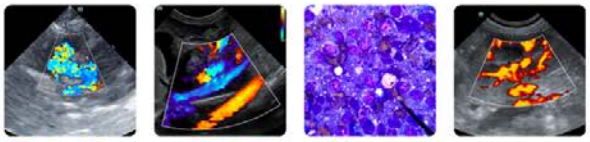

PATIENT

Shamus Pecht

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.3kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

72447

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Chronic vomiting and inappetence since September 2025. Ultrasound 11/30/25 showed gastric infiltrative disease; biopsies confirmed mild to moderate lymphoplasmacytic enteritis with spiral bacteria in gastric pits and multiple lymphoid aggregates in the stomach. Being treated with Depo-medrol, Cerenia, Mirataz, Buprenorphine with no improvement. Acute increase in vomiting 1/21. Not eating more than a few treats for 7 days.

Weight loss of 1.7 lb over past month.

Abnormal PE/Chem/CBC/UA Results: Mild pain on abdominal palpation EPOC: Glucose 153 H, BE -5.4 L CBC: Lymphocytes 0.87K L, Eosinophils 0.14K L Chem15: Unremarkable Catalyst pancreatic lipase: 30.4 H UA: USG >1.040, pH 6.5, protein 1+, suspect cocci on Sedivue but none on bacterial confirmation kit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There is a mild to moderate amount of suspended echogenic mobile sediment. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 4.68 cm. Right kidney measures 4.61 cm.

Adrenal Glands

The adrenal glands were not discretely visualized.

Spleen

The spleen measures 1.29 cm at the hilus. It is slightly prominent with a diffusely mottled or heterogeneous parenchyma. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. The capsule is smooth without irregular or deformation.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented.

Gastrointestinal

There is a large, hypoechoic, irregular gastric mural mass that is eccentric nearing the region of the pylorus and pyloroduodenal junction. There is no overt evidence of pyloric outflow obstruction. This appears to be progressive from the previous study. However, obstructive disease is not of current

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concern at this time. The small intestine is normal with normal wall thickness and maintenance of normal wall layering. There is no small intestinal dilation, foreign material, or other evidence of small intestinal mechanical obstruction. The colon contains normal shadowing feces.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The spleen is subjectively enlarged with a mottled parenchyma. This may represent infiltrative neoplastic disease Given the concern for the gastric mass and potential progression, infiltrative or metastatic disease must be considered.
- The eccentric hypoechoic mural gastric mass appears to have enlarged since the previous study. There is no evidence of obstruction. However, the progression may be an underlying etiology for the progressive clinical signs.
- There is no overt evidence of pancreatic inflammation or pancreatitis. However, in the presence of elevated pancreatic lipase, an occult pancreatitis can't be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Consider repeat gastric wall biopsies to monitor for progression of potential infiltrative neoplastic disease. Alternatively, altering the therapeutic approach with corticosteroids such as budesonide or chemotherapeutic agent such as chlorambucil could also be considered.

Additionally, consultation with an oncologist is recommended for further evaluation and recommendations.

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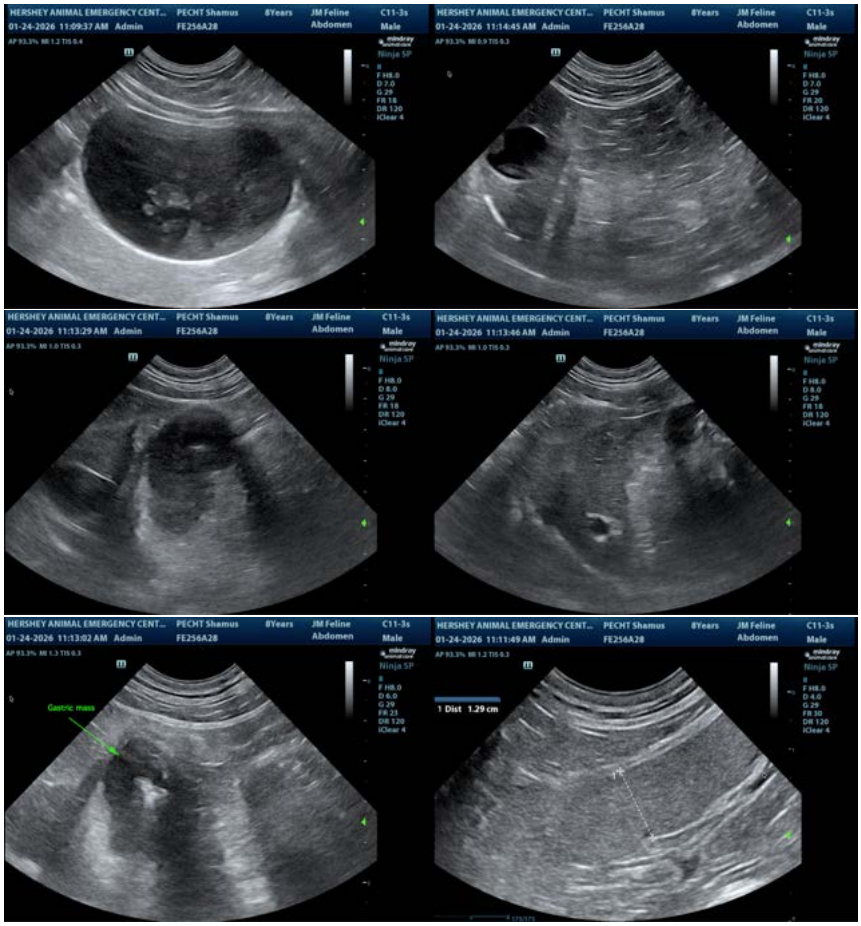

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com