



## PATIENT

Patch Gardner

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

13 years

## WEIGHT

2.65 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Lacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Pura

## INVOICE

11620

## DATE

4/2/2026

## PRESENTING CLINICAL SIGNS

Well managed DM with 0.5 units lantus BID. Past few weeks has been eating less and has been a much pickier eater, has also been losing weight. Normal thirst and urination. No vomiting. Normal BMs. Insulin lantus - 0.5U BiD Mirtazapine 40mg/ml - 0.05U q48 hour.

Abnormal PE/Chem/CBC/UA Results: Unremarkable PE. 6 weeks ago was seen at emergency for a hypoglycemic crisis, an AUS was performed and interpreted by a GP and a cystic structure was noted in the region of the pancreas. An FNA was performed of this structure and submitted for cytology which found no evidence of neoplasia or infection. Jan 19: CBC - WNL CHEM - WNL other than hyperglycemia. TT4 - WNL.

## 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.7 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 3.4 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.0 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 2.7 mm in width .

### Spleen

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

### Liver

The liver is diffusely enlarged and hypoechoic with rounded margins. In the caudal ventral liver there is an area where the bile ducts appear to be dilated, most likely due to an obstructive process from the dilated gallbladder.

The gallbladder appears obstructed. It is markedly enlarged with anechoic bile. The proximal common bile duct measures 5.8 mm in width. At the distal aspect of the obstructed common bile duct there is a choledocholith present within the lumen of the common bile duct. It measures 1.9 mm in width.

Appears to be obstructing the bile duct.

### Gastrointestinal



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The stomach has normal wall layering and thickness. The small intestine has a thickened muscularis layer, sections measure up to 3.4 mm in width, which is abnormal. Normal feline small bowel measures less than 2.8 mm in width. Colon contains normal contents with normal wall thickness.

### ***Pancreas***

There is a mass in the caudal aspect of the left limb of the pancreas measuring 9.3 mm in width. The left limb of the pancreas is diffusely, markedly hypoechoic and large with marked surrounding steatitis.

### ***Free Abdomen***

There is a mildly enlarged sub lumbar lymph node present measuring 2.4 mm x 4.8 mm in width. Markedly enlarged, hypoechoic jejunal lymph nodes present, one measuring 3.3 cm x 0.56 cm. There is marked surrounding steatitis.

No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

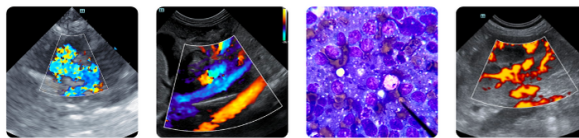
- Pancreatic mass in the caudal aspect of the left limb. The left limb of the pancreas is diffusely, markedly hypoechoic and enlarged with marked surrounding steatitis.
- Diffusely enlarged, and hypoechoic liver with the appearance of dilated bile ducts.
- Gallbladder obstruction.
- Mildly enlarged sub lumbar lymph node appears reactive and less likely to be neoplastic.
- Markedly enlarged, hypoechoic jejunal lymph node. The appearance/enlargement of this node is most likely due to possible round cell neoplasia such as lymphoma or mast cell disease, or in this case a possible metastatic neoplasia from the suspected pancreatic mass. There is approximately a half dozen of these enlarged jejunal lymph nodes present within the abdomen.
- Thickened small intestine muscularis. Differentials include infiltrative neoplasia such as lymphoma or mast cell disease. Less likely benign inflammatory bowel disease, less likely infectious etiology such as histoplasmosis or feline infectious peritonitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with possible infiltrative neoplasia such as lymphoma. Consider fine needle aspirate of the liver and submission for cytology.

Given the appearance of the left limb of the pancreas, it is not suggestive of a benign disease. The appearance of the left limb of the pancreas and the mass lesion is concerning for pancreatic neoplasia such as pancreatic carcinoma. It was reported that this is most likely the lesion that was aspirated six weeks ago, and the cytology was inconclusive.

