



## PATIENT

Zarya Blanche

## SPECIES

Feline

## BREED

Calico

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

5.4 lbs

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound

## REFERRING VET

Dr. Mayra Fonseca

## INVOICE

72083

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate vomiting, anorexia and weight loss. Pt started to present hyporexia/anorexia, vomiting, lethargy and hiding for 1 week duration, but had for months has had sporadic vomiting. Pt has lost 2.5#. On Novemebr 20th where bloodwork revealed leukocytosis (29K) and increased GGT 7U/L. Convenia injection adminstered and prescribed Amoxicillin/clavulanic acid 642.9mg/5ml 1cc PO BID, but pt did not improve. Pt is currently on Famotidine, cerenia, Onsior and Mirataz.

Abnormal PE/Chem/CBC/UA Results: Radiographs and Blood test attached as supporting documents. FNA of the Stomach wall: Pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Cortical mineralization is noted in both kidneys. Left kidney measures 3.44 cm. Right kidney measures 3.15 cm.

### Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 0.26 cm in thickness. Left measures 0.32 cm in thickness.

### Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

### Gastrointestinal

The gastric wall is severely thickened, measuring up to 1.9 cm in thickness with nearly complete loss of wall layering and hypoechoic tissue effacing the wall.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

**Lymph Nodes**

Perigastric lymph nodes are rounded, hypoechoic, and enlarged, with the largest measuring at least 0.71 cm x 0.86 cm.

**Free Abdomen**

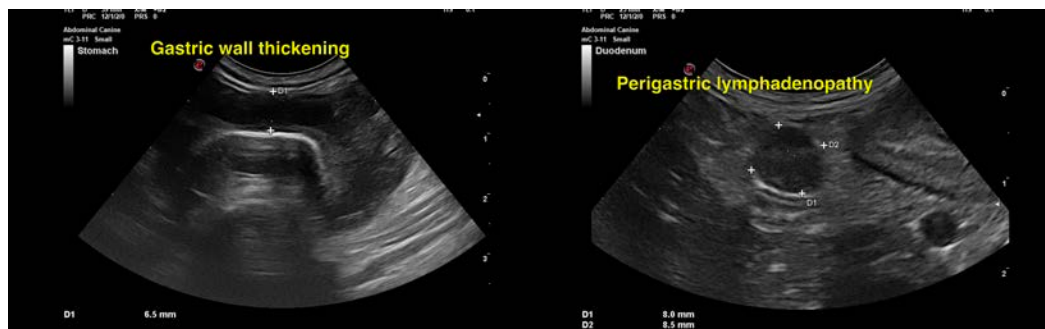
No free fluid noted.

**ULTRASONOGRAPHIC FINDINGS**

- Severe gastric thickening with loss of wall layering – most consistent with gastric neoplasia.
- Aging renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastric changes are most concerning for neoplasia. Gastric tumors are typically primary in origin. Malignant tumors are more common than benign ones and lymphoma is most common in cats. Other reported gastric neoplasms include the leiomyoma, leiomyosarcoma, gastrointestinal stromal tumor (GIST), adenoma, mast cell tumor, carcinoid tumor, extramedullary plasmacytoma, and other sarcomas. Fine needle aspirate of the gastric wall is recommended for further differentiation. Endoscopic biopsy may be diagnostic. Abdominal explore with plan for gastric biopsy may be required for definitive diagnosis.





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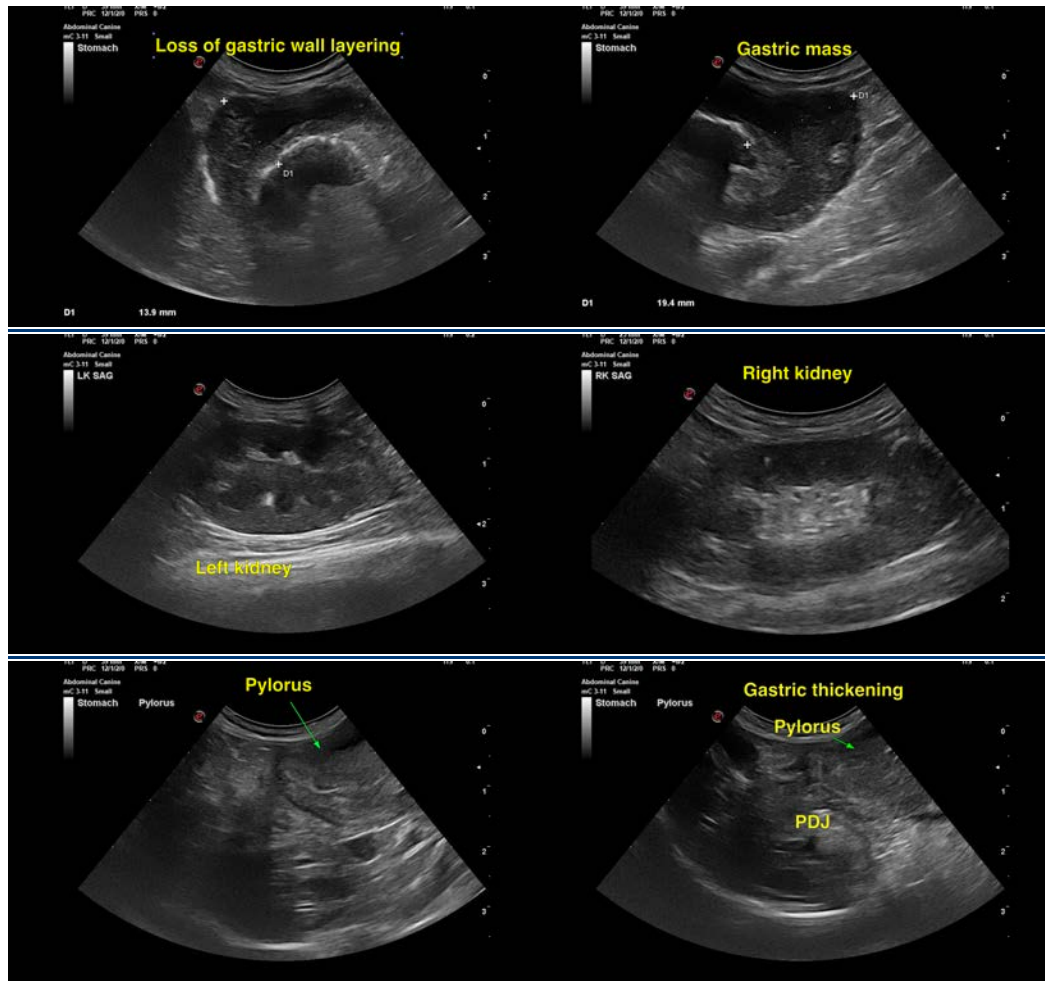
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com