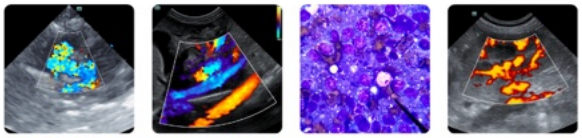



**PATIENT**

Mini Degeorge

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

6 years

**WEIGHT**

9.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Butler VH

**REFERRING VET**

Dr. Sereda

**INVOICE**

69037

**DATE**

11/25/25

## PRESENTING CLINICAL SIGNS

Recurring GI issues, vomiting, diarrhea, hematochezia, hematemesis. Weight loss. Patient is on Prednisolone for feline asthma. Urine specific gravity 1.043.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.7 cm. The left kidney measured 4.14 cm.

### *Adrenal Glands*

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The adrenal glands each measured 0.4 cm.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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### *Gastrointestinal*

The **gastric** fundus in this patient presented power Doppler positive for 4 x 2.5 cm fundic mass with mild to moderate disruption of architecture. The mass appears to be deriving from the mucosa. There were areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD.

### *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Gastric fundic mass, low grade epithelial tumor or eosinophilic fibroplastic or granulomatous lesion is possible. Carcinoma or lymphoma is possible, yet less likely.
- Inflammatory bowel intestinal pattern potential for emerging round cell neoplasia or dry form FIP.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical exploratory with expectations of potential gastric resection and biopsies of the GI tract. Two separate pathologies are likely occurring in this patient. The pattern of the intestinal tract is more consistent with inflammatory bowel with a mild potential for emerging round cell neoplasia or dry form FIP. The gastric lesion is most consistent with fibroplasia or granulomatous lesion. Low-grade epithelial tumor, less likely a more aggressive neoplastic pattern. This may be resectable. The prognosis is guarded. Otherwise, endoscopy can be considered to access the gastric mass as it is largely luminal.

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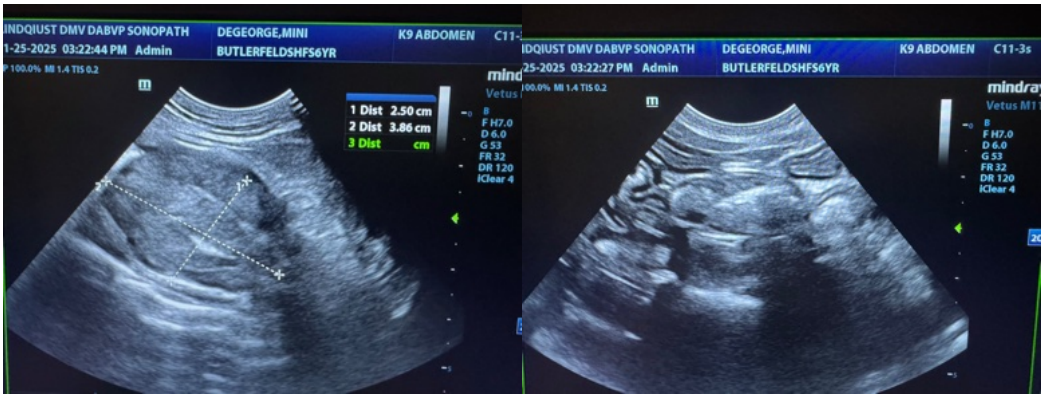
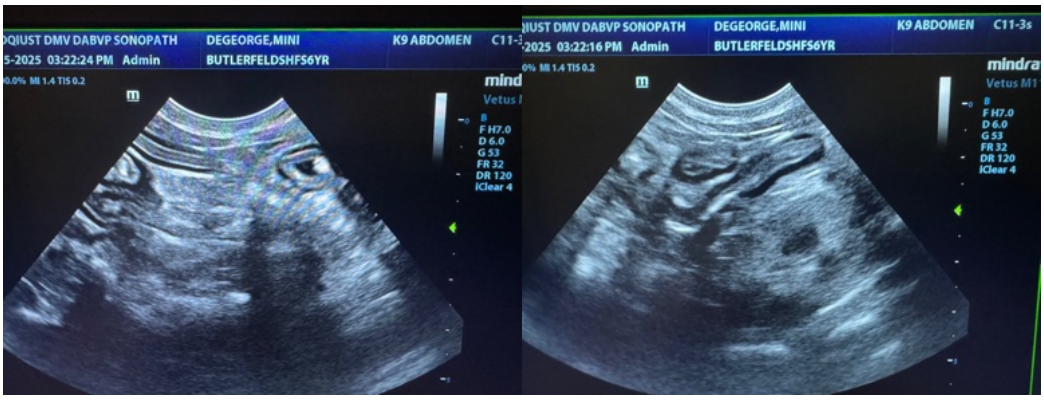
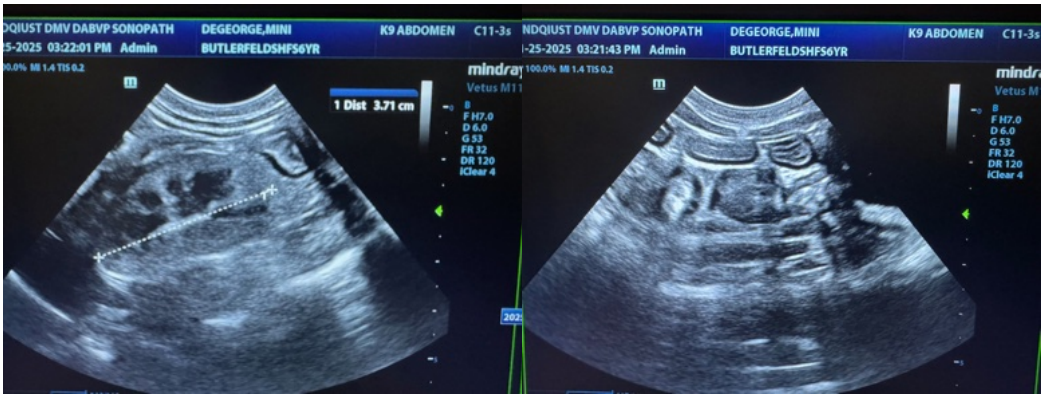
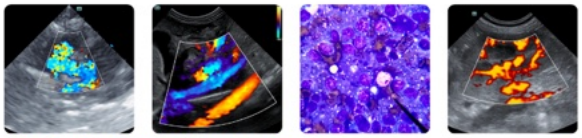


