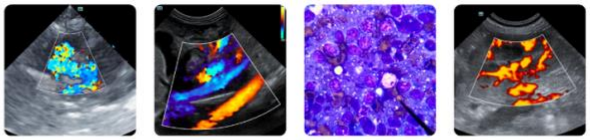


PATIENT

Max Kathrein

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.35

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradenton Veterinary Hospital

REFERRING VET

Dr. Laurel Logas

INVOICE

14136

DATE

03/06/26

PRESENTING CLINICAL SIGNS

Pet presented a month ago for constipation. Owner limited on funds. Firm stool on abdominal palpation. Pet enema administered and pet defecated a large amount of stool in the hospital. SQ fluids, miralax and RC GI fiber response dispensed.

Pet returned 1 month later with the same symptoms, eating less and 1 pound weight loss.

Abnormal PE/Chem/CBC/UA Results: Second visit- uncomfortable abd. firm stool or masses palpated in the dorsal mid -caudal abdomen. Not much stool visible on abdominal rads. Chemistry, CBC WNL Ultrasound today. FNA of multiple masses in the sublumbar area were submitted for path review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. The urine contains a small amount of suspended hypoechoic debris.

Enlarged medial iliac lymph node present that measures 1.1 cm by 0.52 cm. It is hypoechoic and rounded, most likely enlarged due to either round cell neoplasia such as lymphoma or mast cell disease or possibly metastatic neoplasia.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. Mild renal pelvic dilation was noted at 2.1 mm in width. The right kidney measured 4.2 cm in length.

The left kidney presents mildly small in size with normal shape and architecture. Moderate loss of corticomedullary distinction. Moderate renal pelvic dilation is present with the renal pelvis measuring 2.7 mm in width. The left kidney measured 2.9 cm in length.

Adrenal Glands

The adrenal glands were not seen on this exam.

Spleen

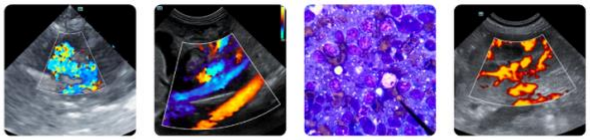
The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Blood flow appeared normal.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with a mild amount of suspended echogenic debris, appears clinically significant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is mildly hypoechoic without surrounding hyperechoic fat. There is mild reactive pancreatic inflammation most likely a result of the masses in the caudal aspect of the patient's abdomen.

Free Abdomen

In the caudal abdomen, there are three hypoechoic variable sized mass lesions present. The first measures 3.6 by 2.0 cm. The second measures 1.4 by 1.8 cm. The third measures 0.69 cm by 0.96 cm. They are most likely enlarged lymph nodes, although the tissue of origin cannot definitively be determined.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction and mild pyelectasia.
- Urinary bladder sediment.
- Enlarged medial iliac lymph node- a benign etiology for the lymph node enlargement is unlikely.
- Three caudal abdominal masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urine culture to rule out pyelonephritis. Recommend staging, monitoring and managing per IRIS guidelines.

Consider urinalysis if not performed and if active urine sediment, urine culture to rule out UTI as part of the patient's problems.

It is reported that fine needle aspirates of the cranial abdominal masses have been already performed and will be submitted for cytology. The cytology that is being submitted should help confirm although it cannot be ruled out that these mass lesions may be GI in origin as well.

No definitive connection to the GI tract is seen on this exam. Cytology should help rule out a GI origin and it is also possible that these masses may be even though they are in the caudal aspect of the abdomen could potentially be pancreatic in origin. Cytology should help confirm or rule out this suspicion of pancreatic origin.

If not performed, recommend three view chest radiographs r to rule out pulmonary metastatic disease. An infectious etiology is not suspected to be the cause of the masses in the caudal abdomen. If cytology is non-diagnostic, then tru-cut biopsy or possible surgical biopsy will be recommended to confirm etiology of mass lesions and determine best treatment plan.

