



PATIENT

Ollie Chyc

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2

WEIGHT

8.8

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Reyes

INVOICE

75366

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Presented for second opinion in regards o ascites and decreased appetite. Pet recently had fluid analysis done at previous vet and they reported elevated protein. Coronavirus test was also negative. Owner is concerned about rapid declining, hiding at home, not eating and very distended abdomen. We performed an abdominocentesis today and removed about 1,000 mls of a serosanguinous fluid. After removing fluid, a swelling vs mass was palpated on mid/caudal abdomen. Pet had a vomiting episode and was rescanned right after, swelling went down after vomiting

Abnormal PE/Chem/CBC/UA Results: WBC: 1858 Neut: 14.24 Mono: 0.8 Chem Creat: 0.7 BUN: 10

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

The left kidney presents normal size (3.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were not seen on this exam.

Spleen

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

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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

There is a heterochoic intramural mass lesion present in the cranial aspect of the fundic wall of the stomach. This lesion measures approximately 4.4 cm in length and 1.5 cm in width. The remainder of the stomach wall has mild loss of layering but is normal in thickness. The stomach is moderately fluid distended at this time and may potentially be partially or fully obstructed due to the mass lesion.

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



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Pancreas

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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

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Free Abdomen

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A moderate to marked amount of free fluid was present within the abdomen. The free fluid has a mild amount of echogenic debris. Most likely cellular debris.

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DSH

There is a hypochoic 9.5 mm x 15.7 mm mass lesion present in the area of the left adrenal gland. A normal left adrenal gland is not seen. There is what appears to be a 2nd hypochoic mass present cranial to the left kidney measuring 22.6 mm x 15.9 mm.

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ULTRASONOGRAPHIC FINDINGS

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- Heterogeneous liver.
- Gastric mass.
- Free fluid.
- Two masses near the left kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

The patient appears to have primary gastric neoplasia such as lymphoma versus mast cell disease versus adenocarcinoma versus leiomyosarcoma. A benign etiology for the gastric mass is unlikely. If possible, recommend fine needle aspirate of the gastric lesion and submit for cytology. If cytology is inconclusive, recommend either surgical or endoscopic biopsies of the abnormal gastric wall for histopathology. Endoscopic biopsies are preferred as they are minimally invasive.

IMAGING PERFORMED BY

Dr. Reyes

The masses near the left kidney are most likely enlarged mesenteric lymph nodes. I suspect they are enlarged due to metastatic neoplasia from the gastric mass. Recommend performing an ultrasound guided fine needle aspirate of one or both of these masses with submission for cytology.

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The appearance of the liver may be normal variation or may be due to metastatic neoplasia or infiltrative neoplasia such as lymphoma or mast cell disease. Recommend a fine needle aspirate of the liver with submission for cytology to help rule out metastatic or infiltrative neoplasia.

REFERRING VET

Dr. Reyes

Recommend 3-view chest radiographs to screen for possible pulmonary metastatic disease.

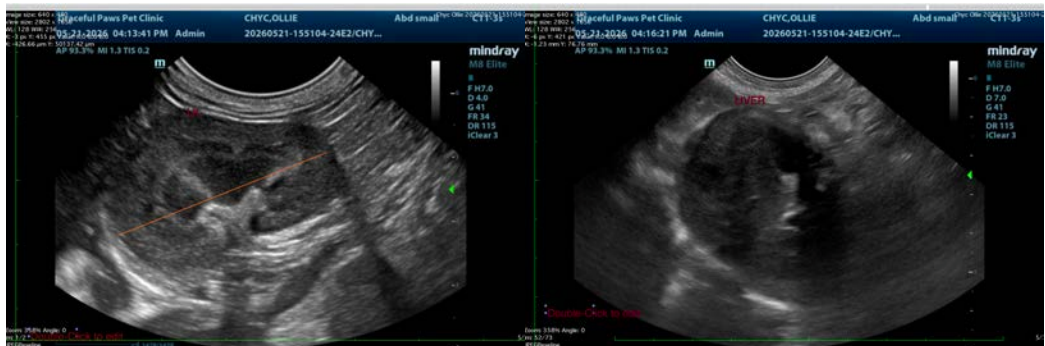
At this time, patient's prognosis appears guarded to poor pending results of recommended diagnostics.

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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

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