

**PATIENT**

Louie Fazio

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

10 lbs 4 oz

**INTERPRETED BY**Greg Kuhlman, DVM,  
DACVIM (SAIM)**IMAGING  
PERFORMED BY**

Dr. Renee Ziegler-Post

**HOSPITAL NAME**For Cats Only  
Veterinary Clinic**REFERRING VET**

Dr. Renee Ziegler-Post

**INVOICE**

75266

**DATE**

5/19/26

**PRESENTING CLINICAL SIGNS**

Decreased appetite. Vomiting. Diarrhea

**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.

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 3.5 cm. Right kidney measures 3.9 cm.

**Adrenal Glands**

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.9 mm in width.

**Spleen**

The spleen is mildly enlarged at 9.1 mm in width with scalloped margins and mildly hypoechoic echotexture.

**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.

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

**Gastrointestinal**

Diffusely, the gastric wall is thickened at 8.8 mm in width. It is diffusely hypoechoic with loss of layering.

The small bowel is mildly diffusely thickened at 2.9 mm in width (normal is generally considered <2.8 mm in width). Within the jejunum there is a focal hypoechoic intermural mass lesion present that measures approximately 2.2 cm x 1.7 cm. It does appear that the mass is at least partially obstruction the upper GI tract.

Colon contains normal contents with normal wall thickness.



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## Pancreas

The visible pancreas is diffusely hypoechoic. No surrounding steatitis.

## Free Abdomen

There are numerous moderately to markedly enlarged mesenteric lymph nodes. A representative lymph node measures 1.5 cm x 1.1 cm in size. These nodes are hypoechoic and rounded.

A scant pocket of abdominal free fluid is noted in the right abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Mildly enlarged, scalloping spleen.
- Thickened gastric wall.
- Thickened small bowel with jejunal mass.
- Hypoechoic pancreas.
- Enlarged mesenteric lymph nodes.
- Scant free fluid.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic presentation could indicate infiltrative disease such as lymphoma or mast cell disease. Recommend fine needle aspirate of the spleen for cytology to rule these diseases out.

Given the bilateral age related renal changes, recommend full IRIS staging, monitoring and managing for possible chronic kidney disease.

If not already performed, recommend urinalysis. If active urine sediment, recommend urine culture.

The appearance of the enlarged mesenteric lymph nodes is concerning for either infiltrative neoplasia such as lymphoma or mast cell disease or metastatic neoplasia. Much less likely enlarged due to a benign process such as a reactive cause. Recommend ultrasound guided fine needle aspirate of a lymph node with submission for cytology. Consider submitting to Colorado State University for cytology and adding on PCR for antigen receptor rearrangement if warranted based off cytology results.

The jejunal lesion is most likely malignant neoplasia. Primary differential is lymphoblastic lymphoma. Other possible neoplastic causes would be adenocarcinoma or leiomyosarcoma. A benign etiology is not suspected. Recommend a fine needle aspirate of this mass with submission for cytology to help determine etiology and to determine next diagnostic or treatment steps emergently, given evidence of GI obstruction.

The gastric wall changes are most likely due to diffuse gastritis from the patient's jejunal and lymph node disease. However, it is possible that the changes seen within the stomach may be due to neoplasia as well such as lymphoma or possibly mast cell disease.

Recommend aspirating the jejunal mass and abdominal lymph nodes to start. If these samples do not provide a diagnosis, then consider gastric biopsies for histopathology endoscopically if possible.

The patient most likely has reactive pancreatitis caused by patient's apparent GI disease.

If possible, recommend ultrasound guided abdominocentesis to obtain fluid sample and submit for fluid analysis and cytology to rule out possibility of a disease such as carcinomatosis.



