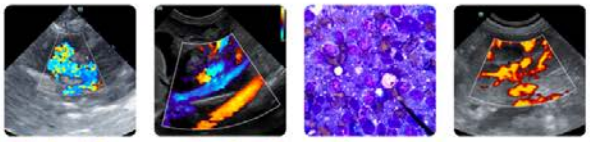


PATIENT

Zoe Lukovich

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

17 Years

WEIGHT

3.76 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Dorval

INVOICE

74785

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Inappetence, weight loss and lethargy. Anorexia for about 6 days. Prior to this owner reported her appetite was 'very hungry'. Significant weight loss since September (was 5.2kg). Has a history of diabetes that resolved. Patient receives a daily thyroid pill

Abnormal PE/Chem/CBC/UA Results: Cachexia Depressed and dehydrated Low grade heart murmur Abdomen soft on palpation but she does complain CBC-nsf CHEM: Mild hyperglycemia T4 is high normal Radiographs-increased intestinal gas

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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 is significantly irregular in shape with decreased corticomedullary distinction, measuring 4.1 cm.

The left kidney is irregular in shape with decreased corticomedullary distinction, measuring 3.6 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.5 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.2 mm in width.

Spleen

The spleen is mildly enlarged with a hypoechoic echogenicity and scalloped margins. There are hyperechoic lesions within the spleen adjacent to large vasculature. These lesions are most likely benign myelolipomas.

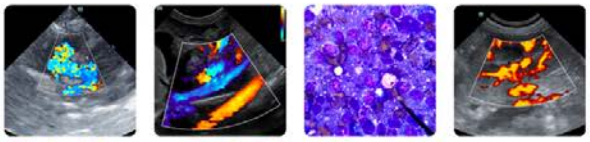
Liver

In the caudal liver there is a cystic lesion present that measures 2.2 cm x 1.5 cm.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach has normal wall layering and thickness. The jejunum is diffusely markedly thickened at 4.2 mm in width due to a thickened muscularis layer (normal is <2.8 mm). The ileum is also thickened due to a thickened muscularis layer. Colon contains normal contents with normal wall thickness.



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Pancreas

The visible pancreas is diffusely enlarged and hypoechoic with mild surrounding hyperechoic fat.

Free Abdomen

There are multiple enlarged, hypoechoic, rounded mesenteric lymph nodes present. A representative node measures 4.2 mm x 15.8 mm. These nodes have hyperechoic fat surrounding them.

There are scant pockets of free fluid present throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Irregular kidneys with decreased corticomedullary distinction – Patient appears to have significant chronic kidney disease.
- Urinary bladder debris.
- Mildly enlarged, hypoechoic, scalloped spleen – Possibly normal variation or may represent infiltrative disease such as lymphoma or mast cell disease.
- Thickened jejunum and ileum – consistent with infiltrative disease process, most likely neoplastic such as small cell lymphoma versus mast cell disease.
- Cystic hepatic lesion – Most likely primary hepatobiliary neoplasia such as biliary cystadenoma or more likely a malignant process such as biliary cystadenocarcinoma.
- Enlarged, hypoechoic pancreas with hyperechoic surrounding fat – Consistent with chronic pancreatitis causing pancreatic hyperplasia. Less likely pancreatic carcinoma.
- Scant pockets of free fluid – cause unknown.
- Multiple enlarged, hypoechoic, rounded mesenteric lymph nodes – Consistent with a neoplastic process. Possibly infiltrative neoplasia such as lymphoma versus mast cell. Possibly metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing of the patient per IRIS guidelines. Consider a urine culture if not already performed.

Recommend fine needle aspirate of the spleen with submission for cytology.

Recommend GI biopsies either surgically or endoscopy. I do recommend aspirating the spleen prior to performing any anesthetized procedures.

Recommend ultrasound guided aspirate of the free fluid with submission for fluid analysis and cytology to help determine the case of the free fluid.

