



PATIENT

Khaos Dye

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years 8 Months

WEIGHT

5.23 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

74056

DATE

3/26/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate ascites, pulmonary nodule on thoracic radiographs. O presented to pDVM (new client) with a few week hx of distended abdomen, lethargy, vomiting food. Indoor only. PE noted Grade 1/6 HM, gallop rhythm, ascites, muscle atrophy. Radiographs revealed abdominal effusion with loss of detail, thoracic nodule between 4th-5th intercostal space on left side, elevated trachea

PMHx: UO Diet: RC S/O Meds: Gabapentin. Sedated for AUS: Butorphanol 0.35 mg/kg IV + Alfaxalone 1.2 mg/kg IV.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 32.1%-n, MCV 34 L, MCHC 34-n, Mono 0.563 H, Plts 484-n, remainder NSF - Chem: NSF - T4: 2.7-n Rads: abdominal effusion with loss of detail, thoracic nodule between 4th-5th intercostal space on left side, elevated trachea - Abdominocentesis performed: reddish-tinged fluid obtained 3mls

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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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.

The left kidney presents normal size (3.9 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 gland measures 3.1 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 (8.1 mm in width), shape, margination and echogenicity. No masses are seen.

Liver

There is a section of normal appearing liver that appears to be on the right side of the liver. The left liver appears to be a 3.8 cm x 3.7 cm heterochoic mass lesion with hypoechoic ill-defined lesions throughout the mass. There is a 2nd 1.9 cm x 1.9 cm hyperechoic irregular shaped mass lesion cranial to the hypoechoic mass described.



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

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Gastrointestinal

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

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Pancreas

The pancreas is mildly diffusely hyperechoic with no surrounding hyperechoic fat.

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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

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There is a moderate amount of free fluid present throughout the abdomen. This fluid was reported to be aspirated and to be pink tinged. If the sample has not been sent for fluid analysis and cytology, recommend submitting this to rule out septic peritonitis or possible carcinomatosis.

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ULTRASONOGRAPHIC FINDINGS

- Liver masses – Differentials include malignant neoplasia, most likely primary hepatobiliary neoplasia such as biliary cystadenocarcinoma, or possibly hepatocellular carcinoma. Less likely these are benign masses.
- Mildly diffusely hyperechoic pancreas – Most likely reactive pancreatic inflammation due to the presence of the fluid within the abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of one or both of the liver masses described with submission for cytology. Given the finding of the liver masses present, the abdominal fluid and the pulmonary nodule that is reported to present on radiographs, the patient appears to have metastatic hepatobiliary neoplasia. Prognosis is poor given the significance of these findings.

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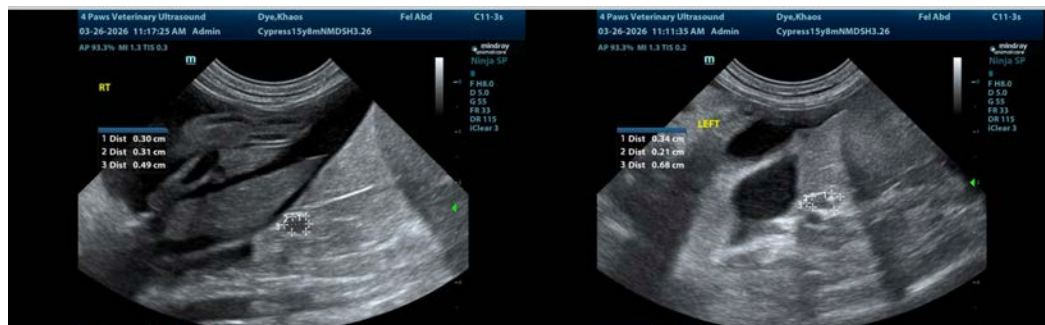
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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