

**PATIENT**

Binx McCulley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 years

**WEIGHT**

11.66 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

DOCs Veterinary  
Hospital

**REFERRING VET**

Dr. Chaney

**INVOICE**

11739

**DATE**

4/16/2026

**PRESENTING CLINICAL SIGNS**

Decreased appetite, weight loss. Decreased appetite noted for approximately one and a half weeks, with marked reduction in food intake over the past day. Previously eating normally. No polydipsia or polyuria reported. Weight loss observed from 11.66 lbs to 9.56 lbs since last recorded weight. Activity level decreased. Patient ambulatory but less active and appears weak. Indoor-only feline, cohabiting with three other cats. No prior medical concerns or recent medication or diet changes reported. No vomiting, diarrhea, or other systemic signs noted prior to presentation.

Marked weight loss and decreased appetite, r/o neoplasia vs. gastrointestinal obstruction vs. inflammatory disease. Palpable mid-abdominal mass, r/o neoplasia vs. foreign body vs. intussusception.

**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. Ureteral papillae not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.8 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

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

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 4.3 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**



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The stomach is markedly distended with hypoechoic fluid. The stomach wall appears diffusely normal in thickness and layering. No outflow tract obstruction is observed.

The duodenum is moderately fluid filled with hypoechoic fluid and echogenic ingesta. No obvious mass lesions seen. It appears the wall layering is intact. Segment of jejunum measures approximately 1.9 cm in width, overall, with the wall measuring 5.5 mm in width. This segment of jejunum measures approximately 3.9 cm in length and has a markedly thickened muscularis layer. Appears to contain an intramural mass lesion. The ileum has a markedly thickened muscularis, and overall measures 4.0 mm in width.

Colon contains normal contents with normal wall thickness.

**Pancreas**

The pancreas is mildly diffusely enlarged with a heterogenous echotexture. The pancreatic ducts are dilated. There is no significant surrounding hyperechoic fat.

**Free Abdomen**

The right iliac lymph node is enlarged (3.9 cm x 16.6 mm.) Given the appearance, I suspect this is reactive and less likely neoplastic. The left iliac lymph node is seen and is normal in size (2.5 mm in width.)

Markedly enlarged mesenteric lymph node present that is lobulated in shape, and diffusely markedly hypoechoic with marked surrounding hyperechoic fat. This mesenteric lymph node measures 1.7 cm x 2.8 cm. Approximately two dozen enlarged mesenteric lymph nodes found throughout the abdomen. The mesenteric lymph node described above is the largest seen.

**ULTRASONOGRAPHIC FINDINGS**

- Iliac lymphadenopathy – Most likely reactive and less likely neoplastic.
- Mesenteric lymphadenopathy – Most likely neoplastic or infectious. Differentials include lymphoma, mast cell disease, and less likely histiocytic sarcoma or metastatic neoplasia.
- Markedly thickened ileum and thickened segment of jejunum which appears to contain an intramural mass lesion. This is potentially consistent with either lymphoblastic lymphoma or mast cell disease.
- Mildly diffusely enlarged pancreas with dilated pancreatic ducts. Possible reactive pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the appearance of the enlarged right iliac lymph node, I suspect this is reactive and less likely neoplastic.

There are over two dozen enlarged mesenteric lymph nodes throughout the abdomen. The mass felt on the abdominal palpation is most likely the markedly enlarged mesenteric lymph node described above. Given the appearance of the mesenteric lymph node, I suspect that that this is most likely neoplastic or infectious. Differentials could include lymphoma, mast cell disease, and less likely histiocytic sarcoma or metastatic neoplasia. Possible infectious causes could be feline infectious peritonitis. Consider a fine needle aspirate of these nodes and submission for cytology, and for coronavirus PCR testing.