Consider a fine needle aspirate of one of these lymph nodes with submission for cytology along with the spleen. If trying to choose which organ to aspirate first, recommend aspirating the spleen. If non-diagnostic, consider a mesenteric lymph node aspirate. If these aspirates are inconclusive as to the

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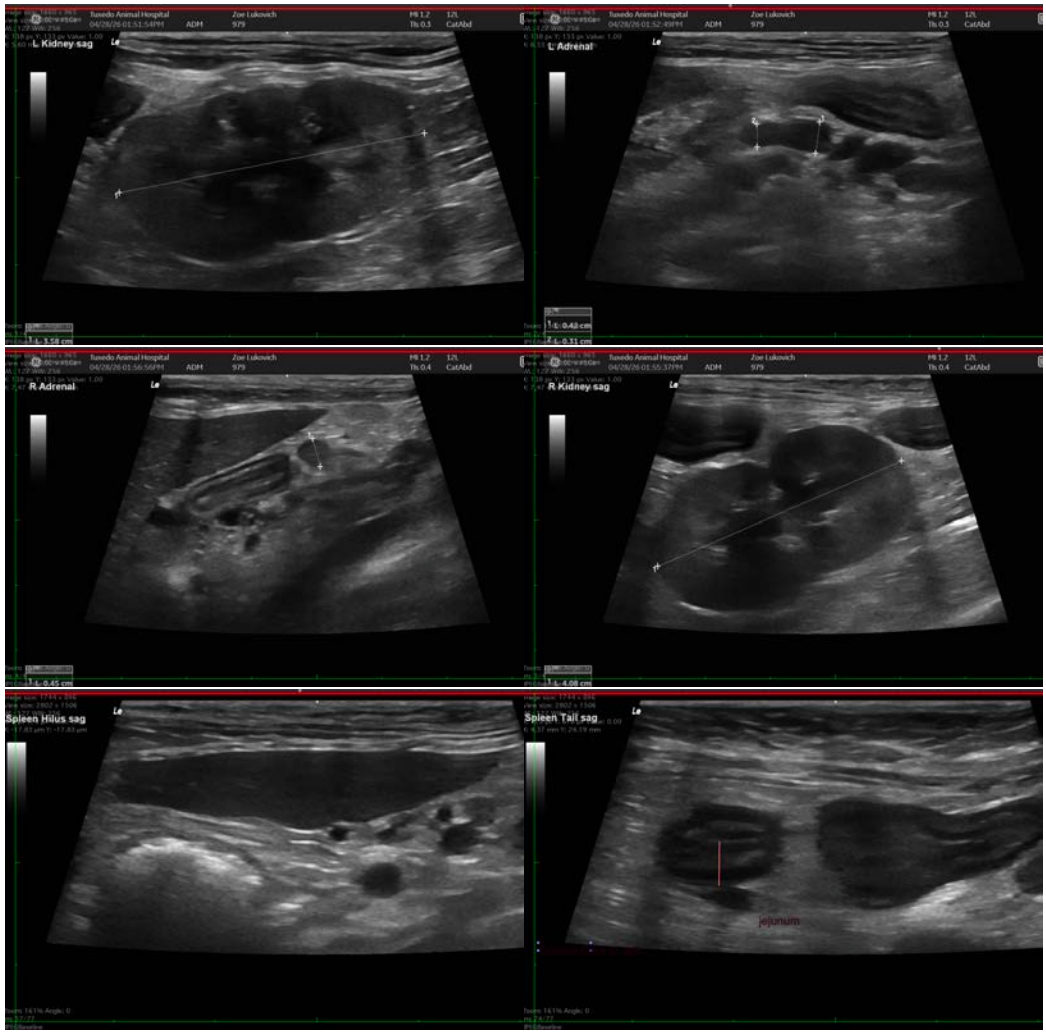
cause of the patient's thickened small intestine, most likely the same process is causing all of these changes (Spleen, thickened jejunum, mesenteric lymphadenopathy). If aspirates of the spleen and lymph nodes cannot identify the etiology of these changes, then at that time consider biopsies of the small intestine either surgically or preferably endoscopically (as it is less invasive).

If possible, recommend an ultrasound guided FNA of the cystic hepatic lesion with submission for cytology as well prior to considering any anesthetized procedures.

