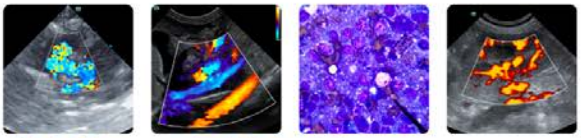

PATIENT

Nicholas Decker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

10.3 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Montgomery Vet Hospital New York

REFERRING VET

Dr. Grech-Attard

INVOICE

75005

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Weight loss and anemia, decreased appetite.

Abnormal PE/Chem/CBC/UA Results: CBC RBC 5.08 low (6.5-11.53) HCT 22.2 Low (31-51) Hemoglobin 7.2 Low (10.3-16.7) Eosinophils 0.058 Low (0.209-1.124) Chem: TP 6.2 low (6.3-8.8)

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 (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measured 3.5 mm in width.

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

Spleen

The spleen is normal in size, shape, margination and echogenicity. There are several hypoechoic, non-capsule displacing lesions found diffusely throughout the spleen. A representative lesion measures 2.9 mm.

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.

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. Small bowel measures 2.3 mm in wall width, which is normal. The stomach is empty. 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

Mild mesenteric lymphadenopathy is present in the mid abdomen near what appears to be the ileocolic junction. A representative node measures 2.5 mm x 9.2 mm.

A scant pocket of free fluid is noted near the cranial pole of the left kidney.

No obvious right auricular mass or pericardial effusion seen in the provided cardiac image.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Hypoechoic splenic lesions.
- Hyperechoic hepatomegaly.
- Mild mesenteric lymphadenopathy.
- Scant free fluid near cranial pole of left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient is reported to be anemic, the splenic lesions are most likely benign extramedullary hematopoiesis. Less likely these lesions represent infiltrative neoplasia such as lymphoma or mast cell. Consider a fine needle aspirate with submission for cytology to rule out infiltrative neoplasia.

If possible, attempt fine needle aspirate of the scant free fluid to obtain a sample for either fluid analysis or cytology, or both. If only a small sample can be obtained, recommend submitting for cytology.

The appearance of the liver is most likely due to a benign vacuolar hepatopathy, possibly lipid hepatopathy from hepatic lipidosis, less likely due to infiltrative disease such as lymphoma. Recommend fine needle aspirate of the liver with submission for cytology to help determine. If the patient is determined to have hepatic lipidosis, placement of an esophageal feeding tube may be necessary to provide enteral nutrition as further diagnostics are performed to determine the underlying cause of the patient's clinical illness.

The mesenteric lymph nodes are most likely reactive, less likely enlarged due to neoplasia.

No obvious cause for patient's weight loss or anemia seen on this exam. Recommend further workup in regard to the pathologic urinary bladder debris. If not already performed, recommend urinalysis, and if active urine sediment, recommend a urine culture and antibiotic sensitivity.