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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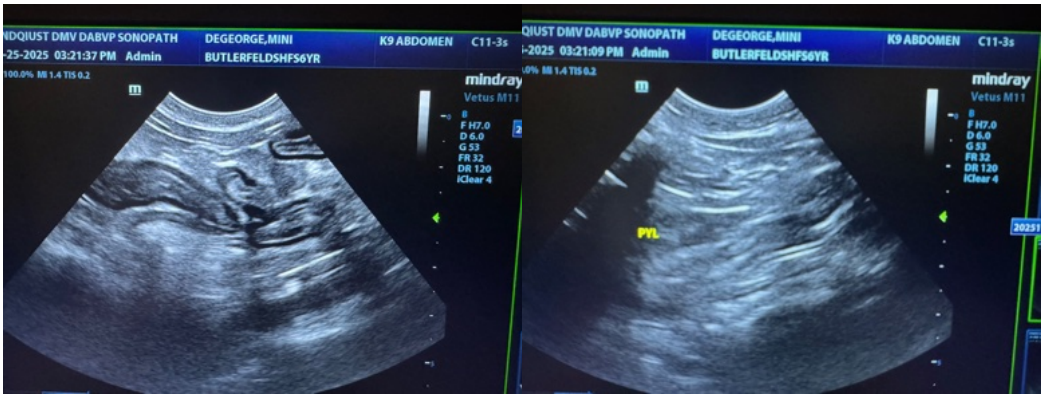


