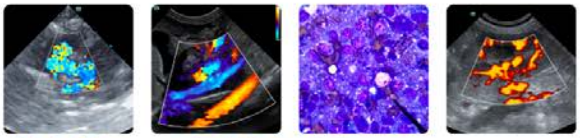


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Spots Veri

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

11 lbs 4 oz

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dover Animal Hospital

REFERRING VET

Dr. Rodger

INVOICE

75970

DATE

6/17/26

PRESENTING CLINICAL SIGNS

June 10, presented for inappropriate urination and on PE found that he has lost 2 lbs since Nov 2025. Spots was diagnosed with suspected IBD a few years ago which has been well managed with Hypo diet and Prednisolone 2.5 mg EOD. O cannot decrease dosing any further without a flare up. Urinary habits may have been behavioral due to some changes in the household and seems to have improved by moving the litter box.

Abnormal PE/Chem/CBC/UA Results: Please see attached record of bloodwork and urine results Ca 3.28(1.95-2.83) mmol/L ALT less than 10U/L USG 1.023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney is small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 2.6 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.5 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.4 mm in width.

Spleen

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

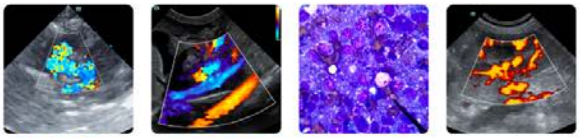
Liver

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.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Cranial to the urinary bladder there is a 2.3 cm x 2.9 cm round hyperechoic mass lesion that throughout the mass has multifocal hypoechoic areas present.

There are several moderately enlarged mesenteric lymph nodes that are rounded and hypoechoic. A representative node measures 8.5 mm x 12.7 mm in size. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease changes of the left kidney.
- Age related liver changes with gallbladder debris.
- Full stomach.
- Age related pancreatic remodeling.
- Mass lesion cranial to the urinary bladder.
- Moderately enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact tissue of origin of the mass cranial to the urinary bladder is undetermined. It may be an enlarged lymph node, potentially a GI mass. Recommend a fine needle aspirate with submission for cytology to further characterize both the tissue of origin and to attempt to obtain a definitive diagnosis as to whether it is malignant or benign.

Given that the left kidney has decreased corticomedullary distinction and is small in size, suspect a previous insult such as possible obstructive ureterolith. Neoplasia does not appear to be the cause of the appearance of the left kidney. No evidence of nephrolithiasis seen in either kidney. No ureteroliths seen. Recommend full staging, monitoring and managing the patient per IRIS guidelines for chronic kidney disease.

The appearance of the mesenteric lymph nodes suggests a neoplastic cause such as lymphoma, mast cell disease, or possibly metastatic neoplasia. The primary tumor may be the mass that is located at the cranial aspect of the urinary bladder. Recommend aspirating one or several of these enlarged mesenteric lymph nodes for cytology to help characterize their enlargement further.

Prognosis is guarded pending cytology results of the mass lesion located at the cranial aspect of the urinary bladder, and cytology of the enlarged mesenteric lymph nodes.

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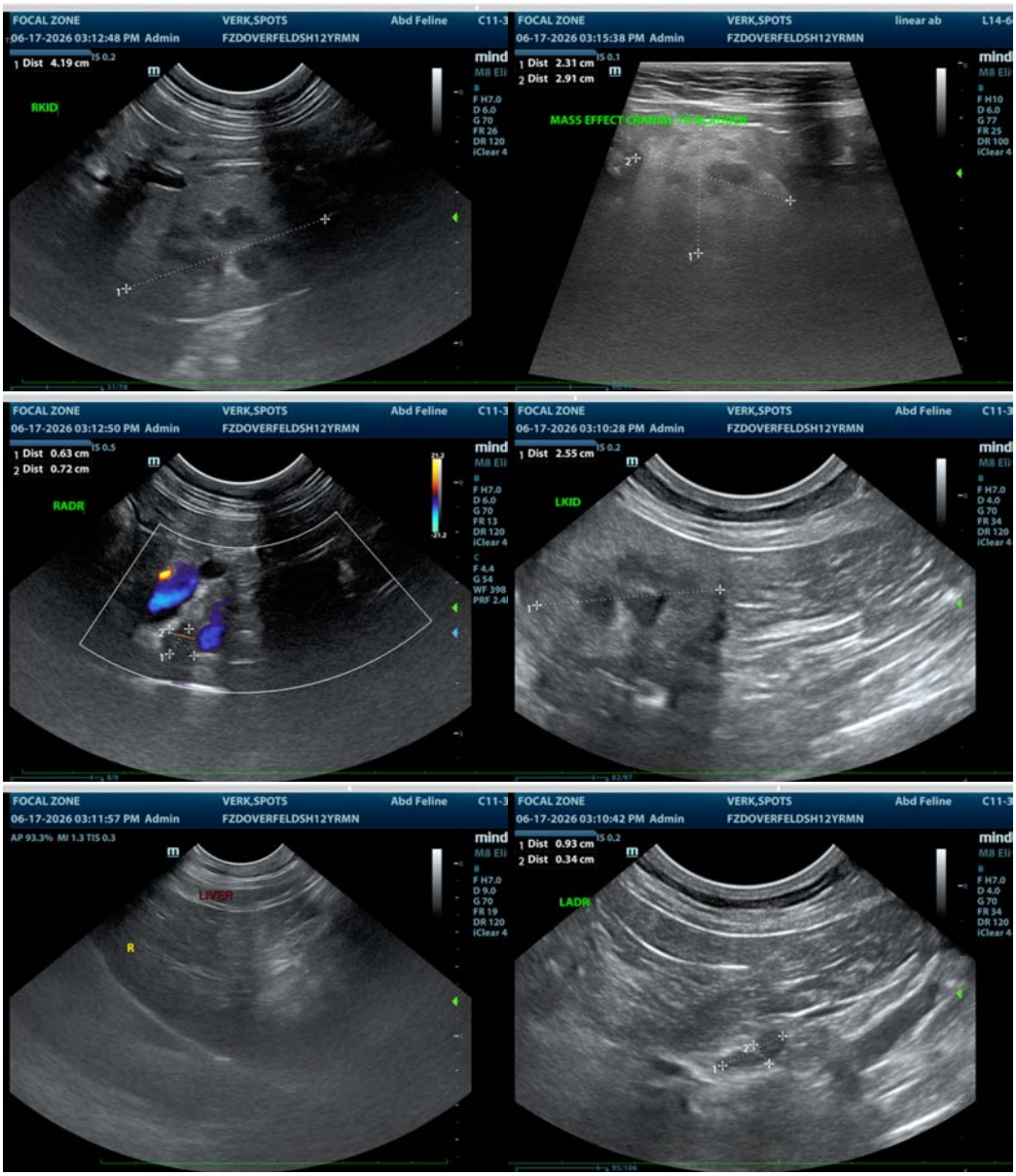

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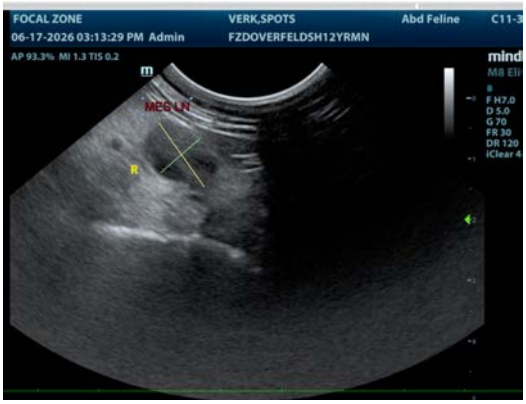

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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