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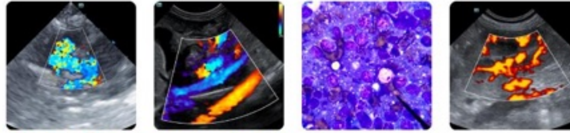

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DATE

6/8/26

PATIENT

Buddy Hiebler

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

3/21/2016

WEIGHT

8.4 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Fork VH

REFERRING VET

Dr. Doherty

INVOICE

13595

PRESENTING CLINICAL SIGNS

Patient History: Chronic decline in general condition over the past few months. He has displayed a gradual loss of weight and body condition. He has exhibited periods of vomiting and anorexia and then periods of stable appetite and no vomiting. Physical examination 5/11/2026 was unremarkable except for the decline in body condition. No abdominal pain was noted. Radiographs were unremarkable with a clear thorax. Blood profile: WNL except for mild decrease in the total protein 6.1 mg/ml (6.3 - 8.8 mg/dl and a low serum globulin 2.5 mg/ml (3.0-5.9 mg/dl) and a normal serum albumen 3.6 mg/dl (2.6-3.9 mg/dl) . all other blood values were normal including the thyroid 2.3 ug/dl (0.8-4.7 ug/dl).

Current Medications: Vitamin B 12 inj q 2-4 weeks, Cerenia 8.0 mg QD when vomiting
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.00 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.92 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. A 4.5-5 cm segment of gastric wall along the lesser curvature is severely thickened (up to 2 cm) and hypoechoic with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption of the normal 1:3 muscularis: mucosal ratio in some segments. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric wall thickening along the lesser curvature. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a focal inflammatory process. Mild adjacent peritonitis is present.
- The small intestinal changes could be consistent with inflammatory bowel disease, emerging lymphoma or may be a normal variant for this older feline patient.

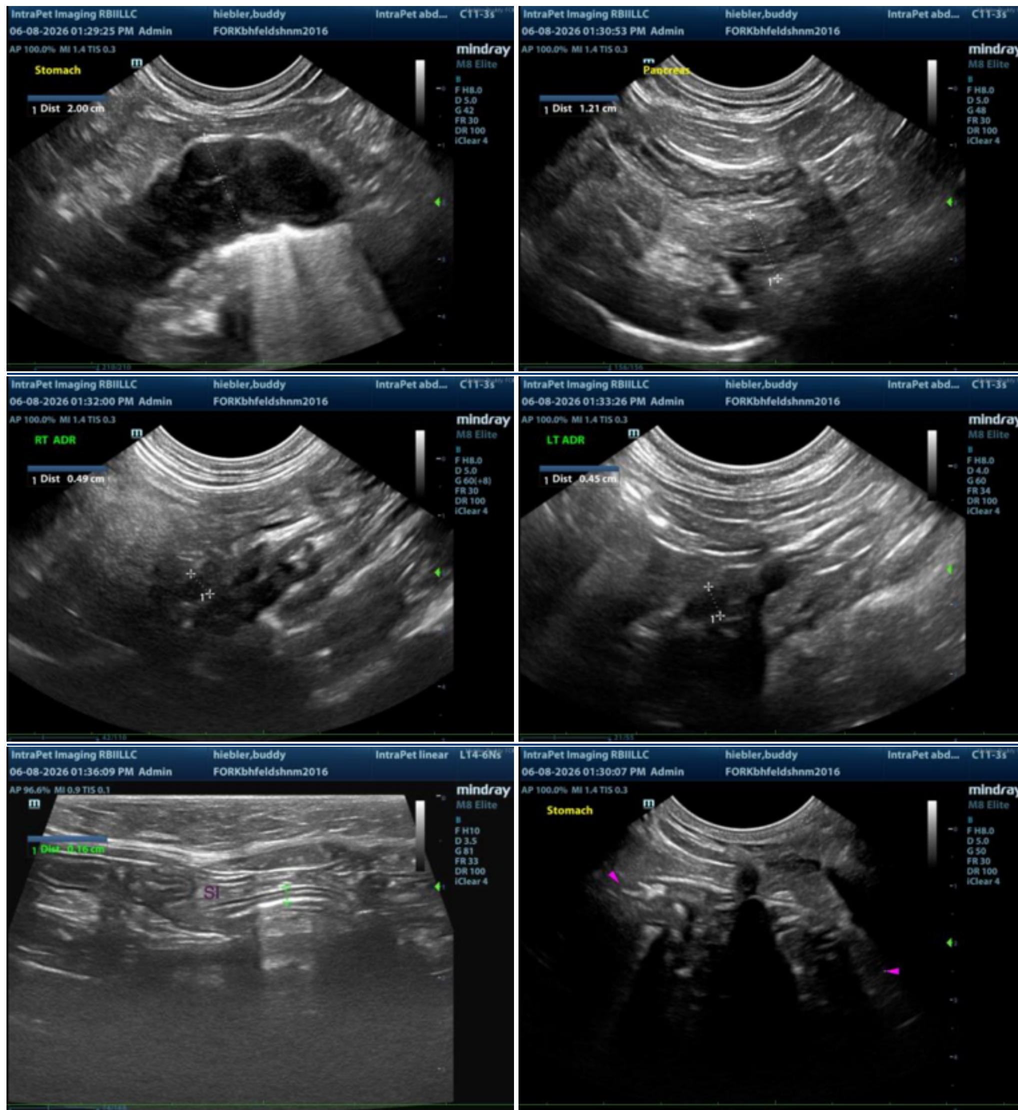
Secondary Findings:

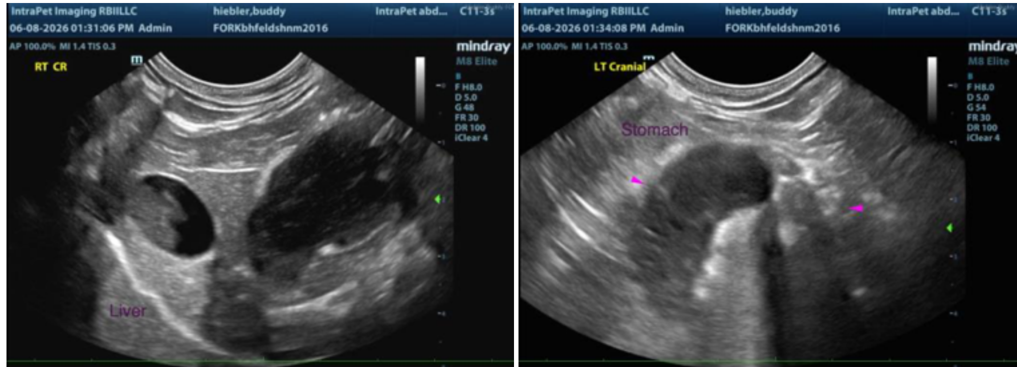
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the thickened portion of gastric wall If accessible and if clotting status is appropriate. A 25-gauge needle should be used. Depending on cytology results, consultation with a board-certified oncologist and/or surgeon may be warranted.

3. Also consider a GI panel including serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatitis.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com