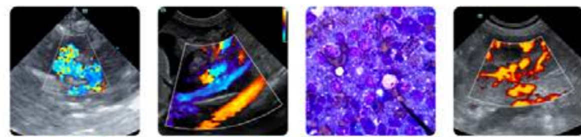


PATIENT

Meg Russell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 11 Months

WEIGHT

Not Provided

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

74008

DATE

3/25/26

PRESENTING CLINICAL SIGNS

Weight loss, over the last year. Intermittent Vomiting and decreased appetite , ^ thirst. Grade 1-2 /6 systolic murmur over sternum, thin body condition. Meds: None

Abnormal PE/Chem/CBC/UA Results: ^ BG 228, ^ Sodium 159, ^ RBC 10.1, Fructosamine 223 (143-373) Urine: Protein 1+, PH 7.5, Triple Phosphate crystals, USG 1.056

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 presents normal size (3.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.5 cm) with normal shape and architecture. Normal 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 4.3 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.2 mm in width.

Spleen

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

Liver

The liver overall appears normal. In the caudal aspect of the left liver there are two hyperechoic ill-defined non-capsule displacing lesions, one measuring 3.6 mm x 8.0 mm in size, the other measuring 12.1 mm x 6.0 mm.

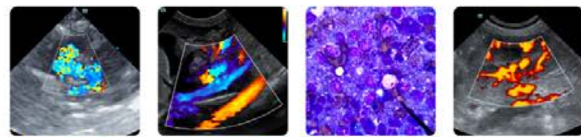
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness. Diffusely, the jejunum has loss of layering. The jejunal wall is diffusely hypoechoic and thickened at 3.3 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Two hyperechoic ill-defined caudal left liver lesions – Possibly neoplastic due to round cell neoplasia such as lymphoma. Possibly primary hepatobiliary neoplasia such as cholangiocarcinoma. Benign regenerative lesions also possible.

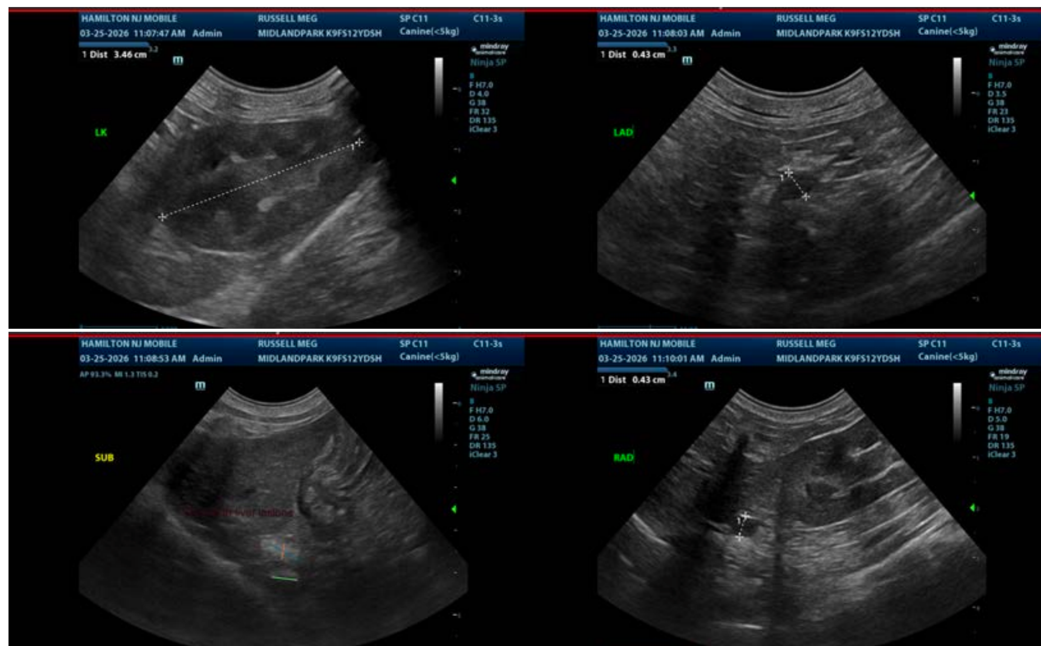
- Thickened jejunum with loss of layering – Consistent with an inflammatory enteropathy most likely due to neoplasia such as small cell lymphoma or mast cell disease. Less likely due to a benign etiology such as inflammatory bowel disease. An infectious etiology such as histoplasmosis is possible but unlikely.

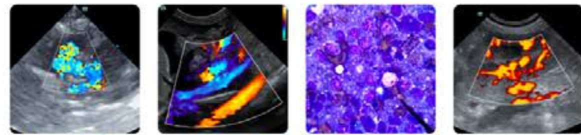
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend attempting fine needle aspirate for cytology of the liver lesions. If this is not possible, recommend recheck ultrasound in 6-8 weeks to determine if the lesions are still present, and if so, are they increasing in size? If they appear to be increasing in size, consider CT scan for pre-surgical planning and resection of the lesions for histopathology.

Recommend a GI panel to screen for hypocobalaminemia or changes to folate that may suggest supplementation would be recommended. Also recommend GI biopsies either surgically or endoscopically (endoscopically preferred, given it is less invasive).

Patient's clinical signs of weight loss and vomiting with a decreased appetite are most likely due to the appearance chronic enteropathy that is present.





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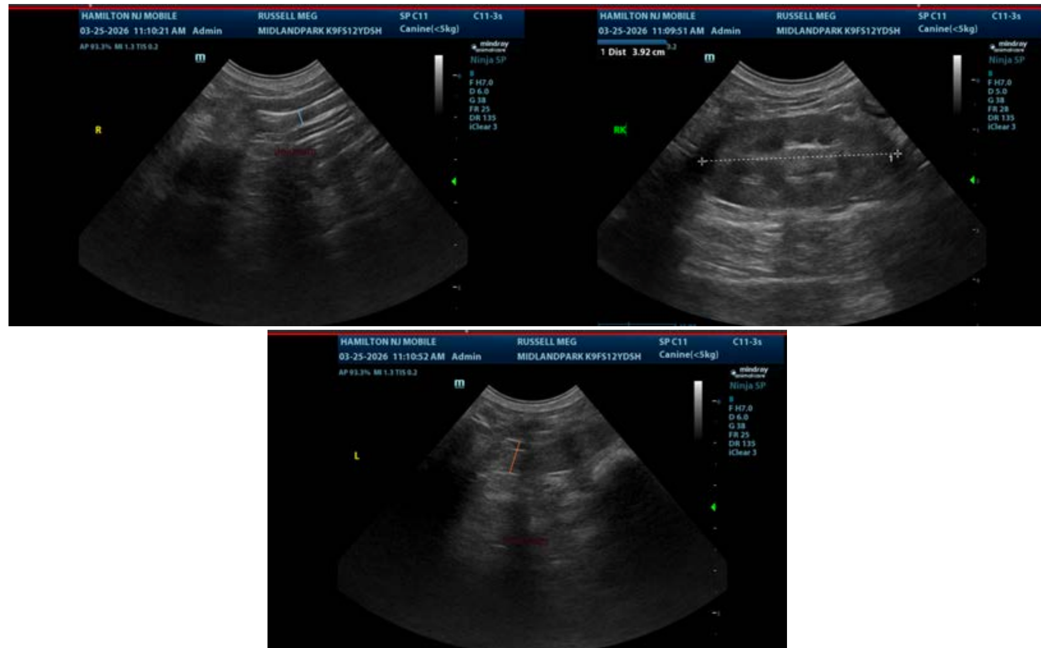

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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