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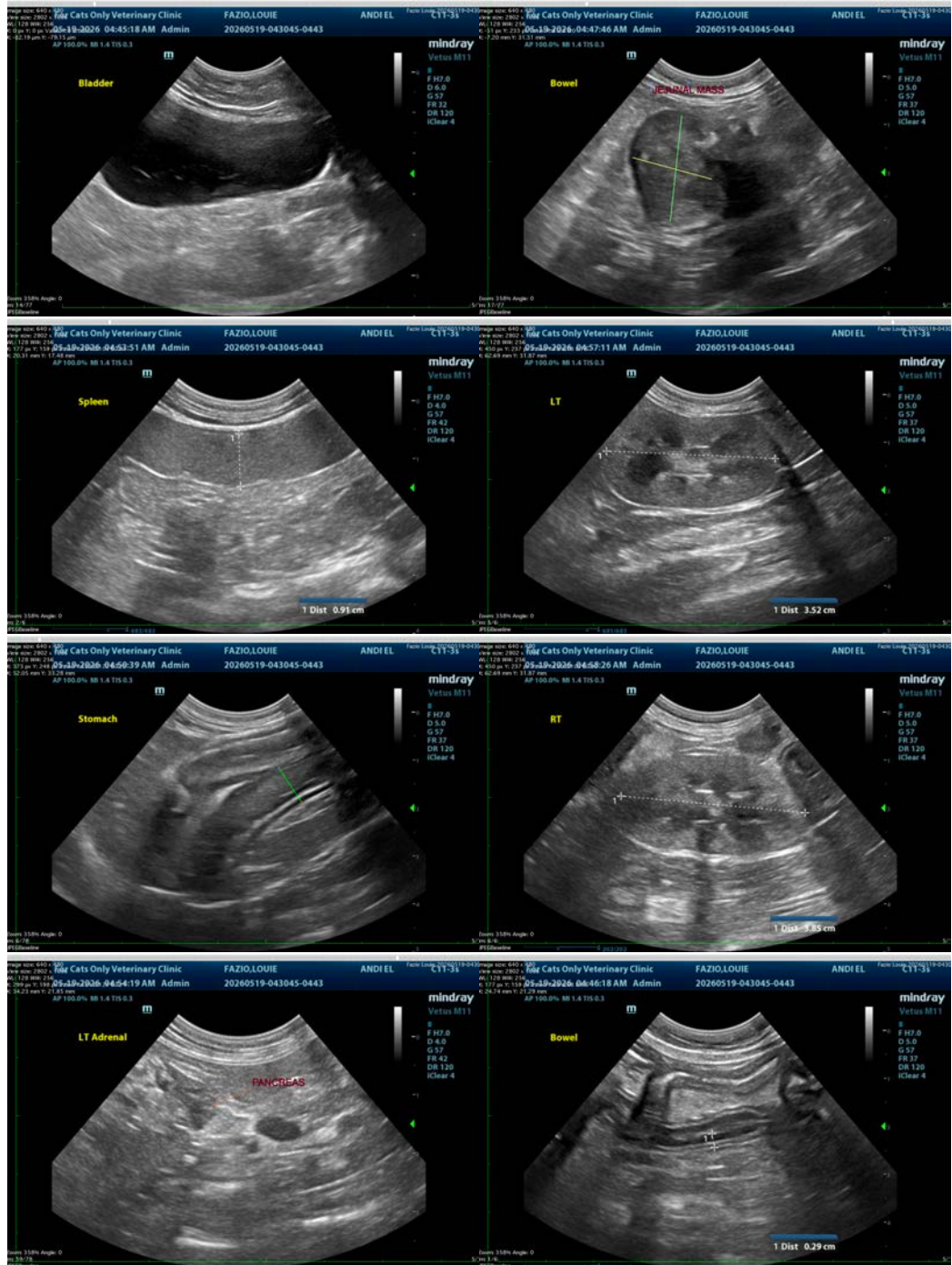
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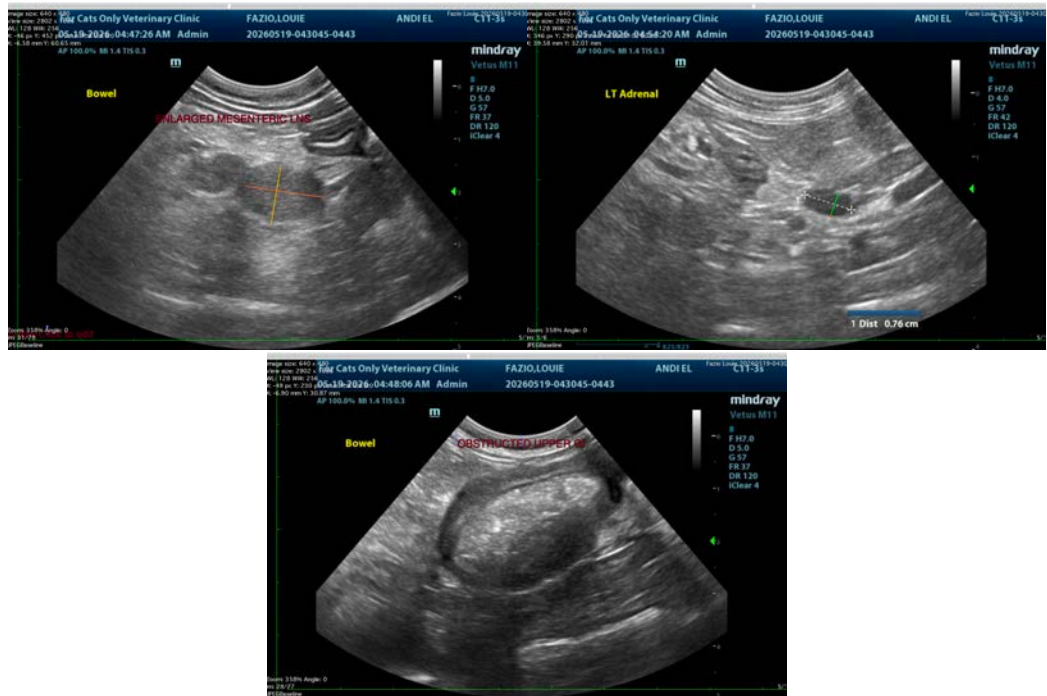
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)