



## PATIENT

Mena Stern

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 Years

## WEIGHT

2.6 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Carlie Koltek, RVT

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Mehakpreet  
Singh/Dr Dawn  
Williams

## INVOICE

75119

## DATE

5/13/26

## PRESENTING CLINICAL SIGNS

Presented for vomiting, lethargy and unsteady gait. Hx of diabetes but according to owner cat is in remission. Current treatments - buprenorphine, clavamox, gabapentin, maropitant, famotidine

Abnormal PE/Chem/CBC/UA Results: PE- unremarkable CBC: LYMPH 0.29 (0.92 - 6.88 x10<sup>9</sup>/L) EOS 0.12 (0.17 - 1.57 x10<sup>9</sup>/L) MONO 0.65 (0.05 - 0.67 x10<sup>9</sup>/L) BASO 0.00 (0.01 - 0.26 x10<sup>9</sup>/L) CHEM: GLUC 14.16 (3.95 - 8.84 mmol/L) SDMA20 (0 - 14 µg/dL) BUN 13.2 (5.7 - 12.9 mmol/L) PHOS 0.89 (1.00 - 2.42 mmol/L) GGT 4 (0 - 4 U/L) LIPA 2,426 (100 - 1,400 U/L) QUANT CPLI >50.0 (0.0 - 4.4 U/L) T4 WNL Trace protein on urinalysis, USG 1.020

## 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.

Cranial to the bladder there are several enlarged mesenteric lymph nodes. Two of the lymph nodes measure 4.0 mm and 4.1 mm in diameter. The nodes are hypoechoic and moderately to markedly cystic.

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 3.1 cm. Right kidney measures 3.6 cm.

### Adrenal Glands

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

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.2 mm in width.

### Spleen

The spleen is normal in size. It is diffusely mildly hypoechoic with mildly scalloped margins.

### Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

A scant pocket of free fluid is noted caudal to the liver.

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 has normal wall layering and thickness. The jejunum diffusely appears normal in thickness and layering, measuring approximately 2.2 mm in width. The ileum has a moderately to markedly thickened muscularis layer. It appears to be normal in thickness at 2.2 mm in width. The colon contains soft stool. Diffusely the colon wall appears normal in thickness.

## *Pancreas*

Diffusely the pancreas is hypoechoic and has a nodular echotexture with marked surrounding steatitis. In the caudal aspect of the left limb of the pancreas there is a 7.6 mm in diameter nodule present. Pancreatic ducts are markedly dilated.

## *Free Abdomen*

There are no enlarged abdominal lymph nodes seen on this exam.

## ULTRASONOGRAPHIC FINDINGS

- Enlarged mesenteric lymph nodes.
- Hypoechoic spleen.
- Enlarged, hyperechoic liver.
- Scant free fluid caudal to the liver.
- Thickened muscularis layer of the ileum.
- Hypoechoic, nodular pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver is suspected to be due to lipid vacuolar hepatopathy, specifically hepatic lipidosis, less likely due to infiltrative neoplasia such as lymphoma. Recommend fine needle aspirate of the liver and submit for cytology to determine etiology.

The appearance of the spleen may be a normal variation or may be due to infiltrative neoplasia such as lymphoma or mast cell disease. Recommend ultrasound guided fine needle aspirate of the spleen.

The appearance of the mesenteric lymph nodes are unlikely to be due to a benign/reactive cause. Suspect malignant neoplasia as the cause of the appearance of these lymph nodes such as lymphoma or mast cell disease, less likely histiocytic sarcoma. If possible, perform an ultrasound guided fine needle aspirate to determine underlying etiology of lymph node changes.

The pancreatic nodule may be due to pancreatic hyperplasia or pancreatic carcinoma. Recommend a fine needle aspirate of the lesion with submission for cytology to rule out pancreatic carcinoma.

Given the thickened muscularis layer of the ileum there is concern for infiltrative neoplasia such as lymphoma or mast cell disease.

If lymph node or splenic aspirates are non-diagnostic and do not provide a definitive diagnosis as to the cause of the patient's clinical signs, recommend GI biopsies surgically or endoscopically with the main focus on obtaining ileal biopsies for histopathology.

