



## PATIENT

Poppy Gold

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

3.5 Years

## WEIGHT

9.28

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Brianna Gaines

## HOSPITAL NAME

Healthy Pets  
Veterinary Care- Boca  
North

## REFERRING VET

Dr. Brianna Gaines

## INVOICE

16434

## DATE

06/08/26

## PRESENTING CLINICAL SIGNS

P presented for weight loss and chronic vomiting

## 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 2.3 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 2.3 cm in length.

### Adrenal Glands

The left adrenal gland was not clearly visualized.

The right adrenal gland was not clearly visualized.

### 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 contains a moderate amount of ingesta.

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.

### Pancreas



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The left limb of the pancreas is not seen because of lack of an acoustic window from the presence of the mid-abdominal mass. The right limb of the pancreas is diffusely mildly hypoechoic. No surrounding hyperechoic fat.

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**Free Abdomen**

In the mid-abdomen caudal to the stomach, there is a hypoechoic mass lesion present that measures 2.5 cm x 1.7 cm and appears non-cavitated. Tissue of origin cannot be determined. Possible lymph node, possible pancreatic mass. Multiple hypoechoic enlarged lymph nodes surrounding this mass lesion with a representative enlarged mesenteric lymph node measuring 7.2 mm x 3.4 mm in size.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Hypoechoic mid abdominal mass lesion with mesenteric lymphadenopathy.
- Mild reactive pancreatitis.
- GI ingesta.

**AGE**

3.5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend fine needle aspirate of mid abdominal mass to help determine both tissue of origin and etiology of disease. Suspect neoplasia, most likely lymphoblastic lymphoma, mass cell disease, possibly histiocytic sarcoma, although a carcinoma nor sarcoma can be ruled out at this time. Less likely this mass is present due to an infectious etiology such as feline infectious peritonitis. However, if neoplasia is ruled out via cytology, consider obtaining an aspirate sample of this mass for coronavirus PCR testing, which can be submitted to IDEXX laboratories. If cytology is inconclusive as to tissue of origin and/or etiology of mass, recommend CT scan of abdomen to further characterize mass to determine if surgical resection is feasible.

**WEIGHT**

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Suspect pancreas is reacting to presence of previously described mass lesion. The enlarged lymph nodes surrounding the mid-abdominal mass, most likely present due to metastatic neoplasia. If possible, also recommend fine needle aspirate of one or several of these enlarged abdominal lymph nodes for cytology as well. Recommend three-view chest radiographs to screen for pulmonary metastatic disease.

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Prognosis is guarded pending results of cytology of mid-abdominal mass and enlarged lymph nodes.

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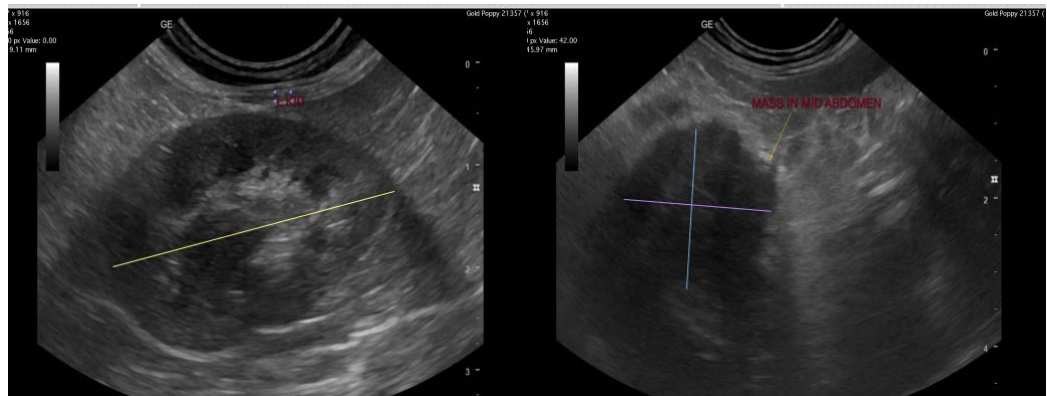
Dr. Brianna Gaines

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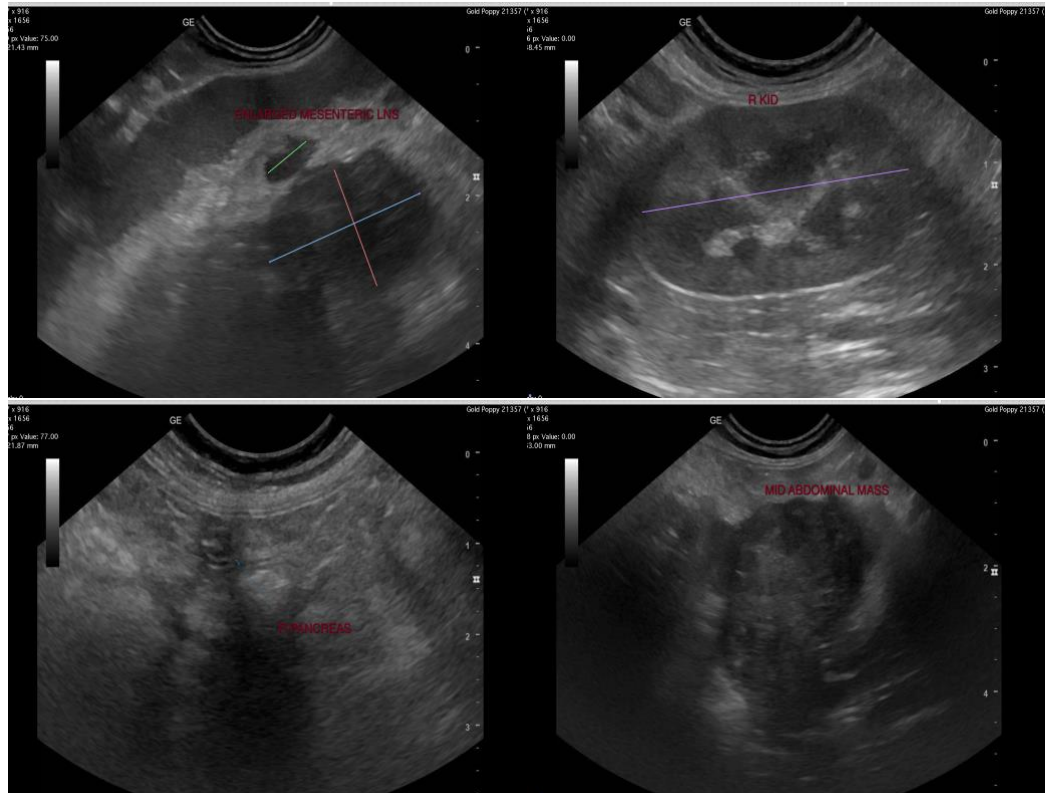
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)