen. These nodes appear to be too small to obtain fine needle aspirate via ultrasound guidance. There is a mass lesion in what appears to be the right abdomen that measures 1.9 by 3.2 cm in size with surrounding steatitis. The mass is hypoechoic. No tissue of origin is definitively determined on the scan.

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ULTRASONOGRAPHIC FINDINGS

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- Liver mass- primary hepatobiliary neoplasia such as hepatocellular carcinoma, cholangiocarcinoma versus round cell neoplasia such as lymphoma. Less likely there is a benign etiology to the mass lesion with granuloma unlikely.
- Possible chronic enteropathy.
- Reactive pancreatitis.
- Suspect mild gastric ileus.
- Mesenteric lymphadenopathy with right abdominal mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DACVIM (SAIM)

Recommend fine needle aspirate of the hepatic mass with submission for cytology. If round cell neoplasia or infectious disease is ruled out on cytology and primary hepatobiliary neoplasia is suspected, then recommend CT scan of abdomen as pre-surgical planning for liver mass resection. Submit liver mass for histopathology.

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If chronic enteropathy is suspected or confirmed, then recommend GI biopsies either surgically or endoscopically which could be performed during liver mass resection if that is pursued.

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Recommend fine needle aspirate for cytology of the abdominal mass and a warranted PCR for antigen receptor rearrangement PARR assay to rule out lymphoma as a cause. Suspect this mass is neoplastic in origin. If cytology is inconclusive, then consider either tru-cut or surgical biopsy of mass.

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Prognosis open pending results of cytologic diagnoses of various masses discussed in this exam.

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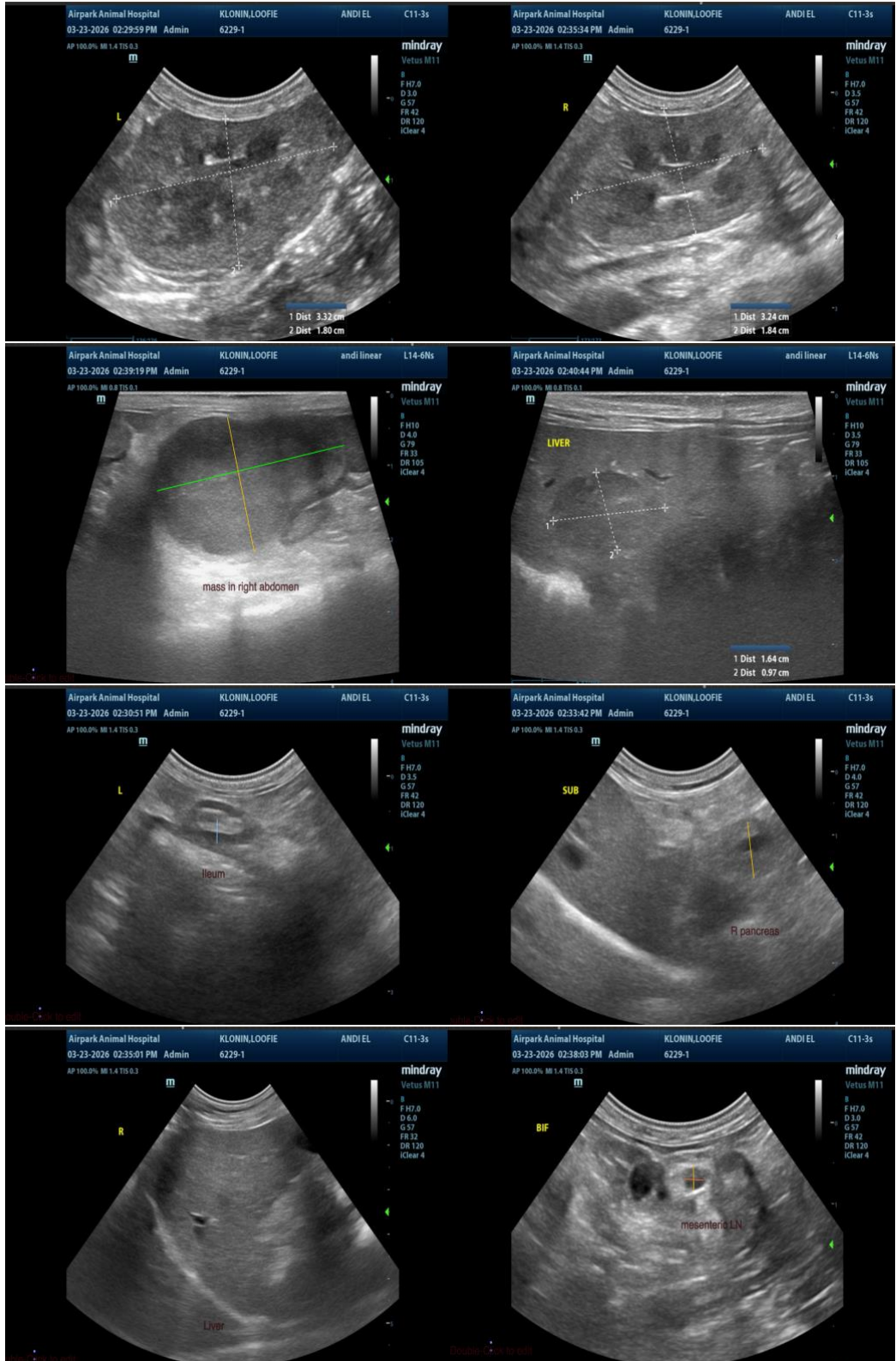
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com