



## PATIENT

Fuzz Susser

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

16 Years

## WEIGHT

10 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Ghobrial

## INVOICE

73485

## DATE

3/7/26

## PRESENTING CLINICAL SIGNS

Presented for lethargy, inappetence, weight loss for 2 weeks.

Abnormal PE/Chem/CBC/UA Results: PE: Dental ds, HM grade 1/6, suspect abdominal mass

## 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 (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 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 3.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.5 mm in width.

### *Spleen*

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

### *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 anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### *Gastrointestinal*

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

### *Pancreas*

The left limb of the pancreas appears normal. The right limb was diffusely hypoechoic and measured 7.8 mm in width. Mild surrounding steatitis noted.

### *Free Abdomen*

No free abdominal fluid is seen.



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Dorsal to the urinary bladder there is a 3.4 cm x 1.2 cm hypoechoic, irregularly shaped mass present that is most likely an enlarged medial iliac lymph node.

Two enlarged mesenteric lymph nodes were noted, measuring 7.8 mm x 11.9 mm and 3.6 mm x 4.7 mm. These nodes are hypoechoic and have mild surrounding hyperechoic fat.

Additional markedly enlarged lymph nodes were present in the ventral aspect of the caudal abdomen. I cannot determine exact size but they are 8.0 mm in width and approximately 36.0 mm in length. These appear to be lymph nodes. They have blood flow on doppler exam. They are hypoechoic and rounded in appearance.

**ULTRASONOGRAPHIC FINDINGS**

- Suspected enlarged medial iliac lymph node dorsal to the urinary bladder.
- Ventral caudal markedly enlarged lymph nodes.
- Two enlarged mesenteric lymph nodes – consistent with round cell neoplasia or metastatic neoplasia. Less likely these lymph nodes are enlarged due to a reactive cause.
- Hypoechoic right limb of the pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

These findings are most likely consistent with a neoplastic cause such as lymphoblastic lymphoma, mast cell disease, or histiocytic sarcoma. It is possible but unlikely that these nodes are enlarged due to infectious etiologies such as bartonella, or if histoplasmosis is endemic to the patient's geographic region consider histoplasmosis testing via urine antigen testing to MiraVista Labs in Indiana. However, a neoplastic cause seems most likely for these enlarged lymph nodes.

Recommend fine needle aspirate of one or several of these enlarged lymph nodes using ultrasound guidance to obtain aspirates and submit for cytology. If cytology rules out round cell or metastatic neoplasia and an infectious disease such as bartonella, histoplasmosis, toxoplasmosis is ruled out, then ultimately surgical extirpation of lymph node may be needed for histopathology to determine etiology.

The patient appears to have reactive pancreatitis of the right limb, most likely due to the enlarged lymph nodes found throughout the abdomen. The left limb appears normal.





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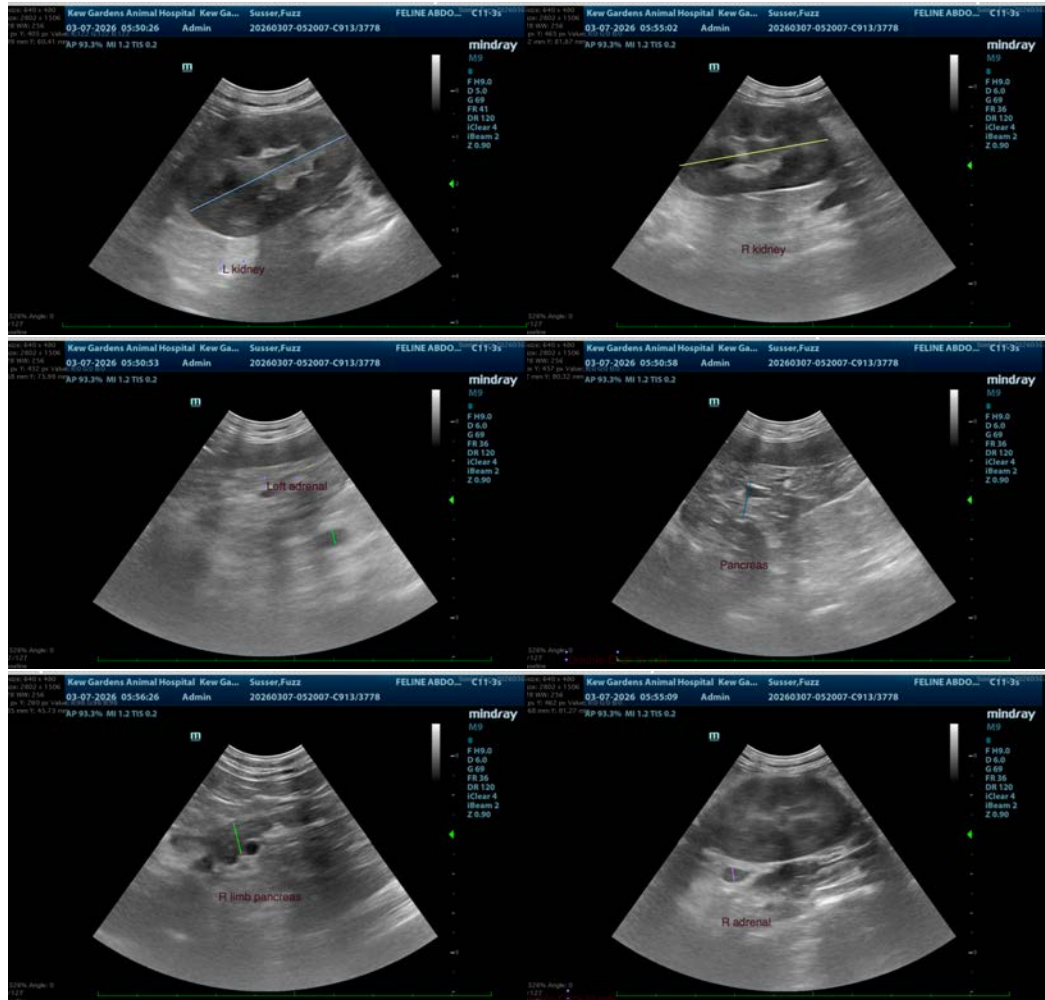
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)