

**PATIENT PRESENTING CLINICAL SIGNS**

**Oliver McInnis**  
History: Decreased appetite, vomiting once daily past 1 month, loss of body weight, some blood seen in piles of vomit. Light pink MM, BCS3.5/5, mildly painful abdomen when palpating cranially. Has been on Doxycycline, Sulcrate and Famotidine. BW shows worsening anemia.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

**SEX**

Neutered Male

The left kidney is normal in size (4.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is subjectively isoechoic to hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

14

The right kidney is normal in size (4.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is subjectively isoechoic to hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3.83 kg

**Adrenal Glands**

**INTERPRETED BY**

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Spleen**

The spleen is normal in size (0.51 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Crystal Hill

**Liver**

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen. An approximately 3.8 cm hypoechoic to heterogenous swelling/mass is observed at the caudal aspect (approximately mid-liver). The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Vet For Life AH

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

**REFERRING VET**

Bajaj

**Gastrointestinal**

The gastric lumen is mildly distended with fluid/ingesta. The gastric wall is severely thickened (up to 4.2 cm) and hypoechoic to heterogenous, with complete loss of the normal layering pattern. There appears to be extension of tissue through the serosal surface in one region, with possible extension into the mesentery. The mesentery effacing the serosal surface of the stomach is hyperechoic. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**INVOICE**

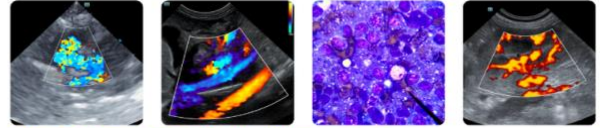
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**DATE**

11-6-25

**Pancreas**

A portion of the pancreas is obscured by the gastric wall pathology. In the visualized portion no obvious abnormalities are seen



**PATIENT**

Oliver McInnis **Lymph Nodes**  
 The abdominal lymph nodes are normal/not visible.

**SPECIES** **Free Abdomen**  
 A small amount of free fluid is present.

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

**Primary Findings**

**SEX**

Neutered Male

- The gastric wall changes are most consistent with infiltrative neoplasia (i.e., adenocarcinoma, lymphoma) with a lower possibility of a severe inflammatory process. There is concern for extension beyond the serosal surface of the stomach, and possibly into the mesentery. Adjacent peritonitis is present.

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- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory disease, infiltrative neoplasia, and/or other hepatopathy. The hepatic swelling/mass at the caudal aspect may represent a neoplastic process, inflammatory focus, other.

**WEIGHT**

3.83 kg

**Secondary Findings**

- Bilateral nonspecific age-related renal changes

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the gastric wall and caudal hepatic swelling/mass (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist may be indicated.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI, to assess for concurrent maldigestion/malabsorption and pancreatic disease.

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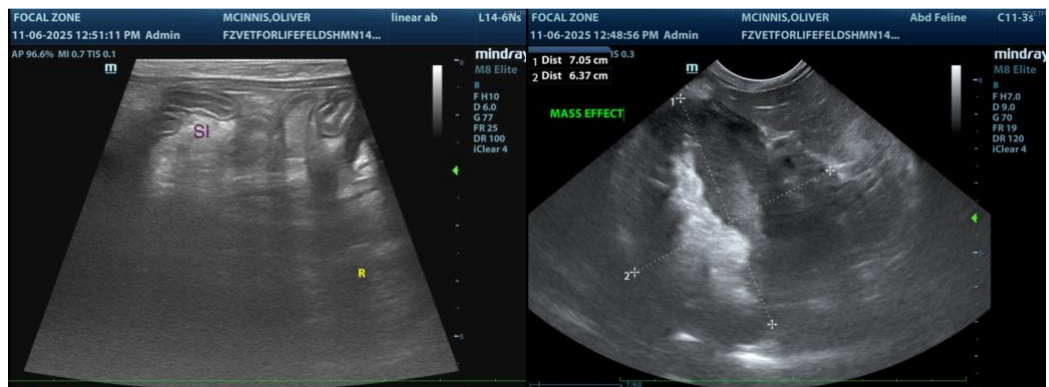
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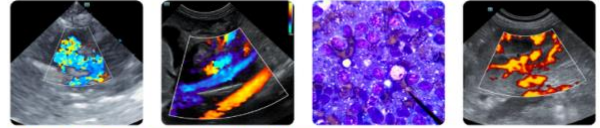
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Oliver McInnis

