



**PATIENT**

Nugget Mulinaro

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10.3 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Lovell

**INVOICE**

74049

**DATE**

3/26/26

**PRESENTING CLINICAL SIGNS**

Intermittent vomiting, diarrhea, anorexia, asthma. Inc. ALT

Abnormal PE/Chem/CBC/UA Results: ALT 1726, Urine WNL, USG 1.036

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (3.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.9 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 2.4 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.7 mm in width.

**Spleen**

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

**Liver**

The liver is mildly diffusely enlarged and mildly diffusely hyperechoic.

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

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Jejunum wall measures approximately 1.5 mm in width, which is normal. Colon contains normal contents with normal wall thickness.

**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peripancreatic mesentery.



**PATIENT**

**Free Abdomen**

Nugget Mulinaro

Diffuse moderate mesenteric lymphadenopathy is present in the area of the ileocolic junction. Two lymph nodes measure 1.1 cm x 0.60 cm and 0.43 cm x 0.51 cm. There is hyperechoic fat surrounding these lymph nodes.

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No free abdominal fluid is seen.

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DSH

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged, hyperechoic liver – Findings are consistent with possible hepatic lipidosis versus infiltrative neoplasia such as lymphoma.
- Moderate mesenteric lymphadenopathy – Differentials include reactive lymphadenopathy, although a neoplastic lymphadenopathy cannot be ruled out.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 Years

Recommend fine needle aspirate of the liver and submission for cytology to rule out infiltrative neoplasia and determine if hepatic lipidosis may be present. If hepatic lipidosis is present, it means the patient has most likely been in a negative energy balance for an extended period of time. Consider placement of an esophageal feeding tube to provide enteral nutritional as the patient recovers.

**WEIGHT**

10.3 lbs

Consider a fine needle aspirate of one or several of the lymph nodes with submission for cytology, and if results suggest possible lymphoma, consider adding PCR for antigen receptor rearrangement to determine if patient may have small cell lymphoma.

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No specific cause for the patient's intermittent vomiting, diarrhea, and anorexia are seen on this exam, and no cause for the patient's moderately elevated ALT is seen. If fine needle aspirate testing of the liver and mesenteric lymph nodes rule out a neoplastic cause, then consider possible infectious cause for these problems. If a recent FELV/FIV test has not been performed, recommend this testing. Other infectious diseases to consider would be bartonella or possible toxoplasmosis, possibly but less likely feline infectious peritonitis. If an aspirate of the liver or lymph nodes is suggestive of an inflammatory process, possibly an infectious disease, recommend submitting for coronavirus PCR testing. Bartonella testing can be submitted to North Carolina State University. Toxoplasma testing can be sent to most reference laboratories. If 3-view chest radiographs have not been performed recently, recommend to rule out pulmonary disease as a cause for the patient's clinical signs.

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Ultimately, if not cause is identified for the patient's elevated ALT, a liver biopsy may ultimately be necessary to determine etiology of the ALT elevation.

**REFERRING VET**

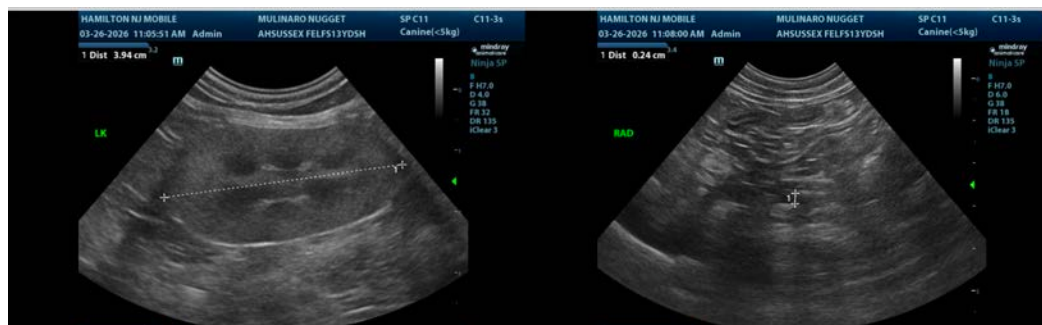
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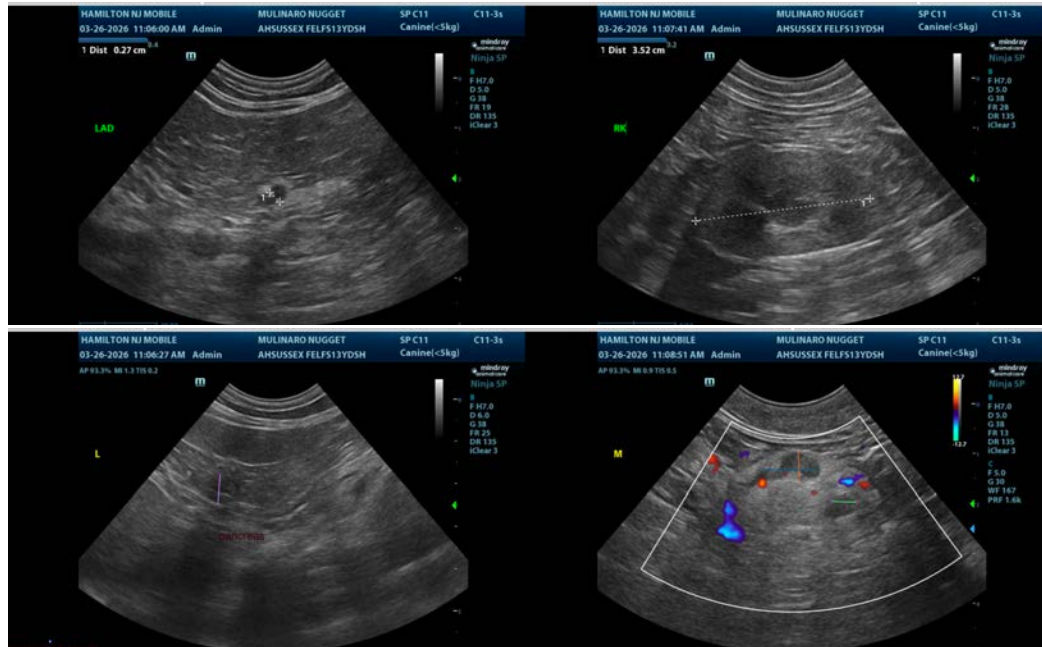
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)