



PATIENT

Rain Mahoney

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

7 Years

WEIGHT

14.3 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Arielle Roldan CVT

HOSPITAL NAME

Milford Animal
Hospital

REFERRING VET

Dr. Sean Grasso DVM

INVOICE

14156

DATE

03/09/26

PRESENTING CLINICAL SIGNS

- 3/6/26 : Pt presents to MAH for not eating for about 3 days and being lethargic. Pt is d/u/d normally though not much. No s/c/v/d. O changed flavors of wet food when pt does slow down in eating as she is a finicky eater.
- Radiographs performed and bloodwork run. Patient is also very aggressive - radiographs attached.

Abnormal PE/Chem/CBC/UA Results: fPL2 1.8 1 - 50 ng/mL Normal fTnl 0.19 0.01 - 20 ng/mL Gray zone proBNP < 50.00 pmol/L Normal SDMA 16.0 10 - 100 ug/dL Gray zone fSAA3.0 116.5 5 - 200 ug/mL Abnormal (inflammation)

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 ureteral papilla was not seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.1 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not seen on this exam.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was present.

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. Several free fluid pockets of mild to moderate size were surrounding the liver.

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. Colon contains formed stool with normal wall thickness.

Pancreas



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Right limb of the pancreas is diffusely mildly hypoechoic without significant surrounding steatitis and measures 6.6 mm in width which is normal.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. Scant pockets of free fluid were present in the ventral aspect of the urinary bladder and cranial to the left kidney. Large free fluid pocket present in the right abdomen. This fluid is visualized to contain a moderate amount of hypoechoic suspended debris consistent with cellular debris.

ULTRASONOGRAPHIC FINDINGS

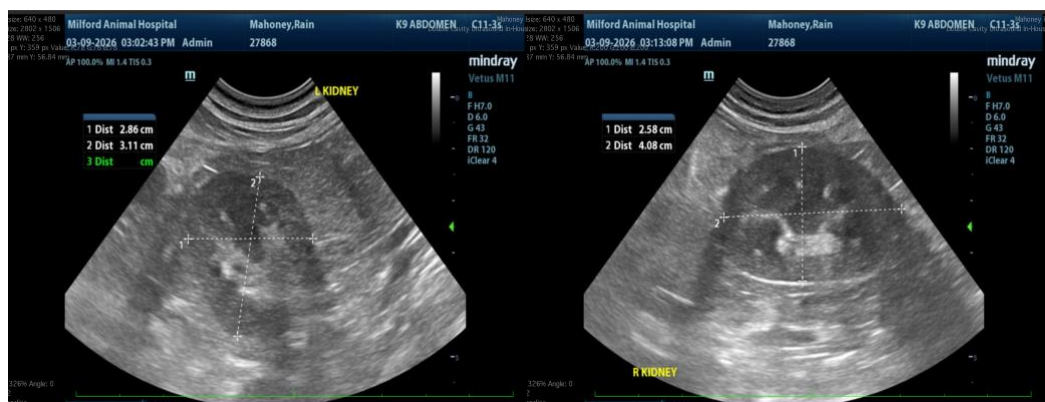
- Free abdominal fluid.
- Mildly hypoechoic right pancreas- most likely a reactive process to the presence of the fluid in the presence of the free fluid within the abdominal cavity. Primary pancreatitis is not suspected at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend obtaining ultrasound guided fine needle aspirate of the fluid submitting for fluid analysis and cytology to help determine or narrow down differentials for the presence of the fluid. It could potentially be right heart disease versus septic peritonitis or possibly a neoplastic cause or potentially hepatic disease.

Given that the remainder of the ultrasound is normal, no specific cause for the fluid is seen on this exam. If echocardiogram does not support a right-sided heart cause for the abdominal fluid and fluid analysis and cytology results are inconclusive as to the cause of the fluid, recommend aspirating spleen and liver for cytology to rule out occult infiltrative neoplasia such as lymphoma or mast cell disease.

