



PATIENT

Finn Cuervo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years 11 Months

WEIGHT

10.13 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh Hospital for
 Animals

REFERRING VET

Dr. Armani

INVOICE

15238

DATE

04/16/26

PRESENTING CLINICAL SIGNS

WT loss and coughing- murmur 2-3, pleural effusion borderline cardiomegaly.

Abnormal PE/Chem/CBC/UA Results: BUN-66 creat-3.6 BPM 219/177, 194/181 USG-1.013

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. No papilla seen.

The left kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.3 cm in length. A divot was present in the caudal ventral aspect of the left kidney most likely due to previous infarction. The left ventral aspect of the kidney revealed a 7.3 mm cystic lesion with no mass associated with the lesion, most likely cystadenoma and clinically irrelevant.

The right kidney presents normal size with normal shape and architecture. Moderate to marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left adrenal gland presents mildly enlarged and measured 5.3 mm.

The right adrenal gland presents mildly enlarged and measured 6.2 mm.

Spleen

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

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.

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

Gastrointestinal

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The small bowel measured 2.4 mm width.

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, 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.



PATIENT

Pancreas

Finn Cuervo

Diffusely the pancreas is hypoechoic without significant surrounding steatitis and has a diffuse multifocal nodular appearance consistent with pancreatic hyperplasia and much less likely pancreatic carcinoma. Appearance of the pancreas would suggest patient has experienced chronic intermittent pancreatic inflammation in the feline species. Pancreatic inflammation is most likely reactive in nature and rarely does a feline patient have primary pancreatitis.

SPECIES

Feline

BREED

Free Abdomen

DSH

There is an enlarged peripancreatic lymph node present measuring 12.2 mm x 0.6 mm in size that is most likely reactive as a cause of its enlargement.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Peripancreatic lymph node.
- Age-related renal changes.
- Hypoechoic pancreas.
- Bilaterally enlarged adrenal glands.

AGE

16 Years 11 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.13 pounds

Suspect that whatever is causing the patient's pleural effusion is causing a reactive chronic pancreatitis. Treatment for whatever is causing the pleural effusion should minimize or resolve patient's chronic pancreatitis.

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

If possible, consider fine needle aspirate of lymph nodes with submission for cytology to rule out possible underlying neoplastic cause. No cause for the patient's pleural effusion is seen on this exam. Based on the appearance of the patient's kidney and the recent lab work with dilute urine, patient appears to have stage 3 chronic kidney disease per IRIS guidelines. Recommend full staging, monitoring and managing per IRIS guidelines. Recommend confirming elevated blood pressure readings using a doppler unit. In the feline patients, osmometric units do not generally provide accurate readings. If patient is truly hypertensive, recommend starting amlodipine at 0.1 mg/kg by mouth twice a day. Generally in a cat, this is usually given as 0.625 mg by mouth twice per day starting and tapering up on the dose until the patient is found to be normotensive. Telmisartan can also be used effectively in feline species as an antihypertensive medication. If the pleural effusion has not been sampled, recommend sampling and submitting for fluid analysis cytology. Also recommend if not current, recommend FELV/FIV testing and recommend heartworm testing if not currently performed.

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

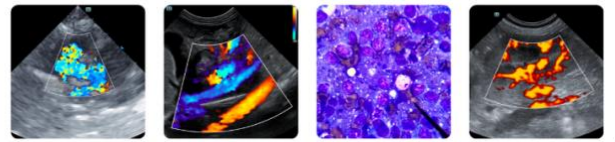
Dr. Armani

INVOICE

15238

DATE

04/16/26



PATIENT

Finn Cuervo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years 11 Months

WEIGHT

10.13 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh Hospital for
 Animals

