



## PATIENT

Cardigan Bellegarde

## SPECIES

Feline

## BREED

Domestic Mediumhair

## SEX

Spayed Female

## AGE

7 Years 10 Months

## WEIGHT

3.06 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Stephanie Cory

## HOSPITAL NAME

Brighton Veterinary  
Clinic

## REFERRING VET

Dr. Baker

## INVOICE

74772

## DATE

4/28/26

## PRESENTING CLINICAL SIGNS

Intermittent V since November 2025. Lost 2 kg since Feb 2024 (Feb 2024 - 5.3 kg; Nov 2025 - 4.1 kg; Apr 2026 - 3.1 kg). Decreased appetite, projectile vomiting. CBC: mild eosinophilia; chem low-normal albumin. fPLI normal. AUS done under sedation, patient was uncomfortable and reactive on US of cranial abdomen near the mass.

Questions: thoughts on ddx for mass in pylorus and next best steps; options of US-guided FNA of mass and LN; scoping; ex lap. Is there pancreatic involvement as well? Are the nodules outside the stomach likely LNs?

## 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 (3.49 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 (3.47 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 right adrenal gland is normal in size (0.45 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm at cranial pole and 0.33 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *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.



## PATIENT

Cardigan Bellegarde

## SPECIES

Feline

## BREED

Domestic Mediumhair

## SEX

Spayed Female

## AGE

7 Years 10 Months

## WEIGHT

3.06 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Stephanie Cory

## HOSPITAL NAME

Brighton Veterinary  
Clinic

## REFERRING VET

Dr. Baker

## INVOICE

74772

## DATE

4/28/26

## *Gastrointestinal*

The visible gastric wall is normal in thickness and layering except for within the area of the pylorus, where there appears to be an approximately 1.7 cm x 2.0 cm (depending on view) and is characterized by a coarse, heterogeneous, iso- to slightly hyperechoic appearance.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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 are multiple discrete rounded hypoechoic densities adjacent to the stomach, the largest of which measures approximately 1.2 cm x 1.5 cm in size, that I believe represent enlarged lymph nodes. Association with the pancreas i.e., pancreatic nodules/masses can't be definitively ruled out but is considered less likely.

## ULTRASONOGRAPHIC FINDINGS

- The gastric wall thickening/mass could represent infiltrative neoplasia such as round cell neoplasia, carcinoma, other. A benign process such as a leiomyoma or benign inflammatory disease is also possible, and further differentiation warrants tissue sampling.
- Suspect adjacent aggressive lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- 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.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Fine needle aspirates of the thick gastric wall/mass +/- adjacent lymph nodes are recommended if patient's coagulation status is appropriate.

If a cytologic diagnosis is unable to be obtained, upper GI gastroscopy could be considered for biopsies.



**PATIENT**

Cardigan Bellegarde

**SPECIES**

Feline

**BREED**

Domestic Mediumhair

**SEX**

Spayed Female

**AGE**

7 Years 10 Months

**WEIGHT**

3.06 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Stephanie Cory

**HOSPITAL NAME**

Brighton Veterinary  
Clinic

**REFERRING VET**

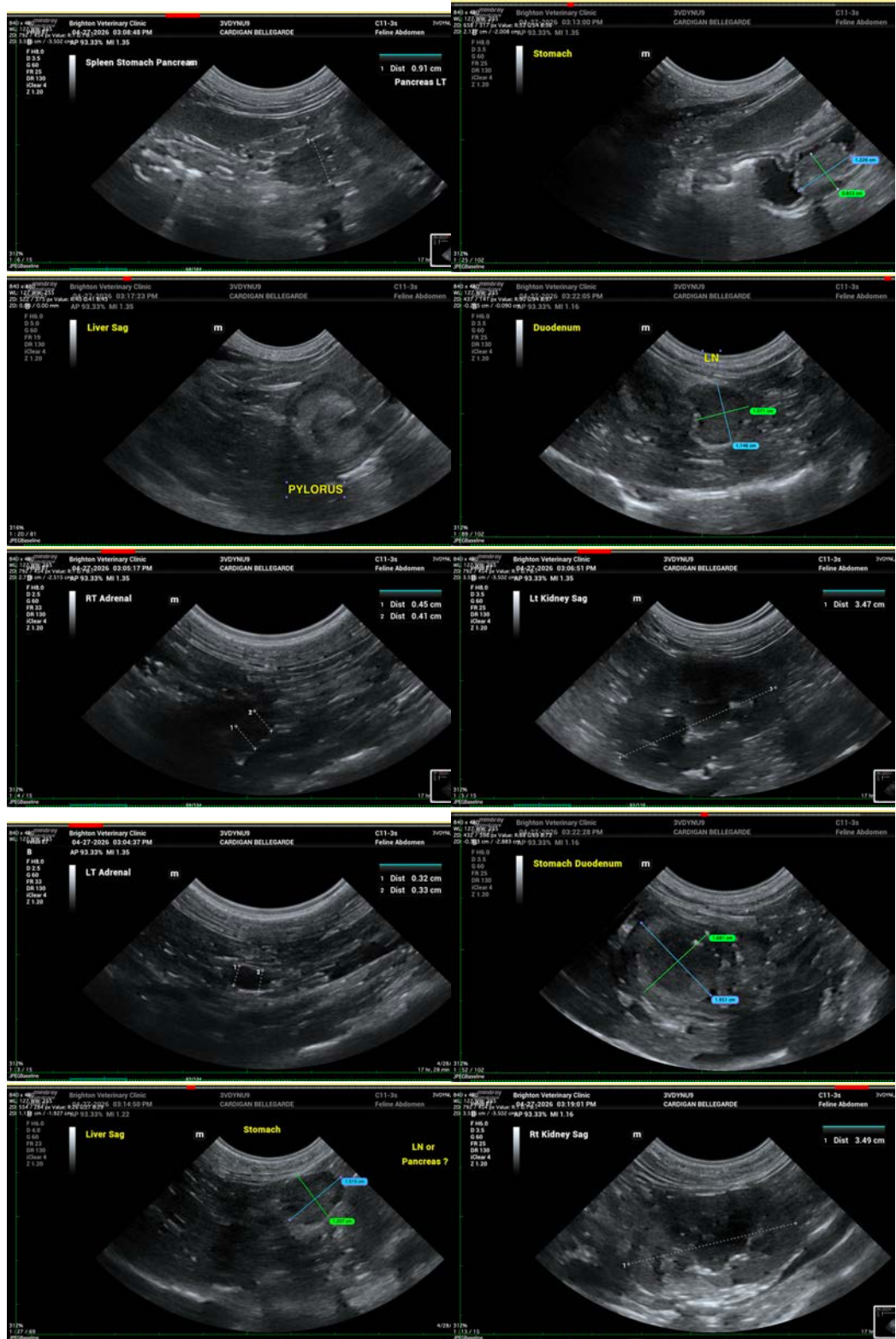
Dr. Baker

**INVOICE**

74772

**DATE**

4/28/26





## PATIENT

Cardigan Bellegarde

## SPECIES

Feline

## BREED

Domestic Mediumhair

## SEX

Spayed Female

## AGE

7 Years 10 Months

## WEIGHT

3.06 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Stephanie Cory

## HOSPITAL NAME

Brighton Veterinary  
Clinic

## REFERRING VET

Dr. Baker

## INVOICE

74772

## DATE

4/28/26

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