Given the multiple co morbidities this patient is experience, this patient presents a significant diagnostic and therapeutic challenge. It appears the patient will need a cholecystectomy due to their gallbladder being obstructed from the choledocoliths seen in the common bile duct, however, before pursuing surgery to remove the gallbladder, it would be recommended to determine the cause of the pancreatic mass and the cause of the enlarged jejunal lymph nodes. Also, it would be important to



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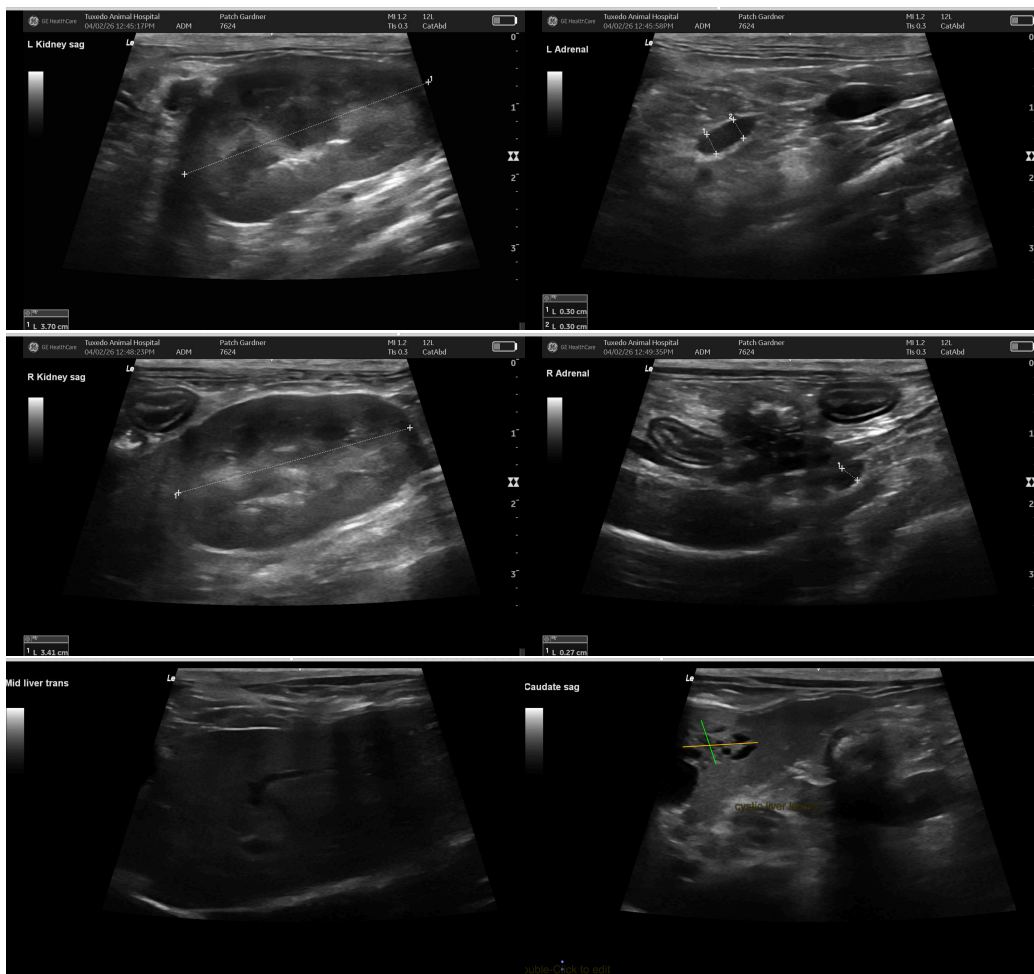
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determine if the appearance of the patient's liver is due to infiltrative neoplasia starting with aspirates of the pancreatic mass and the left limb of the pancreas itself, the jejunal lymph node and the liver. Submit those aspirates for cytology. If these are inconclusive, it may be necessary to utilize tru-cut biopsies of the pancreatic mass. Pancreatic mass could also possibly be a pancreatic abscess, so when aspiration of this mass is completed, recommend submission of a sample for aerobic and anaerobic bacterial culture as well.

Consider starting broad spectrum antibiotics if this has not already been done, pending results of above. If patient is diagnosed with pancreatic neoplasia, the prognosis is grave. However, if diagnosis is a pancreatic abscess and there is no other evidence of neoplasia is found on the jejunal lymph node or liver aspirates, then pursuing surgery would be recommended to debride the pancreatic abscess, perform cholecystectomy, and potentially obtain a liver biopsy and exacerbate a lymph node for histopathology.





