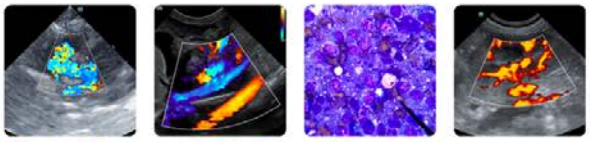


PATIENT

Max Kavalos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years 9 Months

WEIGHT

18 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sreenivasa Maddineni

HOSPITAL NAME

West Babylon Animal Hospital

REFERRING VET

Dr. Sreenivasa Maddineni

INVOICE

75579

DATE

5/31/26

PRESENTING CLINICAL SIGNS

Pt has not eaten in 1 week and losing weight.
Abnormal PE/Chem/CBC/UA Results: Bloodwork done at another facility but was normal.

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 (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. A mild hyperechoic band parallel to the corticomedullary border is present, most likely an incidental finding given normal lab work.

The left kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. A mild hyperechoic band parallel to the corticomedullary border is present, most likely an incidental finding given normal lab work.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.0 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.1 mm in width.

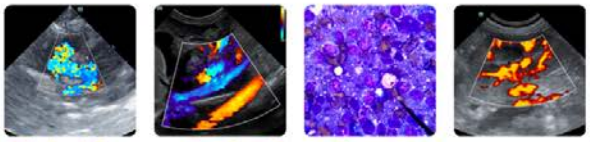
Spleen

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

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The stomach has normal wall layering and thickness. Stomach wall measured 2.1 mm in width. The stomach contains a moderate amount of gas and retained ingesta.

Within the mid jejunum there is a 5.7 mm in width intramural mass lesion present. The remainder of the jejunum appears normal in thickness and appearing, measuring approximately 2.4 mm in width.

Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is mildly diffusely hypoechoic. No surrounding hyperechoic fat.

Free Abdomen

There are two enlarged medial iliac lymph nodes present. The cranial most measures 4.8 mm in width. The caudal most measures 3.8 mm in width. These nodes are hypoechoic and have a mildly rounded appearance.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Hyperechoic medullary rim sign both kidneys.
- Hypoechoic hepatomegaly.
- Gallbladder debris.
- Jejunal mass.
- Hypoechoic pancreas.
- Enlarged medial iliac lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass lesion within the jejunum most likely represents malignant neoplasia such as lymphoblastic lymphoma, less likely mast cell disease, possibly adenocarcinoma or leiomyosarcoma. Benign leiomyoma is possible. Recommend fine needle aspirate of this jejunal lesion with submission for cytology to determine underlying etiology. If cytology is inconclusive, consider surgical resection and anastomosis and submit the mass lesion for histopathology. The mid jejunal mass may potentially be causing a partial obstruction of the upper GI tract.

If urinalysis has not been performed, recommend urinalysis. If there is an active urine sediment, recommend urine culture.

The enlarged medial iliac lymph nodes may be reacting to possible underlying lower urinary tract disease or may represent infiltrative neoplasia such as lymphoma or mast cell disease. If possible, given their difficult location, consider ultrasound guided fine needle aspirate of one or both medial iliac lymph nodes with submission for cytology to rule out neoplasia.

This patient most likely has early hepatic lipidosis, less likely infiltrative neoplasia as cause of the appearance of the liver. Recommend fine needle aspirate of the liver to rule out a neoplastic cause. If hepatic lipidosis is suspected based off aspirate, consider placement of esophageal feeding tube to provide enteral nutrition to patient during workup for the mid jejunal mass.