Prognosis is guarded pending results of further recommended diagnostics.



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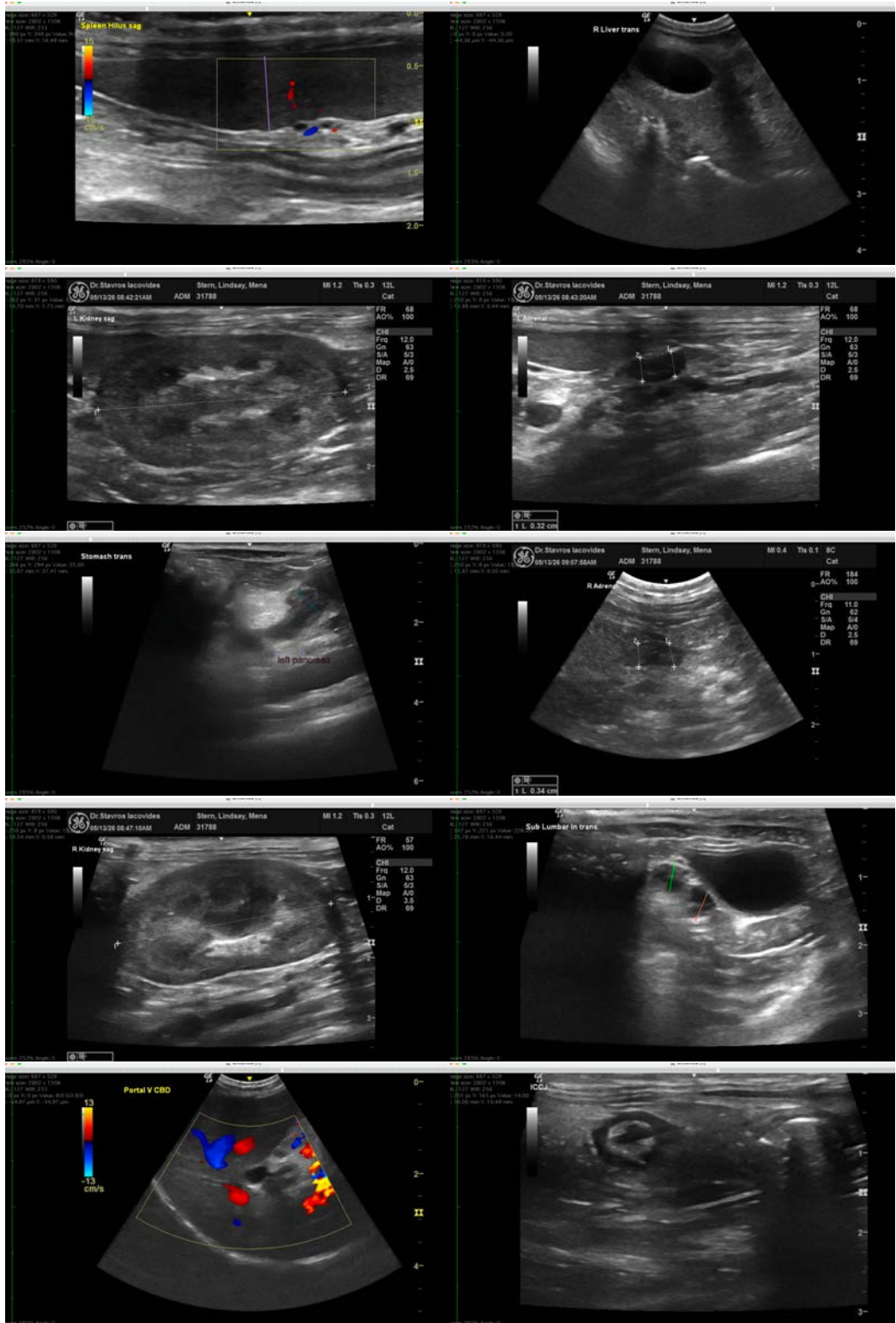
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)