



PATIENT

Jeffrey Wheeler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

4.5 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Parkside Animal
 Hospital

REFERRING VET

Dr. Zak

INVOICE

74118

DATE

4/1/26

PRESENTING CLINICAL SIGNS

Lost weight. Vomiting mainly bile for last week. Eating less. Mid abdomen irregular object appreciated on palpation

Current Medications: Mirtazapine

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings There are abdominal mass lesions identified caudal in the region of the distal colon and caudal to the stomach. The concern is for possible lymphadenopathy and lymphoma. Gastrointestinal dilation/obstruction is not present. Abdominal ultrasound is indicated to further evaluate

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

The left kidney presents normal size (4.41 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 measures 3.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.2 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. No evidence of metastatic disease.

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. The GI tract does not appear obstructed at this time.



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Pancreas

The visible pancreas is diffusely hypoechoic and normal in size. No surrounding steatitis.

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Free Abdomen

In the area where the medial iliac lymph nodes were normally be identified there is a markedly large, heterochoic mass lesion present that measures 4.6 cm x 3.1 cm. Within this mass lesion there is a cystic area that measures 1.3 cm x 0.84 cm.

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In the mid abdomen there is a 2nd similar appear mass lesion present measuring 4.9 cm x 5.9 cm.

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There is a scant pocket of free fluid noted at the cranial aspect of the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Mass lesion in the caudal abdomen in the area of the medial iliac lymph nodes – Potentially a markedly enlarged medial iliac lymph node, less likely a colonic mass. Extramural urinary bladder is another potential.
- 2nd similar appearing mass in the mid abdomen.
- Suspect reactive pancreatic inflammation – Most likely due to the presence of the abdominal masses.
- Scant free fluid.
- Urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of multiple similar appearing masses in different locations of the abdomen, the top differential is marked lymphadenopathy. Differentials include round cell neoplasia such as lymphoblastic lymphoma versus mast cell disease, possibly infectious disease such as feline infectious peritonitis, less likely but possible bartonella.

IMAGING PERFORMED BY

Kelly Reschny

Recommend fine needle aspirate of the mass in the region of the medial iliac lymph nodes as well as the similar appearing mass in the mid abdomen with submission for cytology to determine etiology.

HOSPITAL NAME

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Hospital

Recommend fine needle aspirate of the free fluid, submitting for fluid analysis and cytology to determine etiology.

REFERRING VET

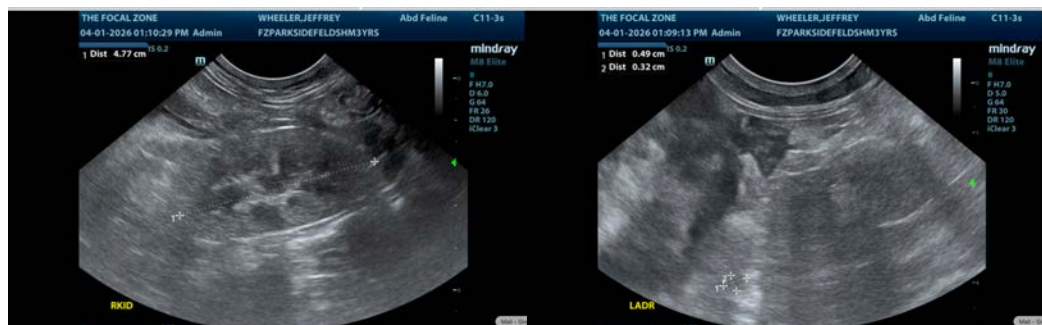
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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