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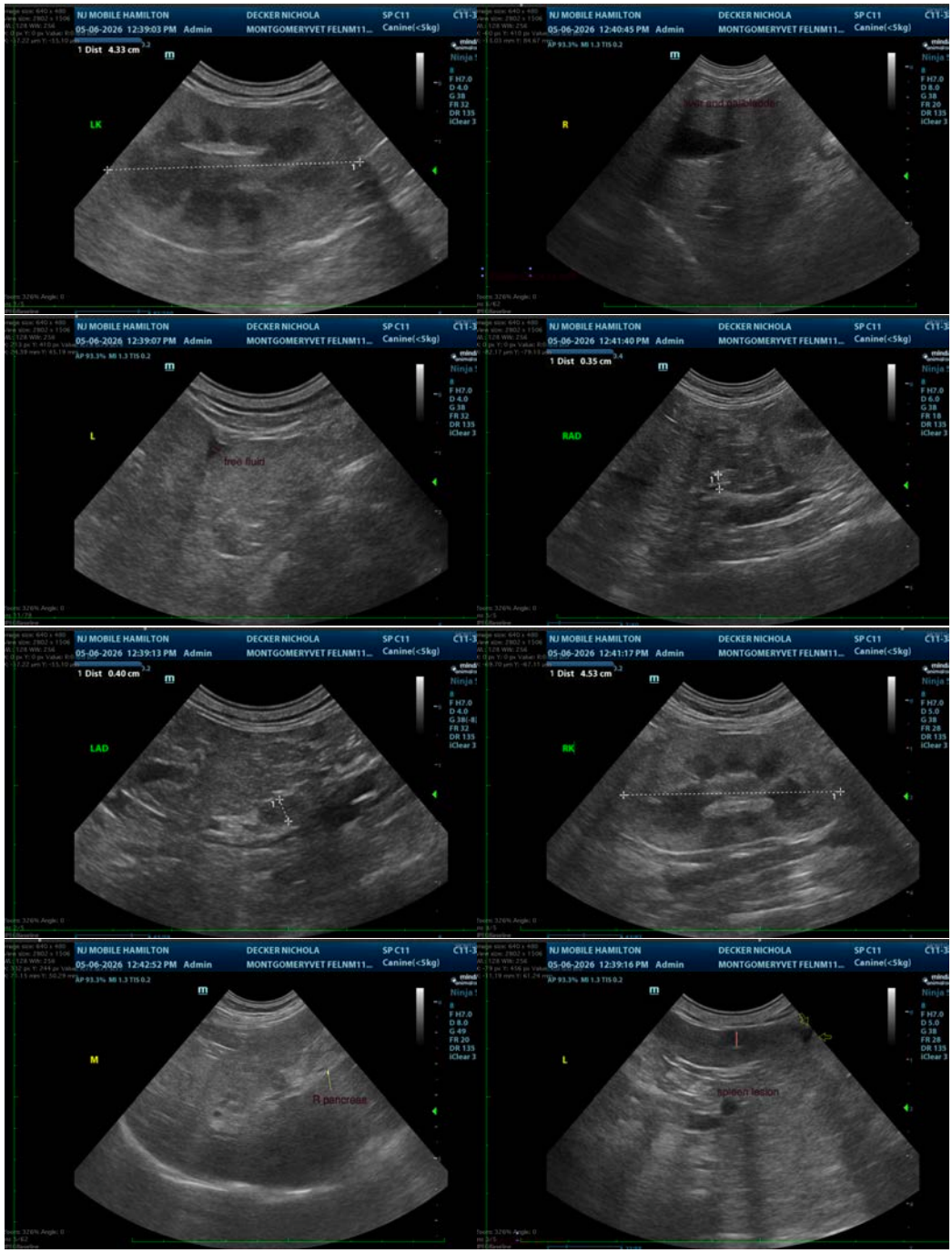

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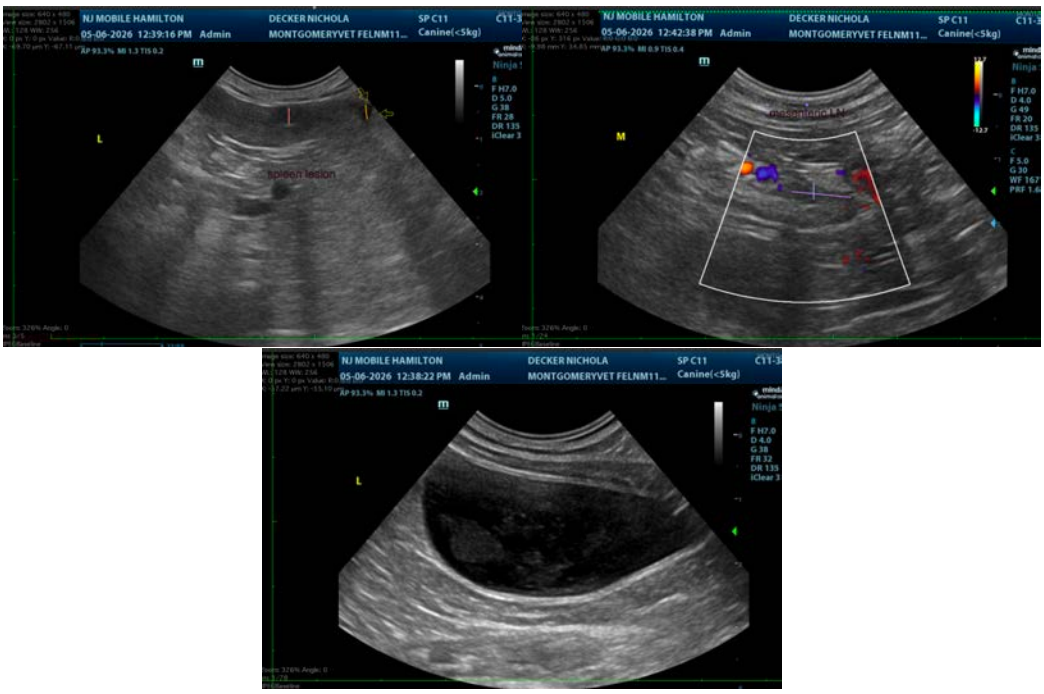

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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