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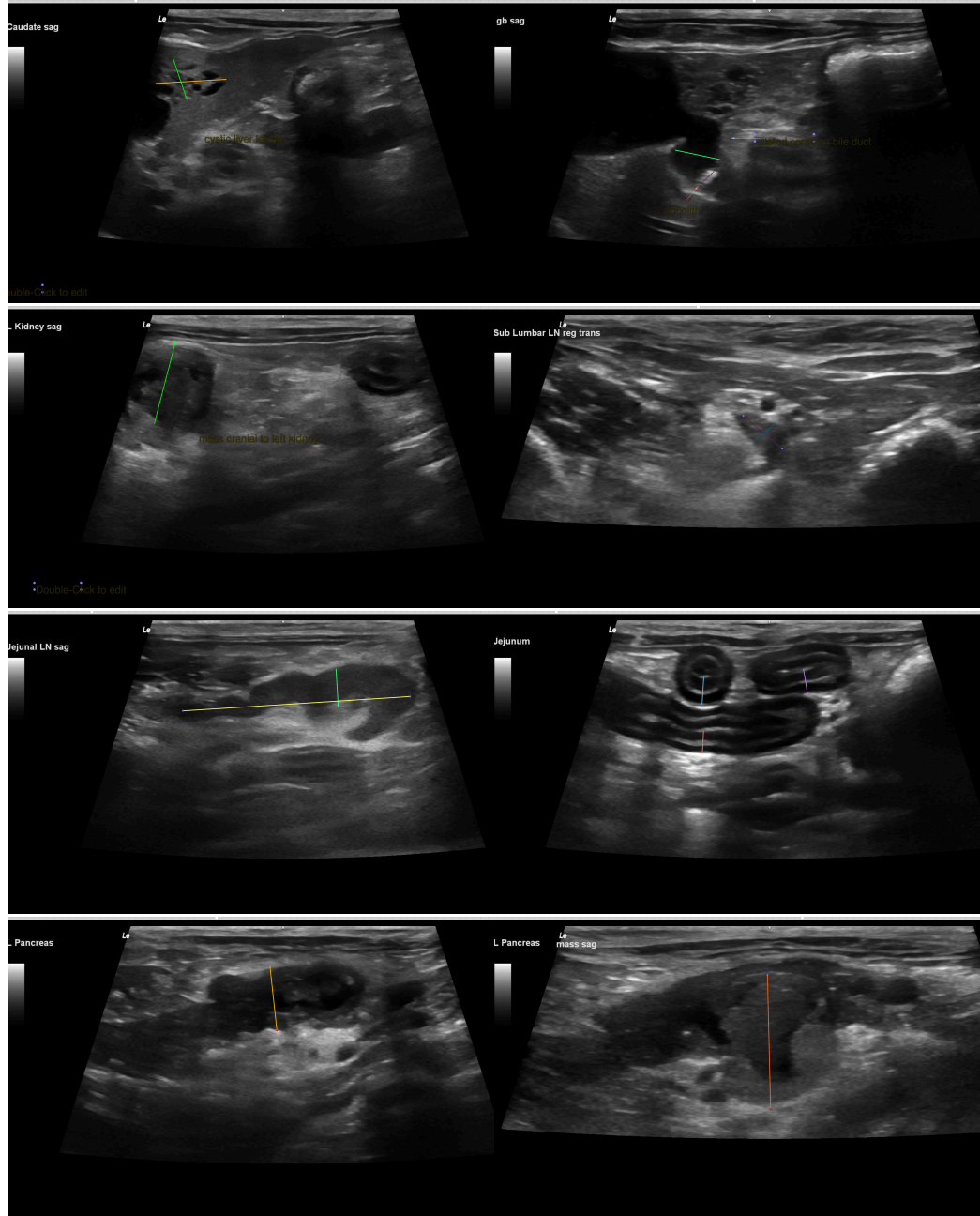
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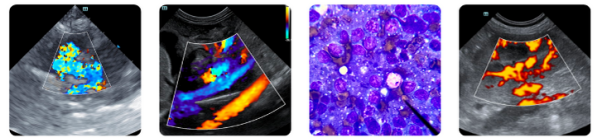
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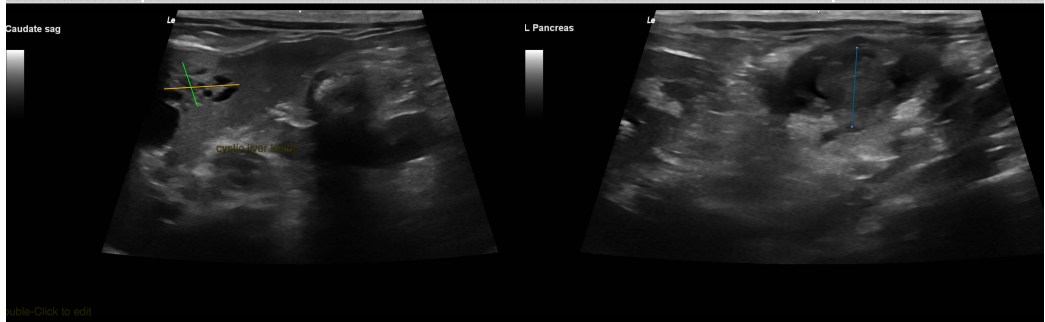
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)