Prognosis is currently open, pending results of further diagnostics.





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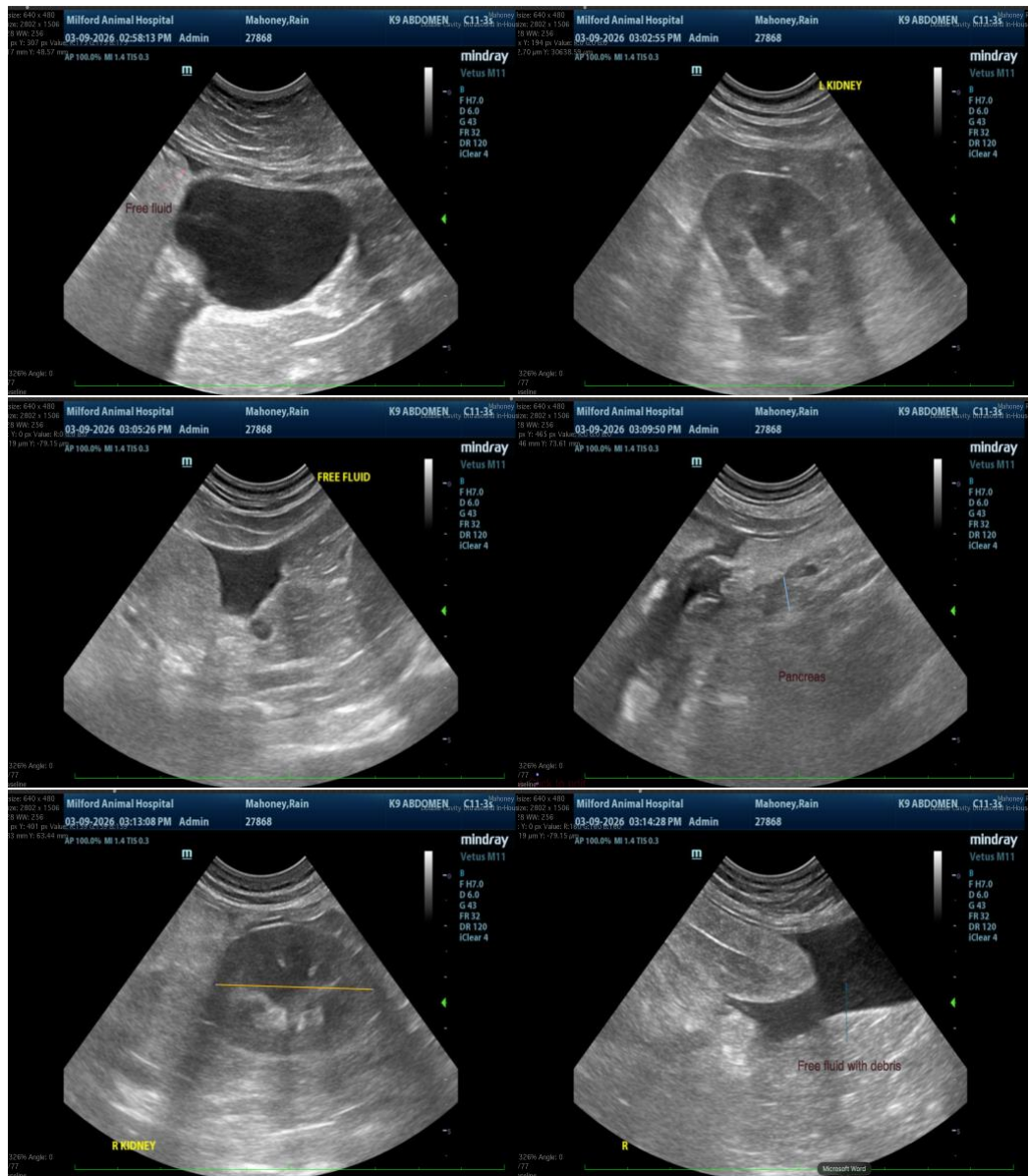
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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