



PATIENT

Steve Menecozzi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

8 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Summers

INVOICE

74050

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Weight loss, hypoalbuminemia. Depressed, MM pale today (<- was not pale 3 weeks ago)

Abnormal PE/Chem/CBC/UA Results: ALb 1.7, (HCT 22% on 3/1)

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 has a diffusely hyperechoic cortex. The right kidney measures 4.3 cm in length.

The left kidney has a diffusely hyperechoic cortex with normal corticomedullary distinction, measuring 4.0 cm in length.

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 is mildly enlarged, measuring 6.3 mm in width.

Spleen

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

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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 markedly thickened with complete loss of layering. The muscularis layer is mildly thickened. Jejunum wall measures up to 4.3 mm in width in some sections, with normal being <2.8 mm. 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.

Free Abdomen



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Marked mesenteric lymphadenopathy is present, an example measures 2.0 cm x 1.0 cm. There are multiple similar appearing lymph nodes present throughout the abdomen with surrounding hyperechoic fat.

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There is a moderate amount of echogenic free abdominal fluid present throughout the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Markedly thickened jejunum – Consistent with an inflammatory enteropathy, most likely a neoplastic cause such as lymphoma, or in this case mast cell disease is considered possible.
- Marked mesenteric lymphadenopathy - These nodes are most likely enlarged due to either round cell neoplasia, lymphoma, mast cell disease, or metastatic neoplasia. Round cell neoplasia is prioritized. Patient's clinical signs and hypoalbuminemia are most likely due to the underlying cause of the lymph node enlargement.
- Markedly heterogeneous liver – Possibly due to infiltrative neoplasia such as lymphoma.
- Moderate echogenic free abdominal fluid.
- Hyperechoic renal cortices – I suspect this is most likely due to a lipid deposition and is most likely not pathologic.
- Mildly enlarged left adrenal gland – Most likely due to adrenal hypertrophy caused by chronic stress from the patient's current illness.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend aspirate of the free fluid and submission for fluid analysis and cytology to determine etiology of fluid.

Recommend fine needle aspirate of one or several of the lymph nodes and submission for cytology.

Consider infectious disease as a cause for the findings on this exam. If infectious disease is the cause, it would be feline infectious peritonitis.

If clinically warranted and round cell neoplasia ruled out, recommend submitting a fluid sample for coronavirus PCR.

If 3-view chest radiographs have not yet been performed, consider performing them to rule out pulmonary metastatic disease.

Given the severity of the changes seen on this ultrasound, patient's prognosis appears poor at this time.



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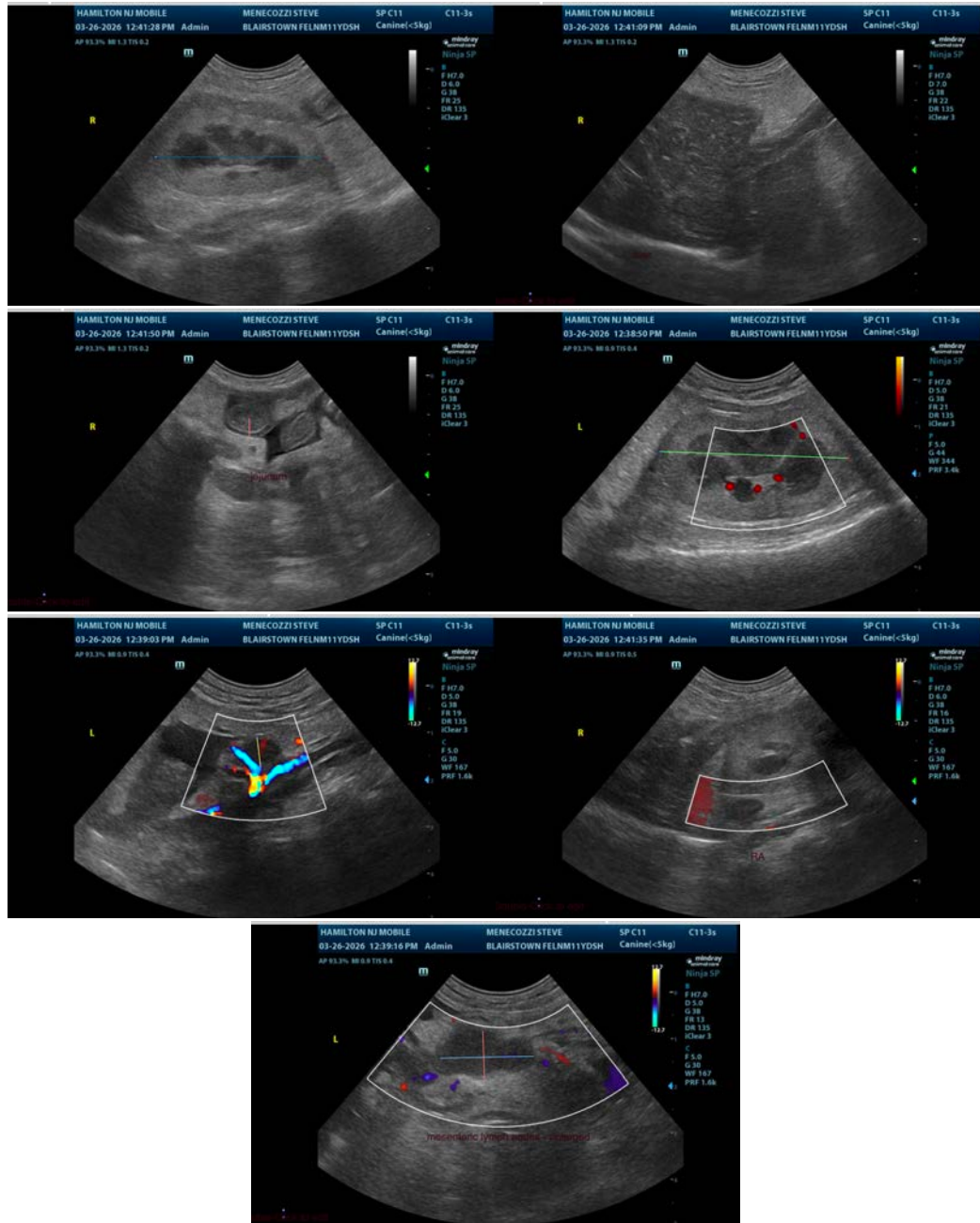
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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