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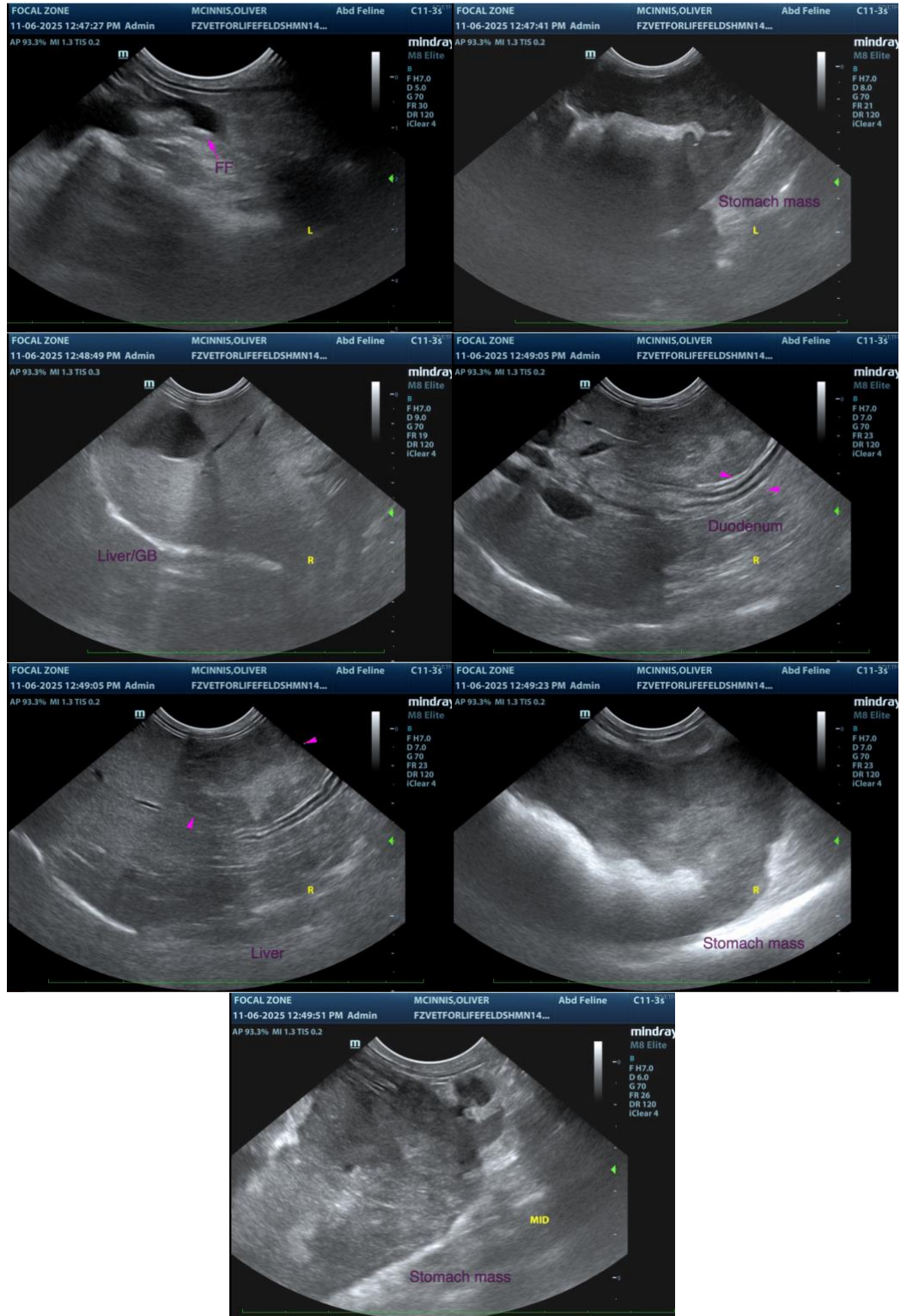
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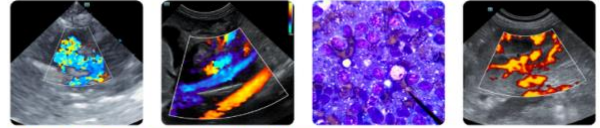
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**PATIENT**

Oliver McInnis

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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Neutered Male

**AGE**

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