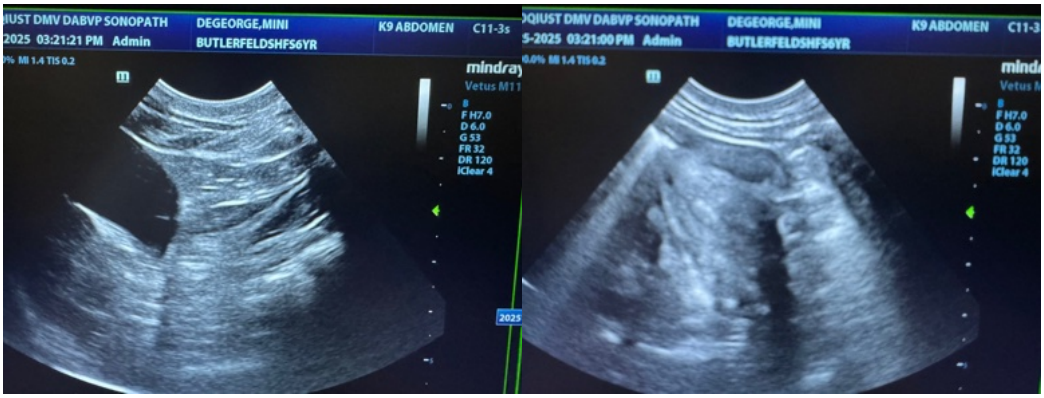


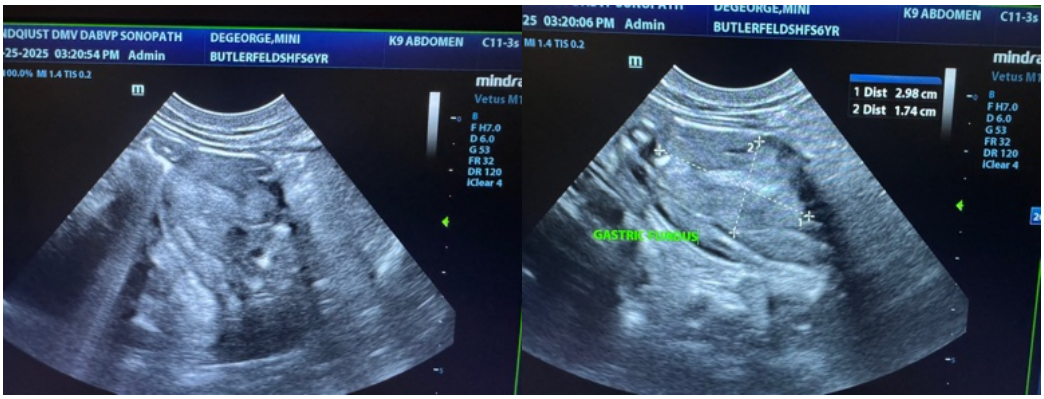

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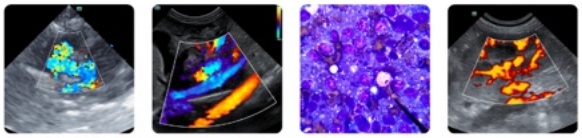

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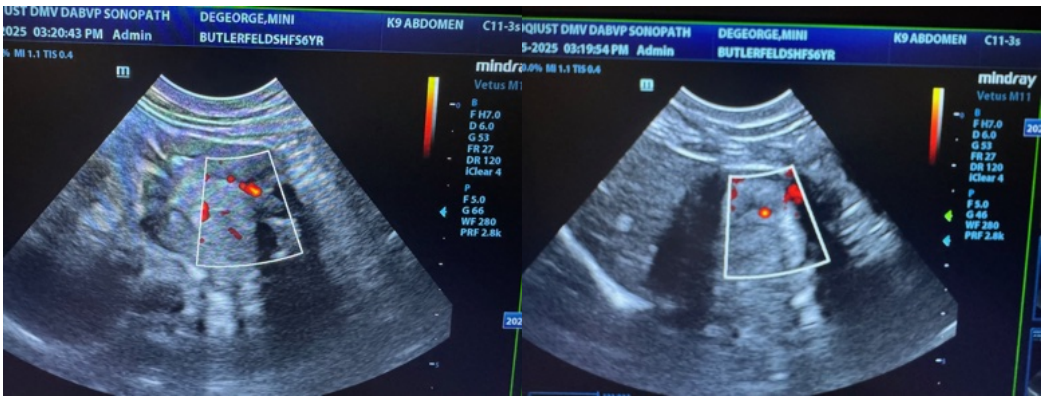


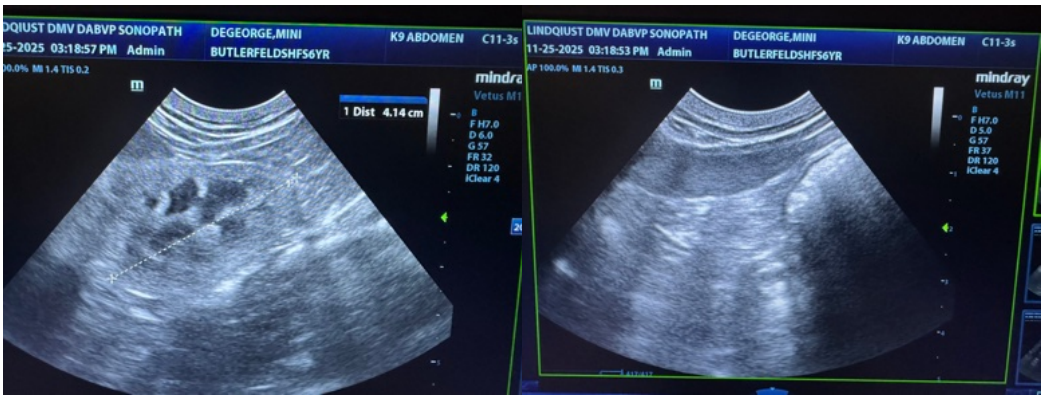


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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