



PATIENT

Bailey Vanjaecel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8 Pounds

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Park Ridge AH

REFERRING VET

Dr. Rosenblum

INVOICE

36393

DATE

3/27/26

PRESENTING CLINICAL SIGNS

Anemia and wt loss, underweight, HM, temp 103.1, lethargic, decr. appetite.

Abnormal PE/Chem/CBC/UA Results: sdma-21 cr-2.3 tp-6.1 alb-2.4 wbc-19.5 hct-23.9 retichgb-127 hg-7 neut-17,550 baso-195

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 were generally normal in shape and position. The right kidney is normal in size. The left kidney measures at the lower end of normal, though it appears to be visualized and measured at an oblique angle, which likely underestimates its true length. Mild renal atrophy cannot be ruled out. Cortices are slightly thinned and hyperechoic consistent with mild age-related degeneration. The left kidney measured 3.53 cm in length. The right kidney measured 4.31 cm in length.

Adrenal Glands

Adrenal glands were 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. The right adrenal gland measured 0.47 cm.

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 with complete loss of wall layering in the area of the fundus. Towards the pylorus, gastric wall becomes more normal in thickness with normal wall layering.

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



PATIENT

Bailey Vanjaecel

The ileocecal junction was not visualized. 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.

SPECIES

Pancreas

Feline

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

BREED

Lymph Nodes

DSH

No clinically significant lymphadenopathy or abnormalities noted.

SEX

Free Abdomen

Neutered Male

No masses or free fluid were noted.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

- Focal gastric mass
- Mild age-related renal changes

WEIGHT

8 Pounds

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. Mass appears focal and abdominal exploratory surgery with plan for gastrectomy may be both diagnostic and curative.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Park Ridge AH

REFERRING VET

Dr. Rosenblum

INVOICE

36393

DATE

3/27/26



PATIENT

Bailey Vanjaecel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8 Pounds

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Park Ridge AH

REFERRING VET

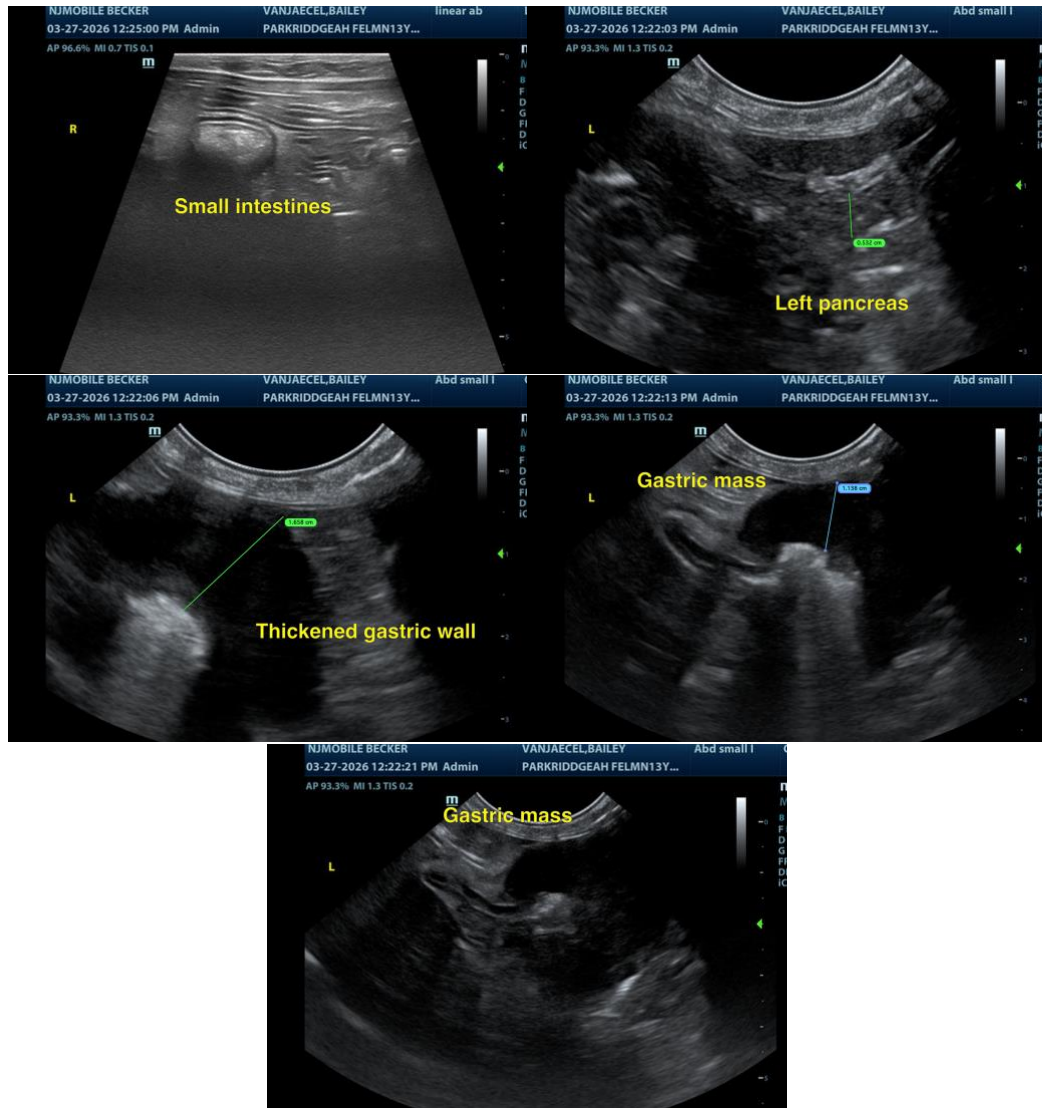
Dr. Rosenblum

INVOICE

36393

DATE

3/27/26



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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com