



PATIENT

Linus Binnie

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Sietske Rijnen, DVM

INVOICE

74866

DATE

4/30/26

PRESENTING CLINICAL SIGNS

February 4, 2026: Presented for inappetence and weight loss. February 23, 2026: constipated. Radiographs confirmed impacted feces. February 23-27, 2026: Hospitalized for treatment of constipation with IV fluids and multiple enemas. He was discharged on lactulose and Miralax. April 16, 2026: Re-presented for lethargy, further weight loss, inappetence, and occasional vomiting. He was not constipated.

April 28, 2026 (Current Presentation): Presented for worsening inappetence and lethargy. Physical exam revealed significant muscle wasting and a poor body condition (weight 3.6 kg, previously >5 kg). Review of previous radiographs revealed a concerning area in the large bowel, suspicious for a mass or thickening. Currently hospitalized on IV fluids.

Abnormal PE/Chem/CBC/UA Results: Thin BCS, muscle wasting 3/9 BW unremarkable (attached) New grade 3/6 heart murmur

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 appears overall normal. Mild renal pelvic dilation noted at 1.4 mm in width.

The left kidney presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.8 mm in width.

Spleen

The spleen is normal in size (5.8 mm in width), 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 obvious evidence of metastatic disease.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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Gastrointestinal

The stomach contains a moderate amount of digested food. The stomach wall diffusely appears normal in thickness and layering, measuring 1.6 mm in width.

Diffusely the jejunum appears normal, measuring 2.1 mm in width with normal layering.

There is a focal hypoechoic extraluminal mass lesion present in the descending colon that measures 1.5 cm x 0.90 cm. The colon wall itself in this area is diffusely thickened at 2.7 mm in width. There are other segments of descending colon that are also thickened up to 1.0 cm in width and are hypoechoic with loss of layering. Overall, the mass and thickening within the colon measures approximately 2.8 cm in length.

The transverse ascending colon contains a marked amount of formed stool. The patient may be constipated due to the colonic mass in the descending colon, causing a partial obstruction.

Pancreas

The pancreas is diffusely hypoechoic. No surrounding hyperechoic fat.

Free Abdomen

In the area of the descending colon there is an enlarged pericolic lymph node that measures 1.3 cm x 0.60 cm. It is hypoechoic and has an irregular shape to it. There is surrounding hyperechoic fat.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Thickened colon with extraluminal colonic mass lesion - These findings are consistent with a neoplastic process such as lymphoma, adenocarcinoma, leiomyosarcoma. Infectious disease such as feline infectious peritonitis is also possible.
- Mild right renal pelvic dilation - No specific cause seen. Rule out pyelonephritis.
- Enlarged pericolic lymph node - Suspicious for metastatic or round cell neoplasia. Infectious process such as feline infectious peritonitis is also possible.
- Mild pancreatic inflammation appears to be present, most likely reactive and not primary.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is reported that a fine needle aspirate was performed and cytology is pending, which is what would be recommended. If cytology is non-diagnostic, recommend a separate aspirate and submitting an aspirate sample for coronavirus PCR to rule out feline infectious peritonitis. Ultimately, surgical biopsies may need to be considered. Endoscopic biopsies, given that this mass is extramural, are unlikely to provide a diagnosis.



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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
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