



**PATIENT**

Minerva Hansen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

10.1 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Black River Veterinary  
 Hospital

**REFERRING VET**

Dr. Vex

**INVOICE**

16277

**DATE**

05/15/26

**PRESENTING CLINICAL SIGNS**

Cranial abdominal mass and possible small intestinal mass. R/O liver versus spleen versus other. Weight loss 2.7 pounds over the last year. Prednisolone as needed for asthma.

Abnormal PE/Chem/CBC/UA Results: Cbc wnl; chem- glucose 162, TP 9.8, glob 6.6, k 3.2, T4 2.9

**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 left kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.5 cm in length.

The right kidney presents mildly small size with irregular shape and architecture. Marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.1 cm in length.

**Adrenal Glands**

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.6 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.9 mm width.

**Spleen**

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is evident.

**Liver**

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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***Pancreas***

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

***Free Abdomen***

Moderate mesenteric lymphadenopathy is present. These nodes are hypoechoic and rounded in appearance. Their enlargement is concerning for possible metastatic neoplasia or possibly round cell neoplasia such as lymphoma or mast cell disease.

In the mid abdomen, there is a 4.4 cm x 4.7 cm round markedly cystic mass lesion present. The ventral aspect of this cystic mass lesion is a more solid mass. It appears that this mass may be extending from the caudal aspect of the mid liver, although other differentials such as a markedly enlarged cystic lymph node is possible. Pancreatic disease such as pancreatic carcinoma or possibly this mass is GI in origin. The tissue of origin cannot be determined on this ultrasound.

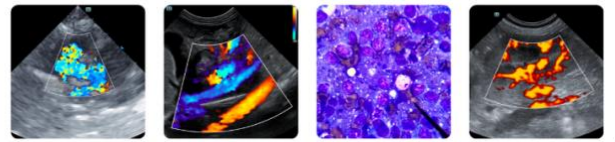
**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic kidney disease.
- Urinary bladder debris.
- Enlarged mesenteric lymphadenopathy.
- Cystic mass lesion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full staging, monitoring and managing the patient per IRIS guidelines. If urinalysis and urine culture has not been performed, recommend these tests.

Recommend fine needle aspirate of mass lesion with submission for cytology to help determine if it could be infiltrative neoplasia such as lymphoma or mast cell disease. If aspirates are non-diagnostic, recommend CT scan as pre-surgical planning to determine if mass can be resected and submitted for histopathology.



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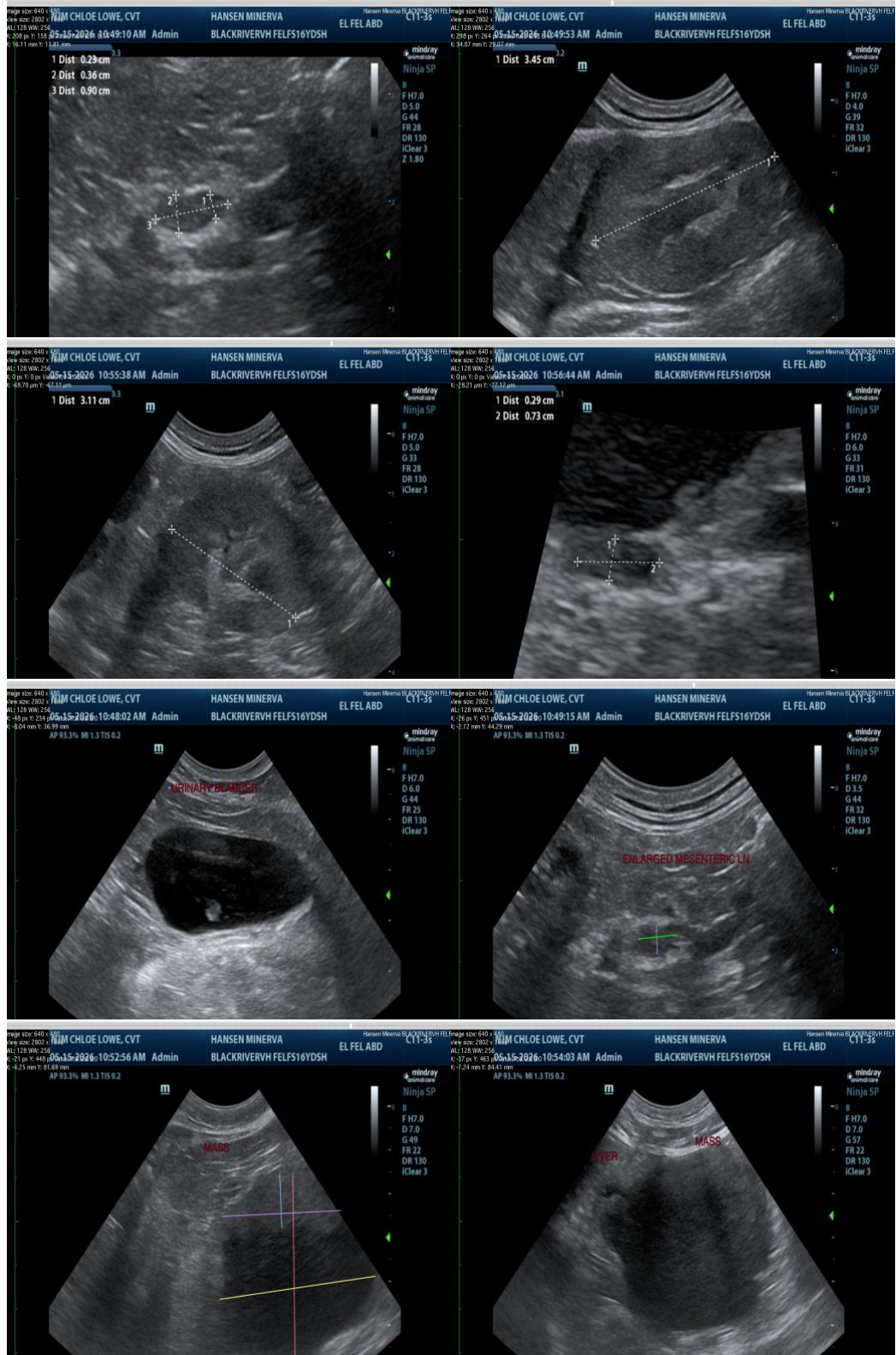
Dr. Vex

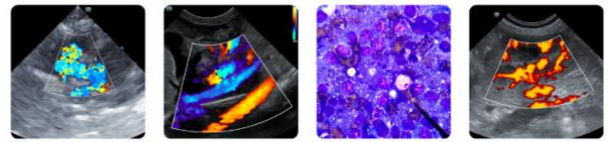
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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DSH

**Greg Kuhlman, DVM, DACVIM (SAIM)**  
Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)

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