



**PATIENT**

Gus Palozzi

**SPECIES**

Feline

**BREED**

Maine Coon X

**SEX**

MN

**AGE**

13 years

**WEIGHT**

3.4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

East Credit

**REFERRING VET**

Dr. Gardiner

**INVOICE**

10932

**DATE**

12/16/2025

**PRESENTING CLINICAL SIGNS**

History of chronic vomiting presented Dec 15/25 for vomiting, inappetence and weight loss concerned about cranial abdominal mass Current Medications Mirataz transdermal started Dec 15/25, Maropitant injection given Dec. 15/25, Omeprazole 5 mg given PO PRN.

Abnormal PE/Chem/CBC/UA Results: See attached.

**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 left kidney is mildly enlarged with mild hazing of the corticomedullary distinction, but otherwise normal in shape and structure. In the area of the right kidney there is a kidney shaped organ, which is suspected to represent the right kidney. It is roughly normal in shape with significant hazing of corticomedullary distinction and mineralization within the pelvis. This kidney is also significantly smaller than the left. Closely associated with, or perhaps originating from the structure believed to be the kidney, is a heterogenous mass structure measuring at least 3.0 cm x 5.0 cm, which can be seen from both sides of the abdomen, but appears to be surrounding the right kidney and extending into the retroperitoneal space. Left kidney is 4.59 cm in length, right kidney measures 3.09 cm in length.

**Adrenal Glands**

The left adrenal gland was visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left adrenal measures 0.40 cm in thickness.

The right adrenal gland was not distinctly visualized.

**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**



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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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MN

**Pancreas**

The pancreas was not distinctly visualized.

**AGE**

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**Free Abdomen**

Mesenteric lymph nodes are prominent and hypoechoic with normal length to width ratio.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

3.4 kg

- Large, cranial abdominal mass appears to be associated with right kidney.
- Left renomegaly mild, with small right kidney with nephrocalcinosis.
- Diffusely thickened small intestines with prominent muscularis layer.
- Mild mesenteric lymphadenopathy.

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DACVECC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass in the cranial abdomen appears to be associated with the right kidney and extends into the retroperitoneal space. FNA of the mass is recommended to further define. Ultimately, abdominal CT scan may be of use for further visualization and surgical planning if deemed appropriate.

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Small intestinal changes are most consistent with IBD versus small cell lymphoma. GI Biopsy would be necessary to differentiate. This is the likely cause of chronic vomiting.

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Left renomegaly is mild and there is maintenance of normal renal structure. Decreased right renal function with compensatory left renal hypertrophy is suspected.

**REFERRING VET**

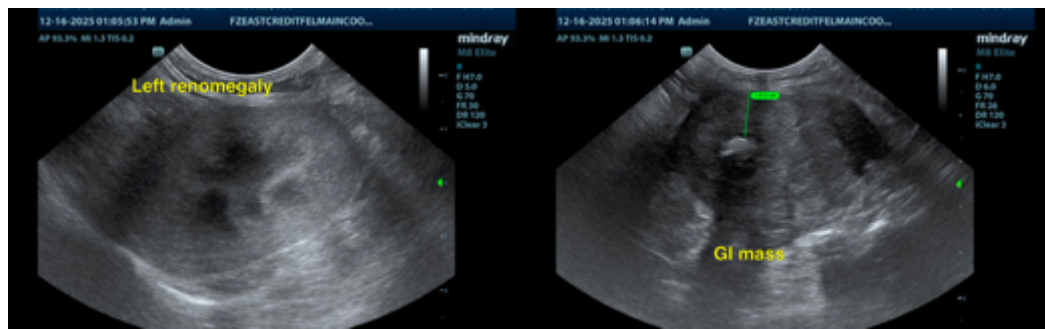
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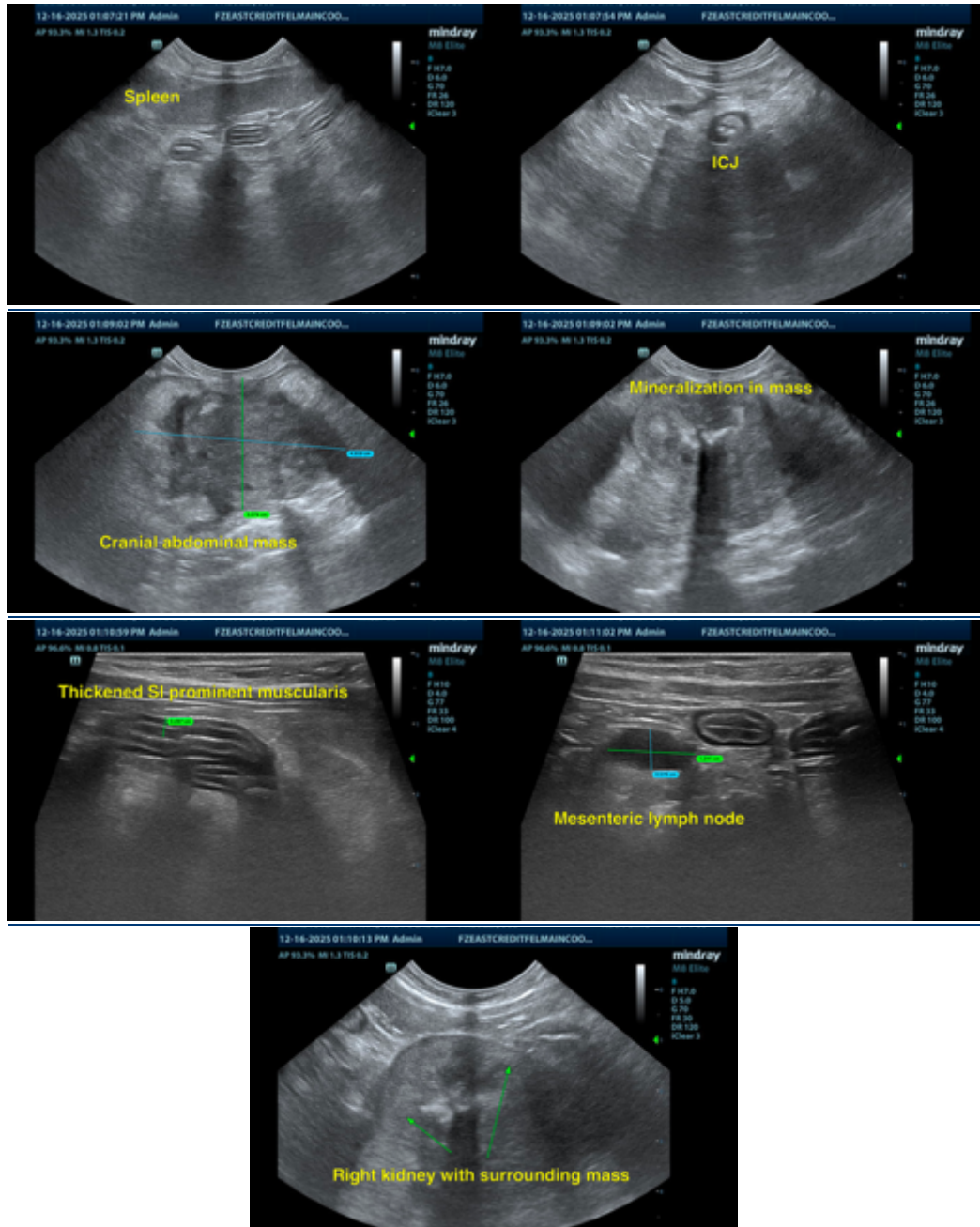
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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