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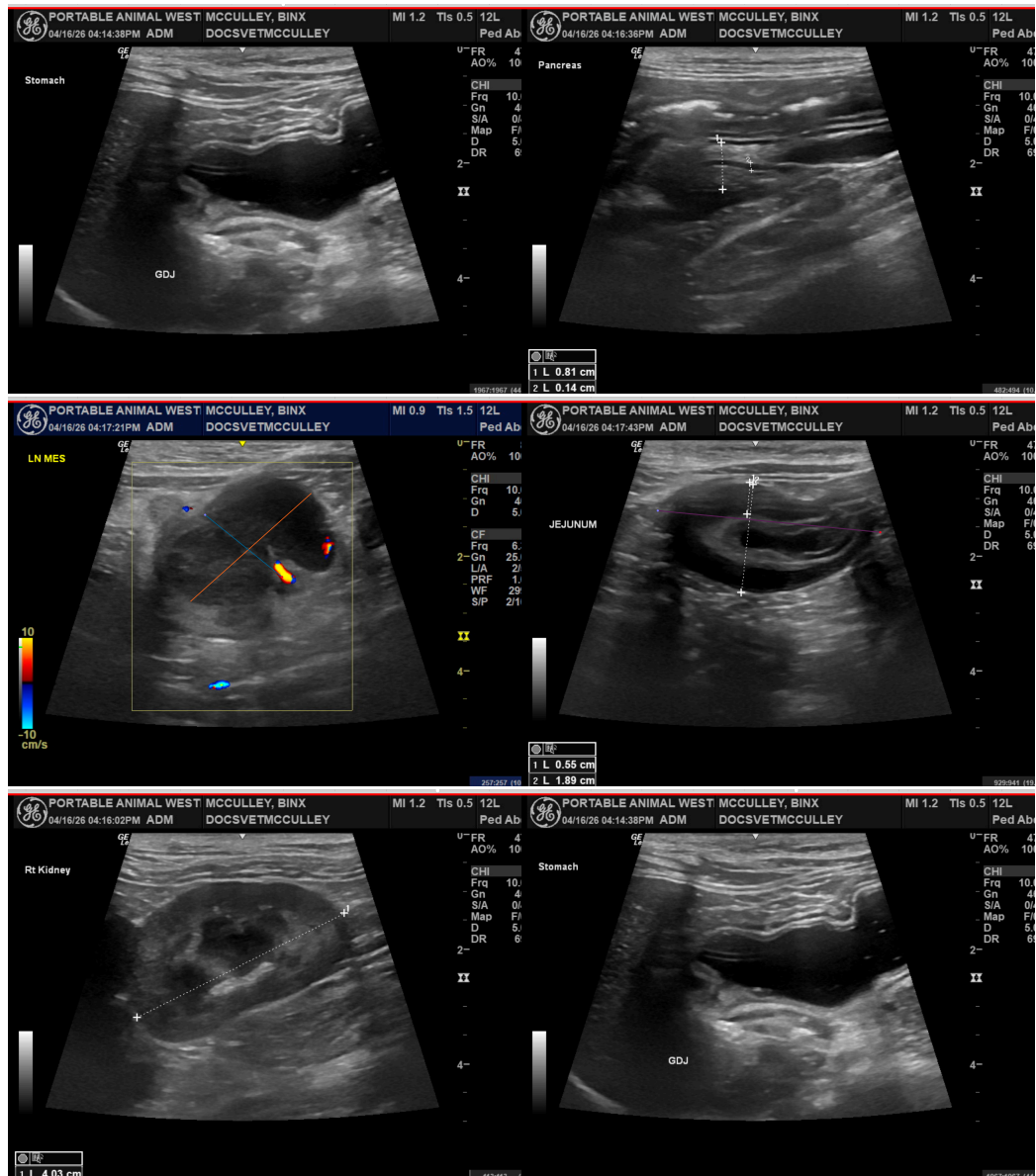
4/16/2026

Given the multiple changes seen on this exam, I suspect this patient has round cell neoplasia such as lymphoblastic lymphoma, mast cell disease, or less likely but possibly feline infectious peritonitis.

If possible, I recommend a fine needle aspirate of the jejunum and submission for cytology.

Recommend an fPLI to confirm pancreatic inflammation.

Prognosis appears guarded to poor at this time.



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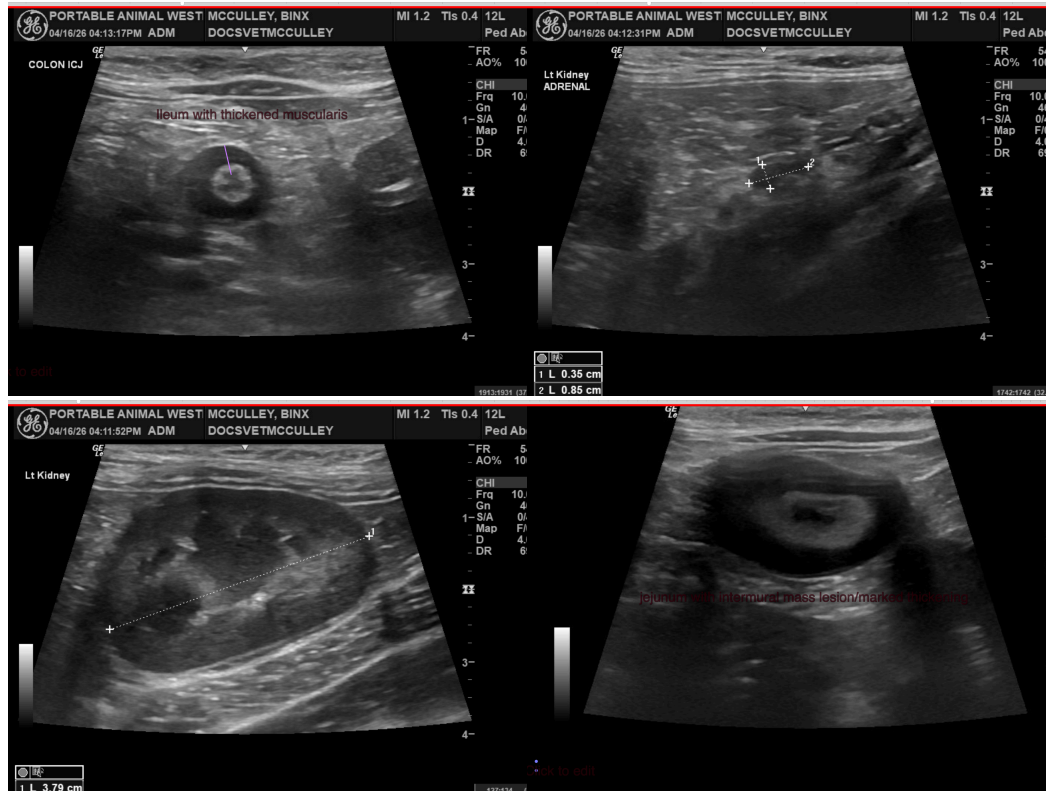
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)