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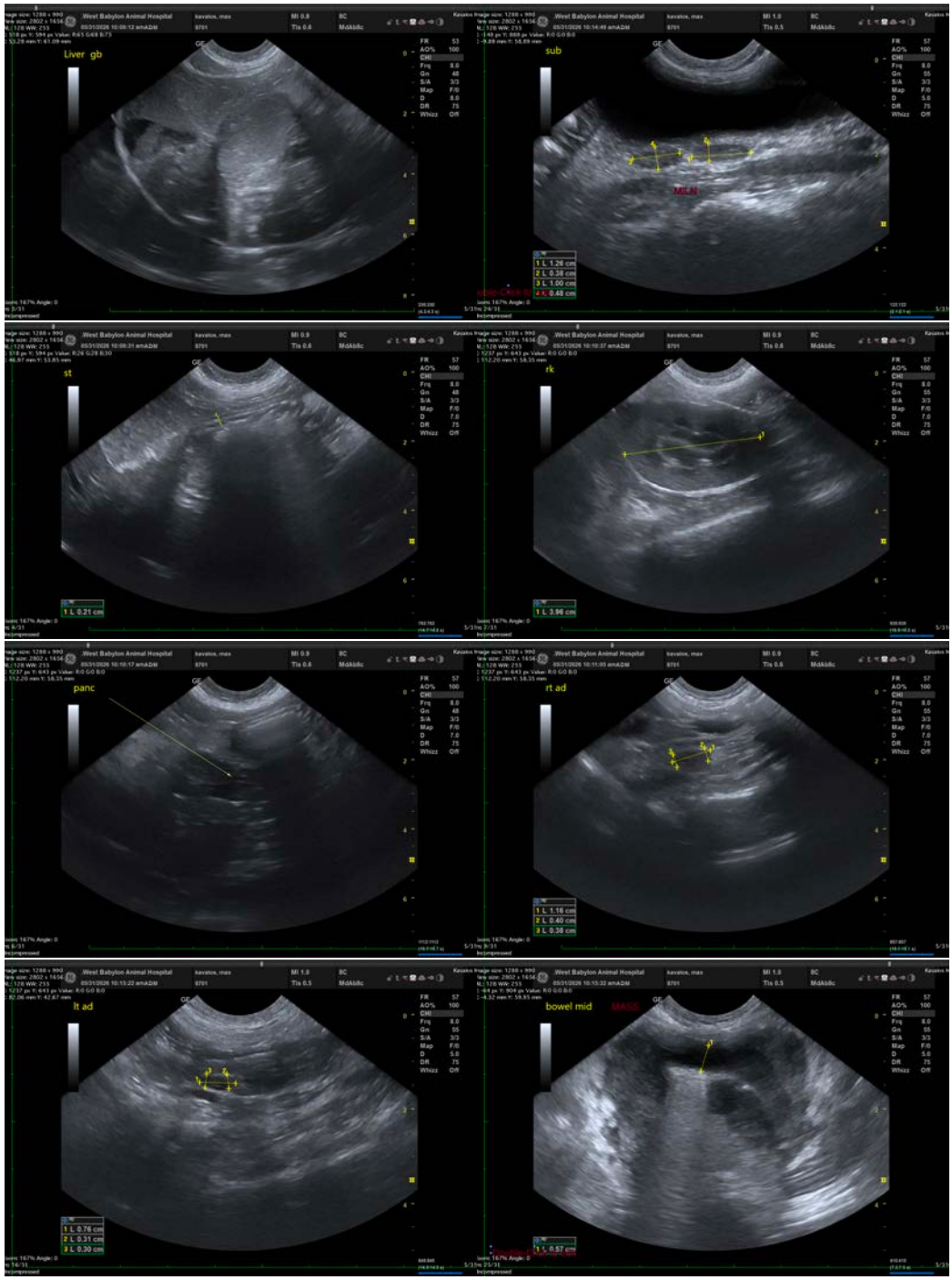
The gallbladder and pancreas are most likely reactive processes caused by inflammation due to patient's GI mass. Recommend submitting fPLI to determine if clinically significant pancreatitis may be present.



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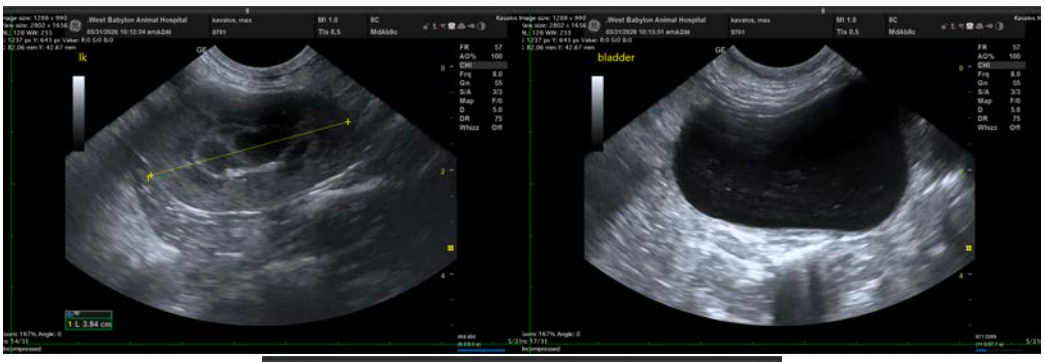

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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