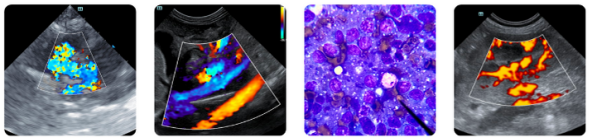


PATIENT

Todd Koeksal

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

4.7 kgs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Cranston Vet Hospital

REFERRING VET

Dr. Brown

INVOICE

11621

DATE

4/2/2026

PRESENTING CLINICAL SIGNS

History: anorexia, chronic vomiting. BW done late last year was unremarkable.

Abnormal PE/Chem/CBC/UA Results: Previous BW unremarkable.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.2 cm in length. Right kidney measures 4.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.4 mm in width.

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

Spleen

The spleen is at the upper ends of normal in size measuring 1.1 cm in width, normal in shape, margination and echogenicity. There are multifocal hyperechoic lesions throughout the spleen, suspected to be benign myelolipomas.

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.

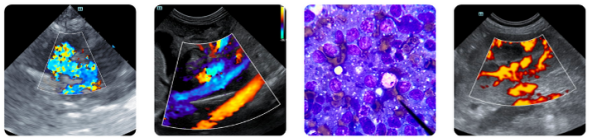
The gallbladder presents normal size with anechoic contents. Gallbladder wall is diffusely hyperechoic, subjectively mildly thickened measuring 2.3 mm in width. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines are full but have normal wall layering and thickness. Colom contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is mildly enlarged, irregular in shape, and mildly hypoechoic. There is no surrounding steatitis.



PATIENT

Todd Koeksal

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

4.7 kgs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Cranston Vet Hospital

REFERRING VET

Dr. Brown

INVOICE

11621

DATE

4/2/2026

Free Abdomen

There is mild mesenteric lymphadenopathy in the area of the ileocolic junction. Representative node measures 5.5 mm x 3.4 mm in size. Mild medial iliac lymphadenopathy present. A representative node measures 9.3 cm x 2.8 cm in size. A larger mesenteric lymph node observed measures 17.3 mm x 8.0 mm in size.

Scant pocket of free fluid noted measuring 2.5 mm in width at the caudal aspect of the tail of the spleen.

ULTRASONOGRAPHIC FINDINGS

- Mild mesenteric lymphadenopathy. Nodes are likely enlarged due to reactive cause such as underlying GI disease or similar or possibly enlarged due to round cell neoplasia such as lymphoma or mast cell disease.
- Mild medial iliac lymphadenopathy. These nodes are most likely reactive and less likely enlarged due to a neoplastic cause.
- Mildly enlarged, irregular, hypoechoic left limb of the pancreas.
- Multifocal hyperechoic lesions throughout the spleen. Suspected to be benign myelolipomas, much less likely to be neoplastic lesions such as lymphoma, mast cell, or metastatic neoplasia.
- Diffusely hyperechoic and thickened gallbladder wall.
- Stomach and small intestines contain ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aspirate of an enlarged jejunal lymph node was already obtained. Recommend submitting for cytology.

The changes of the left limb of the pancreas are suggestive of chronic intermittent pancreatitis causing pancreatic hyperplasia. It does not appear at this time; patient has acute pancreatitis. Consider submitting fPLI to verify.

Recommend full staging, monitoring, and managing the patient as per International Renal interest Society (IRIS) guidelines.

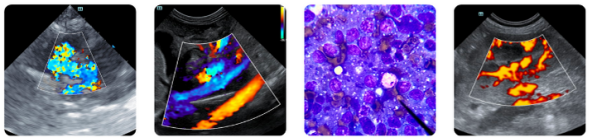
I suspect these medial iliac lymph nodes are enlarged due to the same cause of the mesenteric lymph nodes. Recommend aspirate and submission for cytology to determine etiology of these enlarged lymph nodes.

Recommend repeat comprehensive lab work, screening patient for cholestatic disease. If this is confirmed via bloodwork, then I recommend ultrasound guided FNA of bile and submission for aerobic and anaerobic bacterial culture and cytology to rule out bacterial cholangitis.

Differentials for the appearance of the GI tract include either a non-fasted patient or possible functional ileus. If patient was appropriate fasted for this exam, consider functional ileus, and treat supportively. Recommend recheck imaging of the GI tract after an additional fast, as preferred to have an empty GI tract for full evaluation and appropriate measurements of the GI tract.

Possible pathologic urinary bladder debris, recommend urine culture if not already performed to rule out urinary tract infection.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Todd Koeksal

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

4.7 kgs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Cranston Vet Hospital