Recommend fPLI to screen for clinically significant pancreatitis further.

Given the multitude of changes seen on this ultrasound and the severity of the changes, the patient's prognosis appears poor to guarded pending results of recommended further diagnostics.

Given the patient's thyroid values in the high-normal range with the multitude of comorbidities seen on this exam, I suspect the patient has some degree of euthyroid sickness, so T4 is most likely significantly higher than seen on lab work. The patient's thyroid medication should be adjusted until T4 is in the lower end of normal range. Hyperthyroidism may be contributing to the patient's clinical signs.



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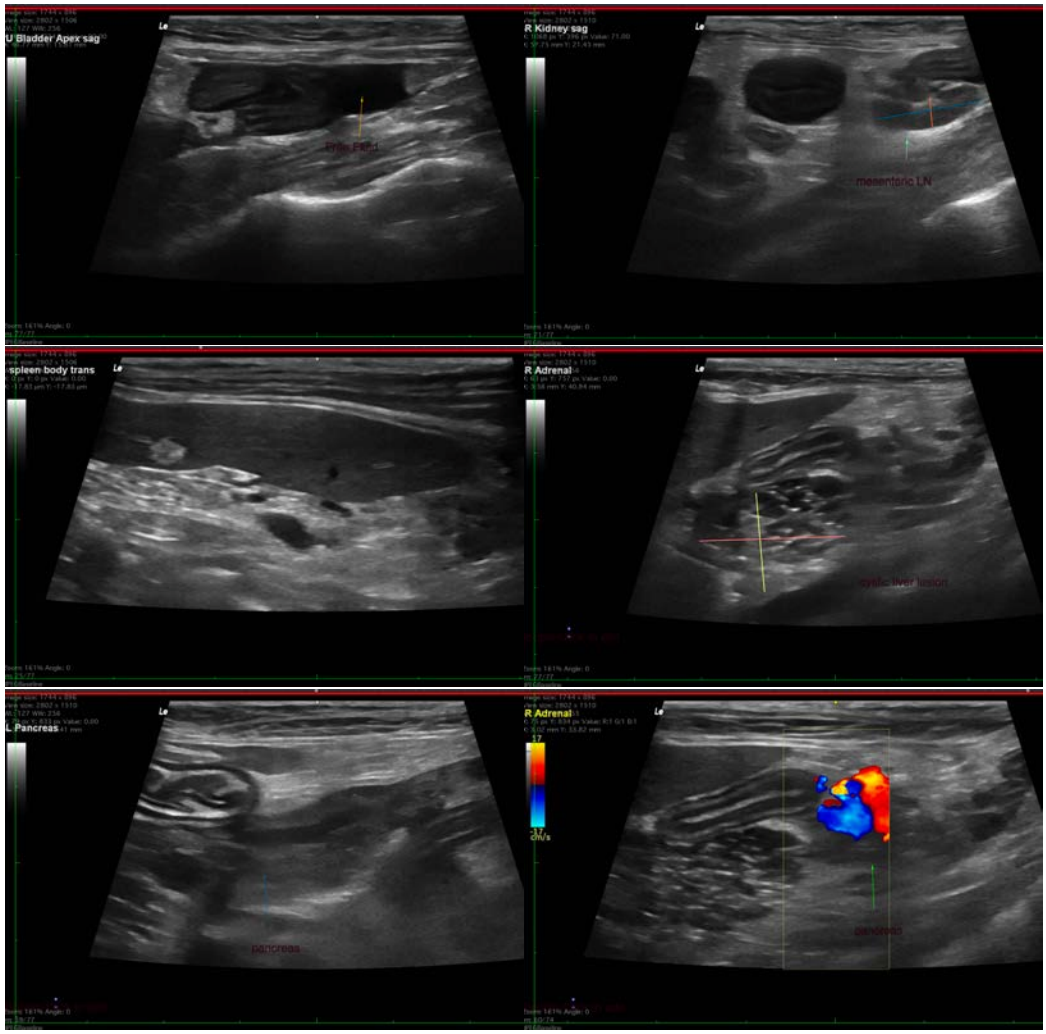

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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