REFERRING VET

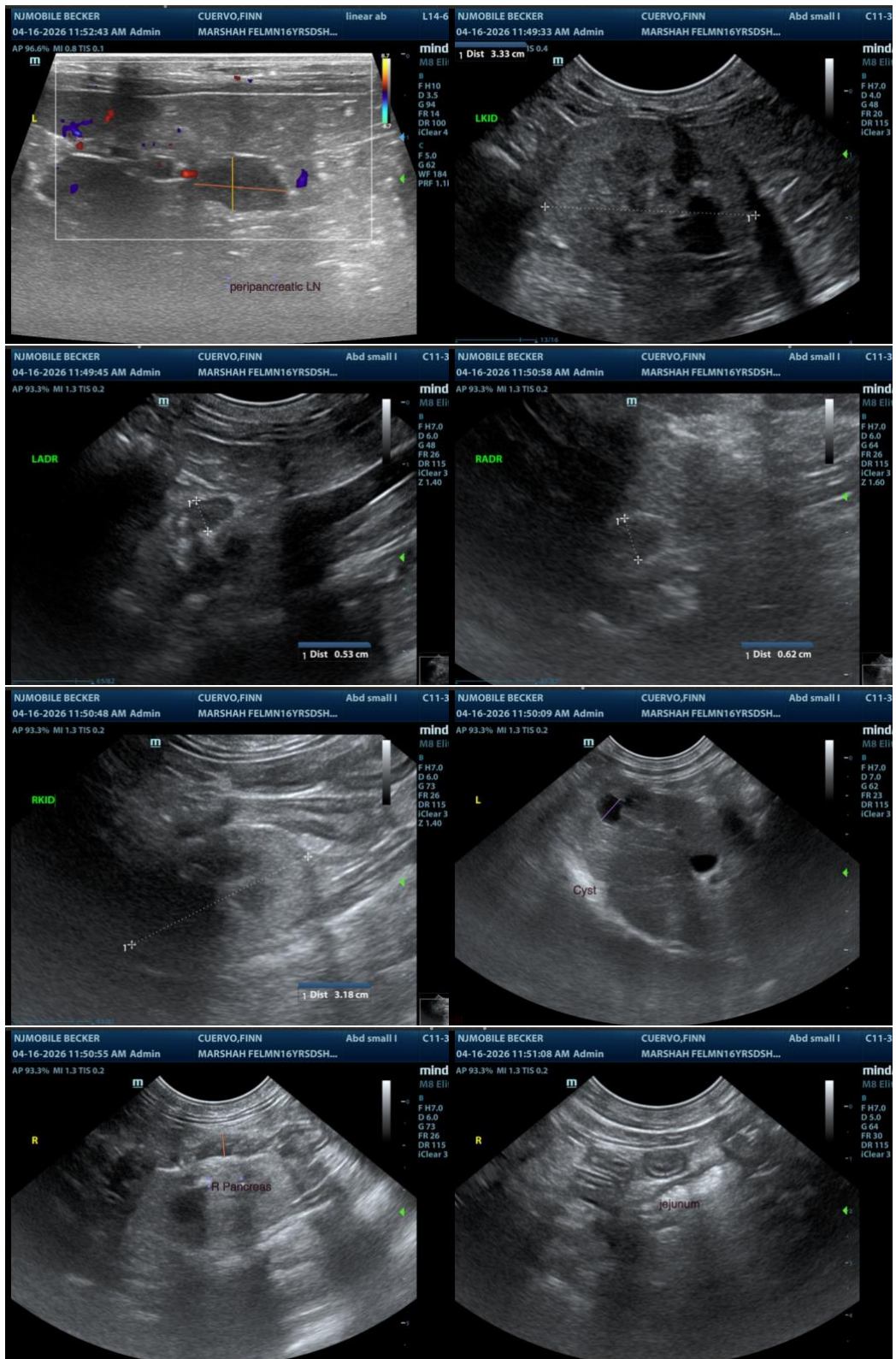
Dr. Armani

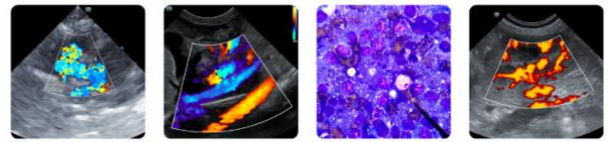
INVOICE

15238

DATE

04/16/26





PATIENT

Finn Cuervo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years 11 Months

WEIGHT

10.13 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

Dr. Armani

INVOICE

15238

DATE

04/16/26



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