



## PATIENT

Banda Bieniarz

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

5.81 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Carlie Koltek RVT

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Luke Pura

## INVOICE

16266

## DATE

05/15/26

## PRESENTING CLINICAL SIGNS

Over past several months has noted an increase in vomiting and is now vomiting ~2x per week. Past couple days owners noted Banda's abdomen seems distended. Eating well. No changes in thirst or urination noted. BMs possibly a bit less frequent and firmer. Indoor only. Receives Solensia injections monthly

PE: Normal vitals. Abdomen was distended on exam and tense on palpation of cranial abdomen. NSF otherwise. CBC/CHEM (January 2026) CBC WNL CHEM: ALT 341U/L (27-158) ALKP 271U/L (12-59) K+ 5.5mmol/L (3.7-5.2). SDMA 15ug/dL (0-14) BW has been recommended to recheck, but owners declined today

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

In the cranial aspect of the urinary bladder, there is an intramural lesion present measuring 2.5 mm in width. It appears to be a cystic lesion. The clinical significance is uncertain at this time.

The left kidney appears 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. The left kidney measures 4.0 cm.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.1 cm in length.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.1 mm width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.4 mm width.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is evident. There are hypoechoic lesions throughout the spleen suspected to be benign myelolipomas.

### *Liver*

Within the caudal right liver, there's a 4.4 cm x 2.7 cm mass lesion present. The outer rim of the mass lesion is hypoechoic. The center of mass is hyperechoic, suspected to be primary hepatobiliary neoplasia, most likely cholangiocarcinoma, less likely hepatocellular carcinoma. Benign etiologies are unlikely in this case. Remainder of the normal liver is enlarged and heteroechoic and has a nodular echotexture. It is possible that the primary larger mass previously described has metastasized throughout the remainder of the liver.



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

### *Gastrointestinal*

The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Ilium is thickened due to thickened muscularis. Ilium measures 3.3 mm width. This change is most likely consistent with small cell lymphoma or mast cell disease. Less likely a benign etiology such as inflammatory bowel disease or histoplasmosis is suspected.

### *Pancreas*

The visible pancreas is enlarged and hypoechoic and has a markedly nodular echotexture. Most likely pancreatic hyperplasia from chronic intermittent pancreatitis. However, pancreatic carcinoma cannot be ruled out.

### *Free Abdomen*

There are no enlarged abdominal lymph nodes seen on this exam. Moderate pocket of fluid around left kidney and area of spleen is seen.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic mass lesion.
- Age-related left kidney.
- Free abdominal fluid.
- Hypoechoic splenic lesions.
- Urinary bladder lesion.
- Thickened ileum.
- Enlarged pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of hepatic mass with submission for cytology. If non-diagnostic, recommend CT for pre-surgical planning to determine if surgical resection is possible. If mass is resected, send for histopathology. Recommend three view chest radiographs to screen for pulmonary metastatic disease. Patient's clinical signs are most likely attributed to this mass, and also the free fluid in the abdomen is most likely attributed to this mass.

It would be highly recommended to obtain an ultrasound-guided fine needle aspirate sample of the free fluid, submit for fluid analysis cytology to rule out carcinomatosis. Also recommend fine needle aspirate of the non-mass liver to rule out metastatic disease.

If patient does have surgery for liver mass resection, consider resecting urinary bladder mass lesion at the same time and submitting for histopathology. It does not appear that this mass lesion could easily be aspirated under ultrasound guidance. A surgical biopsy would need to be performed to determine its etiology. At this time, given the patient's other clinical problems, consider monitoring this lesion every two to three months via ultrasound to determine if there is any change observed.

It is possible that patient's primary neoplastic disease would be pancreatic carcinoma which is metastasized to the patient's liver causing the changes seen. If possible, recommend fine needle aspirate of pancreas submission for cytology.



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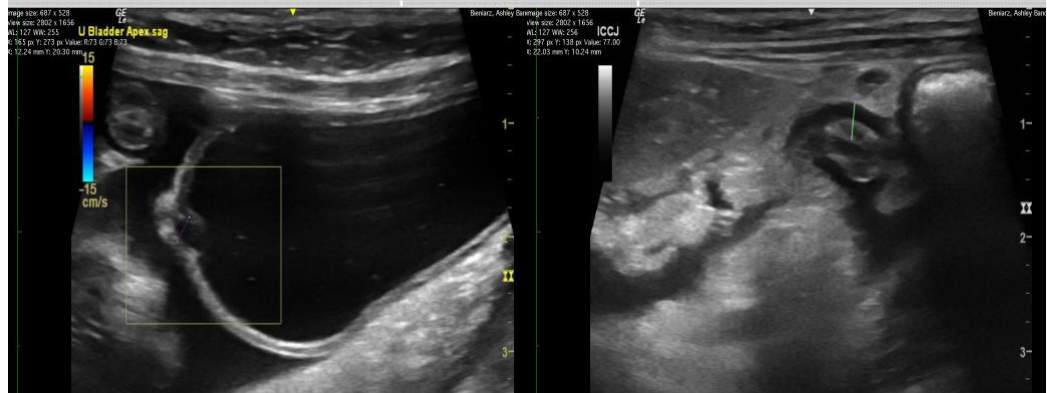
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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