



PATIENT

Lark Leblanc

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

4 years

WEIGHT

2.9 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Elizabeth Pulman

INVOICE

10936

DATE

12/16/2025

PRESENTING CLINICAL SIGNS

Hx of chronic vomiting, decreased appetite to anorexia and weight loss. Partially and temporarily responsive to supportive treatment: ondansetron, cerenia, omeprazole.

Abnormal PE/Chem/CBC/UA Results: CBC: mild eosinophilia Comprehensive Chemistry all within normal limits. T4 WNL. SpecfPL, Cobalamin and Folate WNL. Mild elevation on TLI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The body and fundus of the stomach appear normal in thickness and layering. In the right cranial abdomen, there's a thick area of bowel that I believe represents the pylorus. Although, very proximal small bowel can't be definitively ruled out. This area measures between 0.5 cm and 0.6 cm thick with a generally hypoechoic appearance to the wall and loss of layering. The lumen of the stomach is empty.

Other than if the described represents proximal small bowel: The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic,



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without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The very thick suspected pylorus versus very proximal small bowel demonstrates loss of layering which is concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus other. Having said that, A benign inflammatory process is possible and can't be ruled out without tissue sampling, especially given the concurrent small bowel changes that do not demonstrate characteristics of malignancy.
- Concurrent chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the thick suspect pylorus wall could be considered if patient's coagulation status is appropriate.

IF a cytologic diagnosis is unable to be obtained, ultimately, biopsies of the stomach, pylorus and proximal small bowel via gastroscopy/endoscopy, if available, may be necessary for a definitive diagnosis and therefore to further guide medical management.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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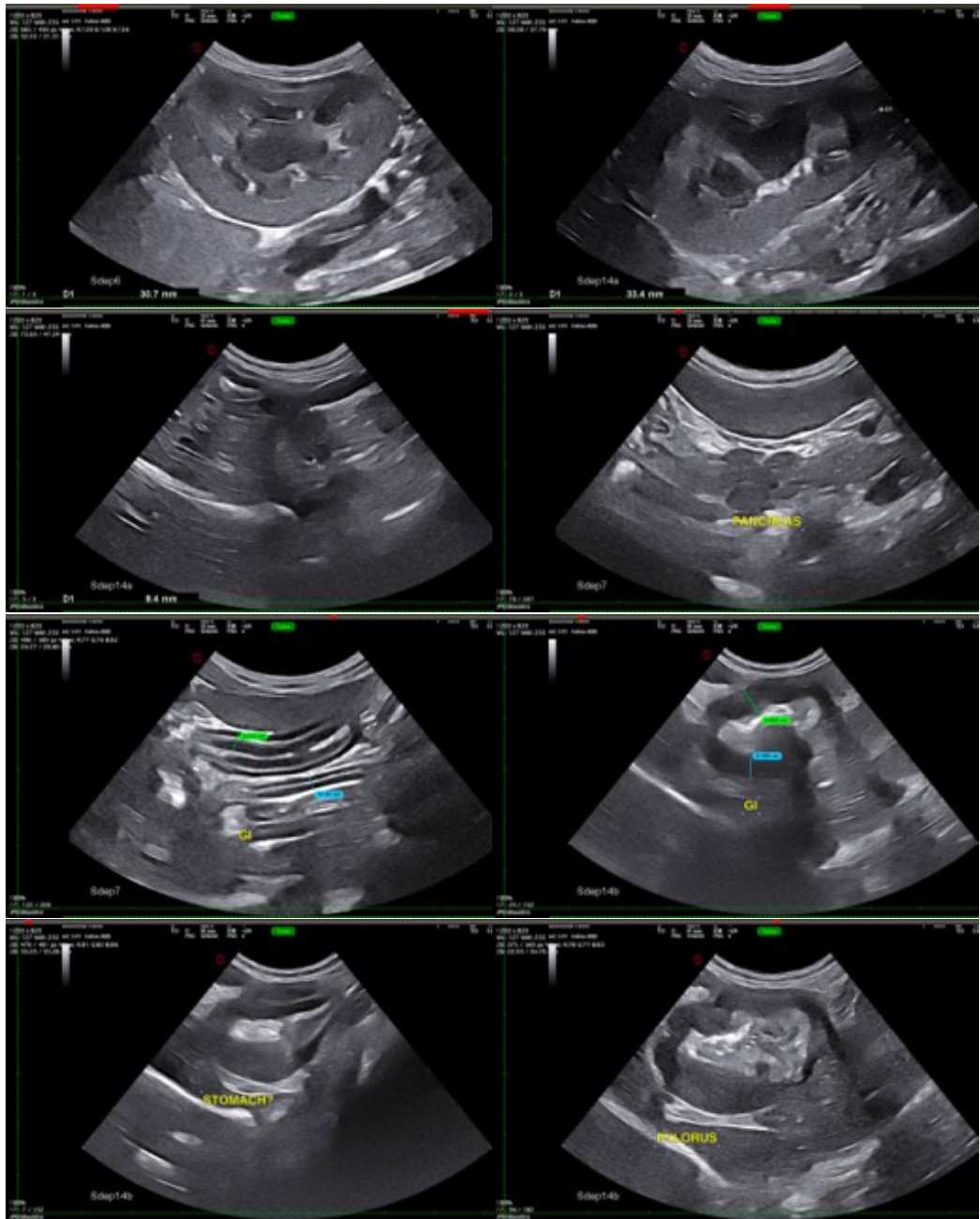
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM

info@sonopath.com