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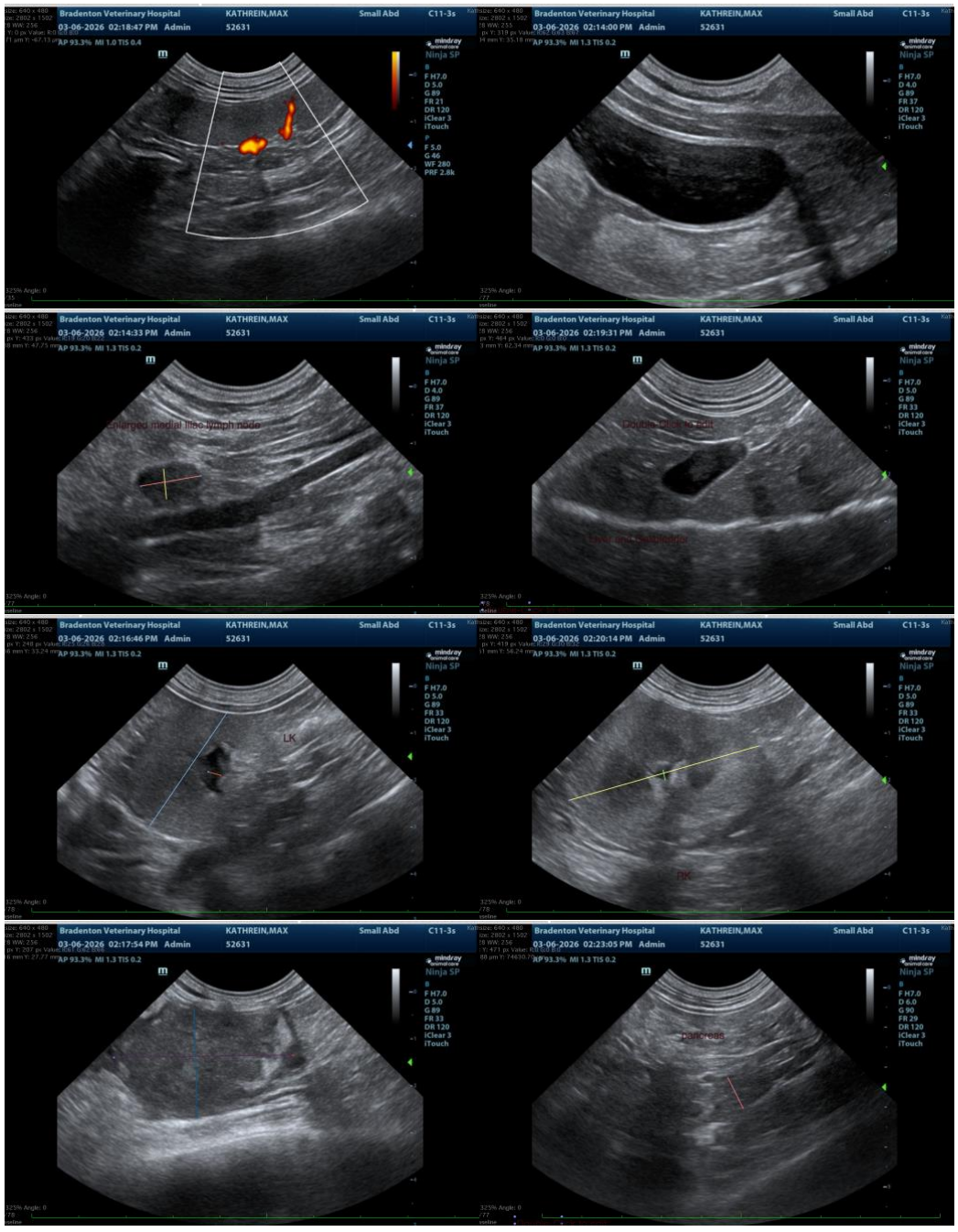

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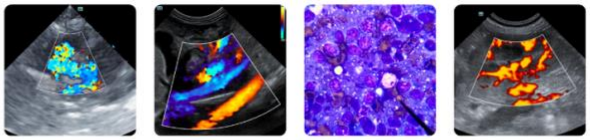

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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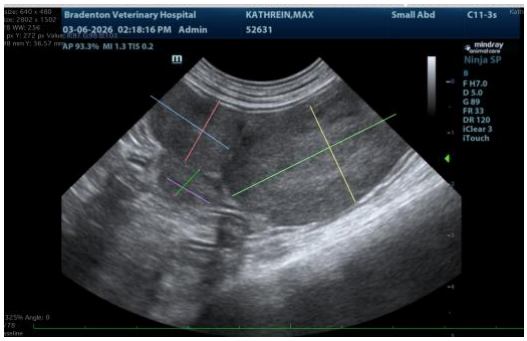

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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