



## PATIENT

Minnie Calder

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10 Years 11 Months

## WEIGHT

9.46 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Rivera

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Weekes

## INVOICE

73288

## DATE

2/26/26

## PRESENTING CLINICAL SIGNS

Owner reports Minnie presented for ongoing vomiting, weight loss, and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Gastrointestinal / Abdominal: Soft, non-painful, no masses or organomegaly appreciated 1. Chronic vomiting with recent hematemesis r/o inflammatory bowel disease vs. pancreatitis vs. hepatobiliary disease (triaditis) vs. gastrointestinal ulceration vs. neoplasia. 2. Inappetence and weight loss r/o secondary to gastrointestinal disease vs. systemic illness

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (3.6) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.2 mm.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. There are multiple hyperechoic, small, approximately 1.2 mm hyperechoic lesions found diffusely throughout the spleen. These are most likely benign myelolipomas and do not appear to be clinically significant at this time.

### *Liver*

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### *Gastrointestinal*

Within the body of the fundus of the stomach there is an intraluminal hypoechoic mass lesion present that measures approximately 3.2 cm x 1.5 cm and has an irregular shape to it. The remainder of the stomach wall appears to have normal layering and thickness. The mass does not encompass the entire stomach wall. The stomach is diffusely fluid filled and also contains a moderate amount of hyperechoic ingesta. The stomach appears to potentially be partially obstructed, possibly due to the mass lesion



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described. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

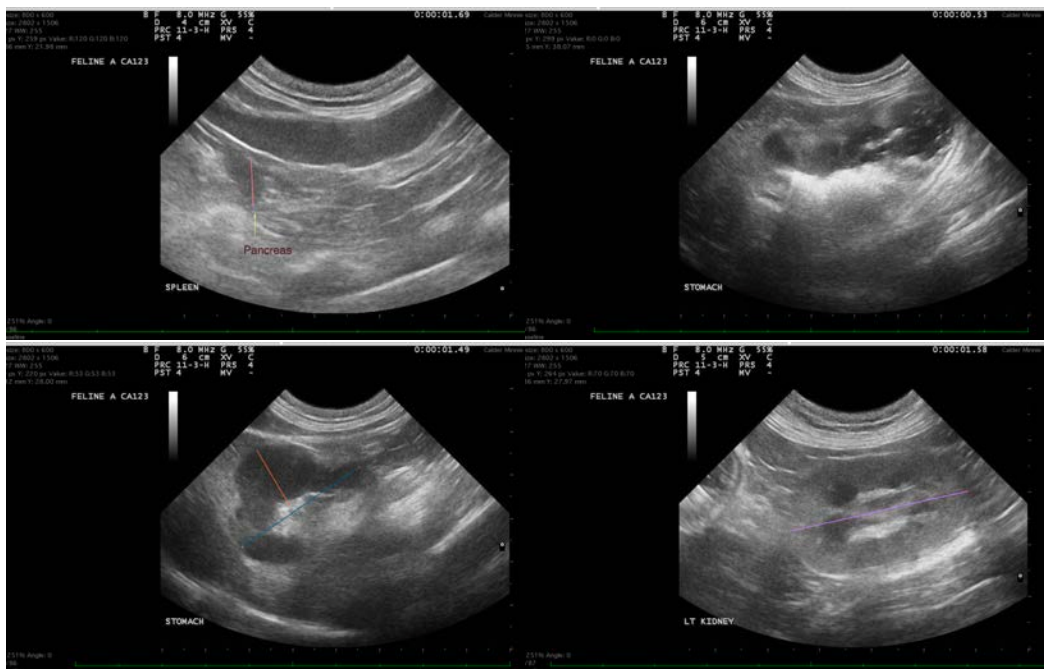
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Gastric mass – Differentials include lymphoma versus adenocarcinoma versus leiomyosarcoma. It is unlikely that the gastric lesion is benign.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend ultrasound guided fine needle aspirates of the lesion to rule out lymphoma. If lymphoma is ruled out, recommend referral for CT scan to fully characterize the gastric mass lesion to determine if it is surgically resectable. If it is surgically resectable, recommend surgical resection and submission of mass for histopathology. Recommend obtaining 3-view chest x-rays prior to referral to rule out pulmonary metastatic disease. Prognosis is currently guarded to fair pending determination of the etiology of the gastric mass lesion. The patient's clinical signs of vomiting, weight loss and decreased appetite are strongly suspected to be due to the gastric mass lesion.





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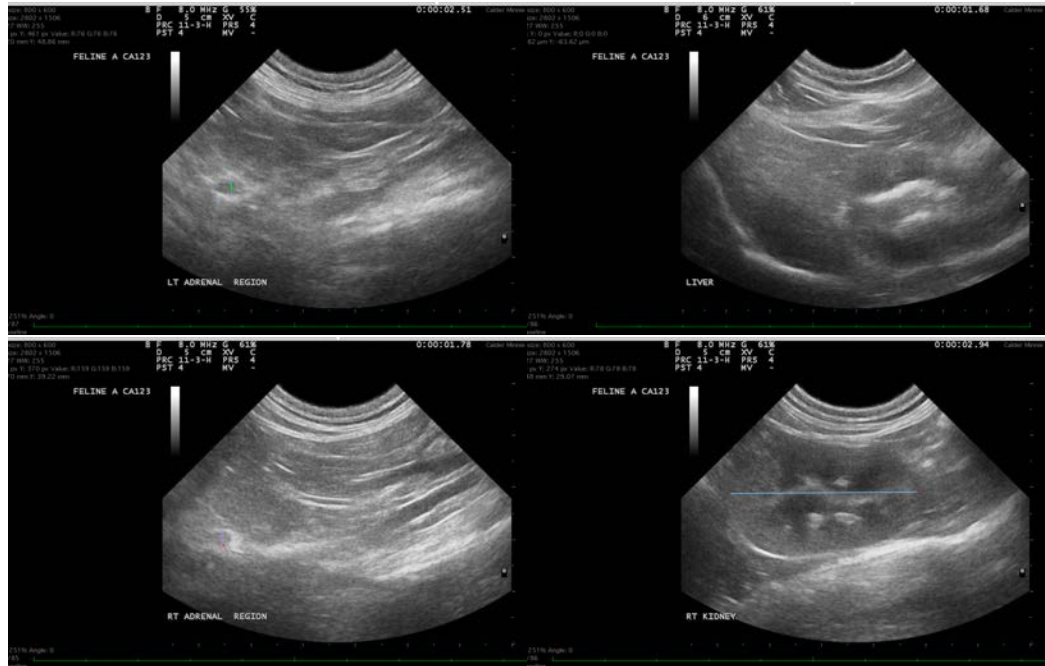
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist  
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