



**PATIENT**

Pepper Decrustofaro

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

10.25 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Kenilworth Animal  
Hospital

**REFERRING VET**

Dr. Mansour

**INVOICE**

75338

**DATE**

5/21/26

**PRESENTING CLINICAL SIGNS**

Rule out neoplasia. Not eating for three days.  
Abnormal PE/Chem/CBC/UA Results: Blood shows increased globulins

**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 right kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. A hyperechoic band parallel to the corticomedullary border is present, most likely an incidental finding and insignificant at this time.

The left kidney presents normal size (4.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. A hyperechoic band parallel to the corticomedullary border is present, most likely an incidental finding and insignificant at this time.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 5.0 mm in width.

**Spleen**

The spleen is normal in size, 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.

Gallbladder is moderately distended with anechoic bile as well as mild suspended debris, appears clinically incidental. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The stomach has normal wall layering and thickness.



<b>PATIENT</b>	There are segments of jejunum that are markedly thickened due to a markedly thickened muscularis layer. A representative segment of thickened jejunum measures 4.1 mm in width (normal feline jejunum should measure <2.8 mm in width).
Pepper Decrustofaro	
<b>SPECIES</b>	Colon contains normal contents with normal wall thickness.
Feline	<b><i>Pancreas</i></b>
<b>BREED</b>	The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.
Domestic Shorthair	<b><i>Free Abdomen</i></b>
<b>SEX</b>	Marked mesenteric lymphadenopathy is noted in the area of the ileocolic junction. A representative node measures 3.0 cm x 1.3 cm. These nodes are rounded and hypoechoic. Hyperechoic fat is surrounding the lymph nodes.
Neutered Male	
<b>AGE</b>	No free abdominal fluid is seen.
10 Years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Urinary bladder debris.</li> <li>• Corticomedullary rim sign bilaterally in the kidneys, not likely significant at this time.</li> <li>• Mild gallbladder debris, not likely significant at this time.</li> <li>• Thickened jejunum.</li> <li>• Marked mesenteric lymphadenopathy.</li> </ul>
10.25 lbs	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Greg Kuhlman, DVM, DACVIM (SAIM)	If not already performed, recommend urinalysis. If active urine sediment is present, recommend urine culture and antibiotic sensitivity. If urinalysis is performed and dilute urine is identified persistently, then recommend full staging, monitoring and managing the patient per IRIS guidelines.
<b>IMAGING PERFORMED BY</b>	The mesenteric lymph nodes are most certainly enlarged due to a neoplastic cause, most likely lymphoblastic lymphoma or possibly mast cell disease. Metastatic neoplasia is possible but less likely. A benign etiology is highly unlikely. Recommend ultrasound guided fine needle aspirate with submission for cytology. If lymphoma is suspected but not confirmed, then consider submitting PCR for antigen receptor rearrangement testing.
Dr. Ken Leal	
<b>HOSPITAL NAME</b>	The thickened jejunum is consistent with chronic infiltrative enteropathy most likely due to small cell lymphoma or mast cell disease, less likely but possibly inflammatory bowel disease. Neoplasia is prioritized due to the markedly enlarged mesenteric lymph nodes in the area of the ileocolic junction.
Kenilworth Animal Hospital	
<b>REFERRING VET</b>	If cytology of the mesenteric lymph nodes is non-diagnostic, recommend surgical or endoscopic GI biopsies. If surgical biopsies are performed, also consider lymph node extirpation for histopathology.
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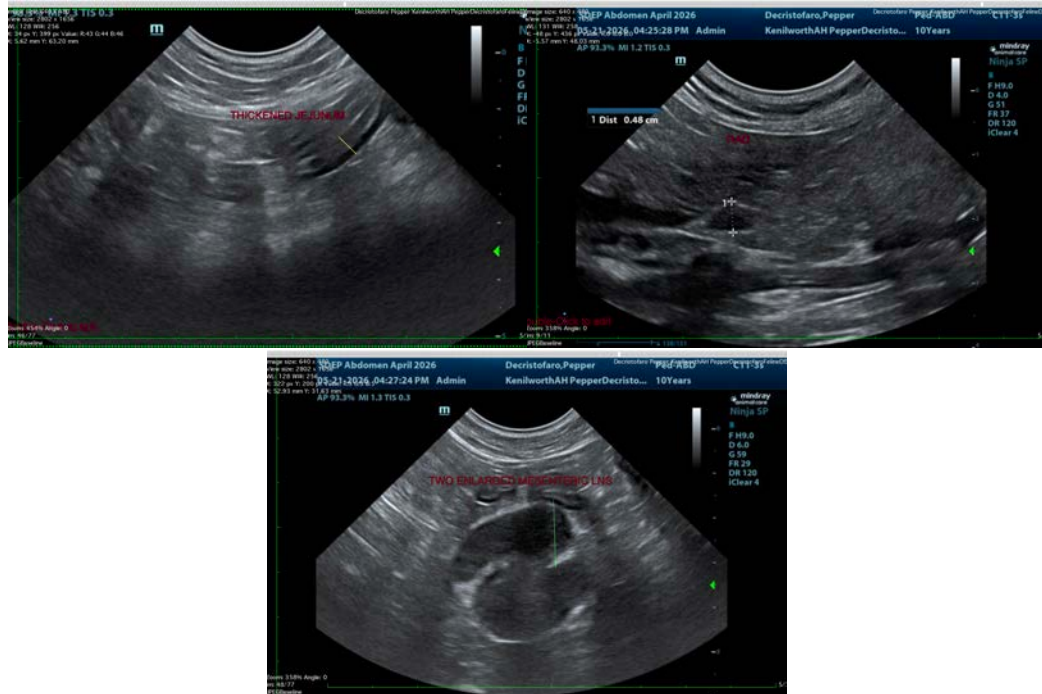
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)