REFERRING VET

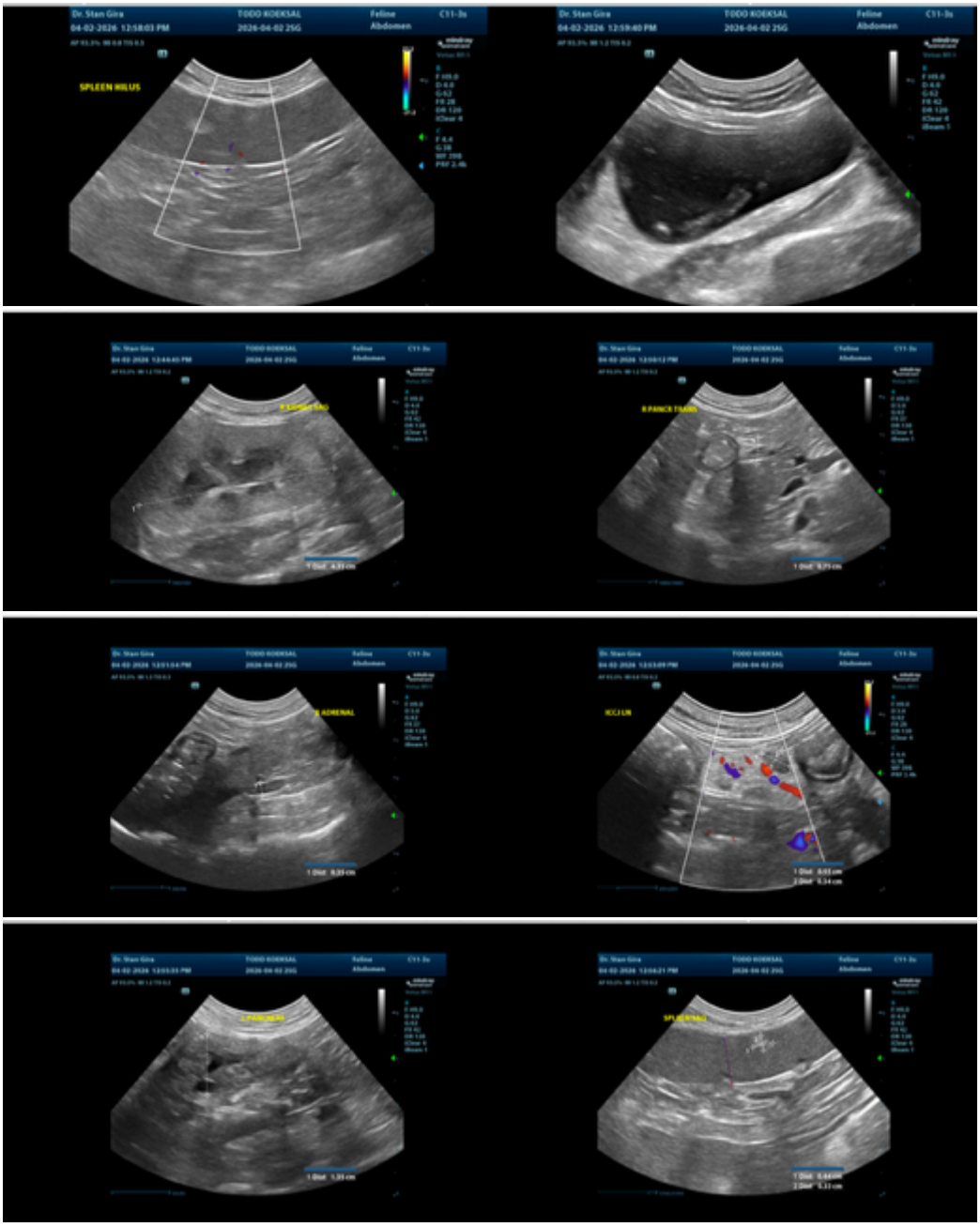
Dr. Brown

INVOICE

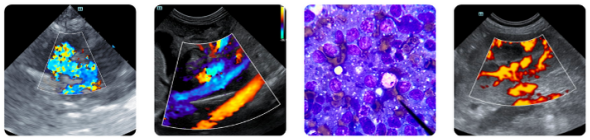
11621

DATE

4/2/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Todd Koeksal

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

4.7 kgs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Cranston Vet Hospital

REFERRING VET

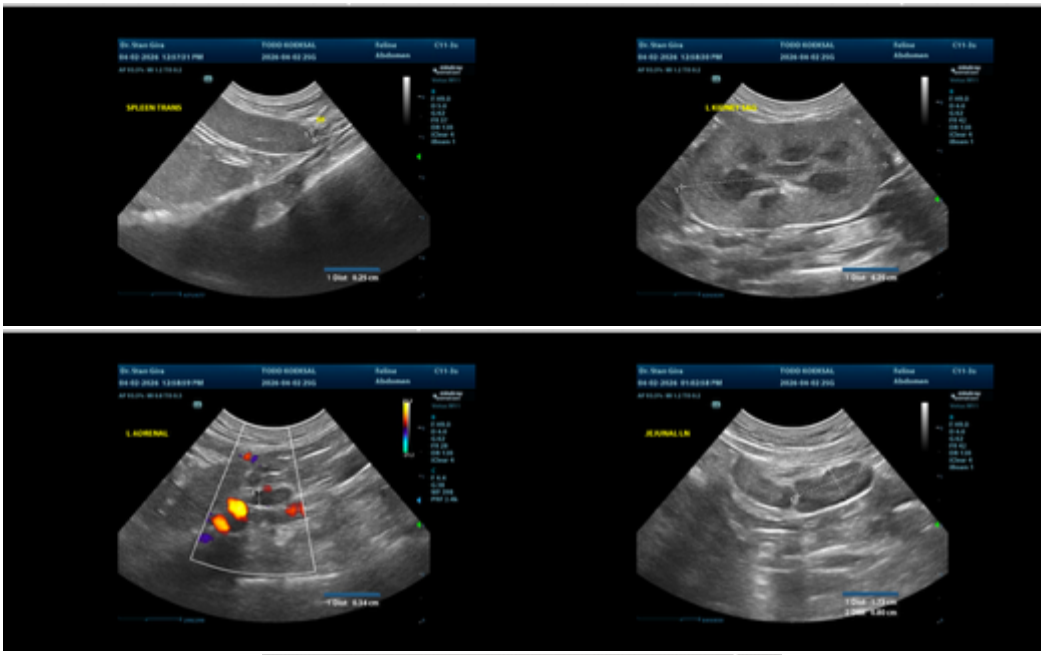
Dr. Brown

INVOICE

11621

DATE

4/2/2026



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