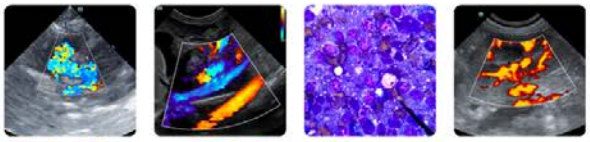


PATIENT

Rockstar Lucas

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

7 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk Valley Veterinary Hospital

REFERRING VET

Dr. Elise Francis

INVOICE

73321

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Weight loss of 2lbs, vomiting with decreased appetite in Jan 2026. Improved appetite with change to PR and addition of antibiotics, no further vomiting but weight loss

Abnormal PE/Chem/CBC/UA Results: 1/16/26 - PE nsf CBC regenerative anemia, elevated PMN 1/23/26: CBC improved 2/25/26: PE large firm cranial abdomen, radiographs lacked serosal detail with caudal displacement of GI organs; no free fluid noted on fast scan; CBC Regenerative anemia (stable): elevated WBC 39.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. The urine contains a moderate amount of suspended echogenic debris. The bladder wall is normal in appearance and thickness. No masses are seen. The urethral papillae are not seen on this exam.

The aorta appears to have normal blood flow. However, this is a large amount of hyperechoic cellular material within the aorta. There is concern that the patient may be in a hypercoagulable state.

The right kidney presents normal size (4.2 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney has irregular shape and mild loss of corticomedullary distinction. It measures 4.9 cm.

Adrenal Glands

The adrenal glands were not seen on this exam.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

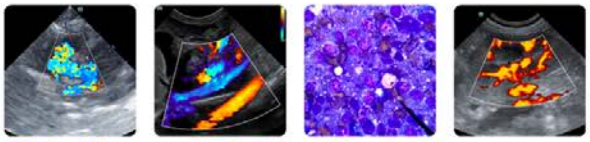
Liver

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

Diffusely the stomach wall is markedly thickened and hypoechoic. There is an intraluminal gastric mass present. Gastric wall measures approximately 3.8 cm in width. The gastric mass encompasses approximately 50% of the gastric wall. The remaining gastric wall does appear to have normal layering and thickness, and the stomach is moderately to markedly fluid filled. The stomach appears as though it may be partially or fully obstructed at this time. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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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.

There are multiple scant pockets of free fluid found throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder debris.
- Large, hypoechoic, intraluminal gastric mass lesion – Differentials include most likely neoplasia. Consider lymphoma or mast cell disease as most likely, with adenocarcinoma, leiomyosarcoma also being possible. A benign etiology to the gastric mass is unlikely.
- Several pockets of scant free fluid, most likely due to an inflammatory cause from the presence of the gastric mass.
- Mild loss of corticomedullary distinction in both kidneys.
- Hyperechoic cellular material within the lumen of the aorta mixed in with the aortic blood.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis if not already performed. If patient has active urine sediment, recommend urine culture and antibiotic sensitivity.

Recommend fine needle aspirate of the gastric mass and submission for cytology. If round cell neoplasia is ruled out, recommend referral for CT scan for surgical planning to determine if the mass can be surgically resected.

If possible, obtain a fine needle aspirate of free abdominal fluid and submit for fluid analysis and cytology to rule out a process such as carcinomatosis or sepsis.

Regarding the kidneys, recommend full staging, monitoring and managing per the International Renal Interest Society guidelines.

It appears the patient may be in a hypercoagulable state, most likely due to the neoplastic process occurring in the stomach. If surgery is not performed, consider starting the patient on an antithrombotic such as Plavix at 1-3 mg/kg by mouth once daily.

Prognosis appears guarded pending determination of etiology of the gastric mass.

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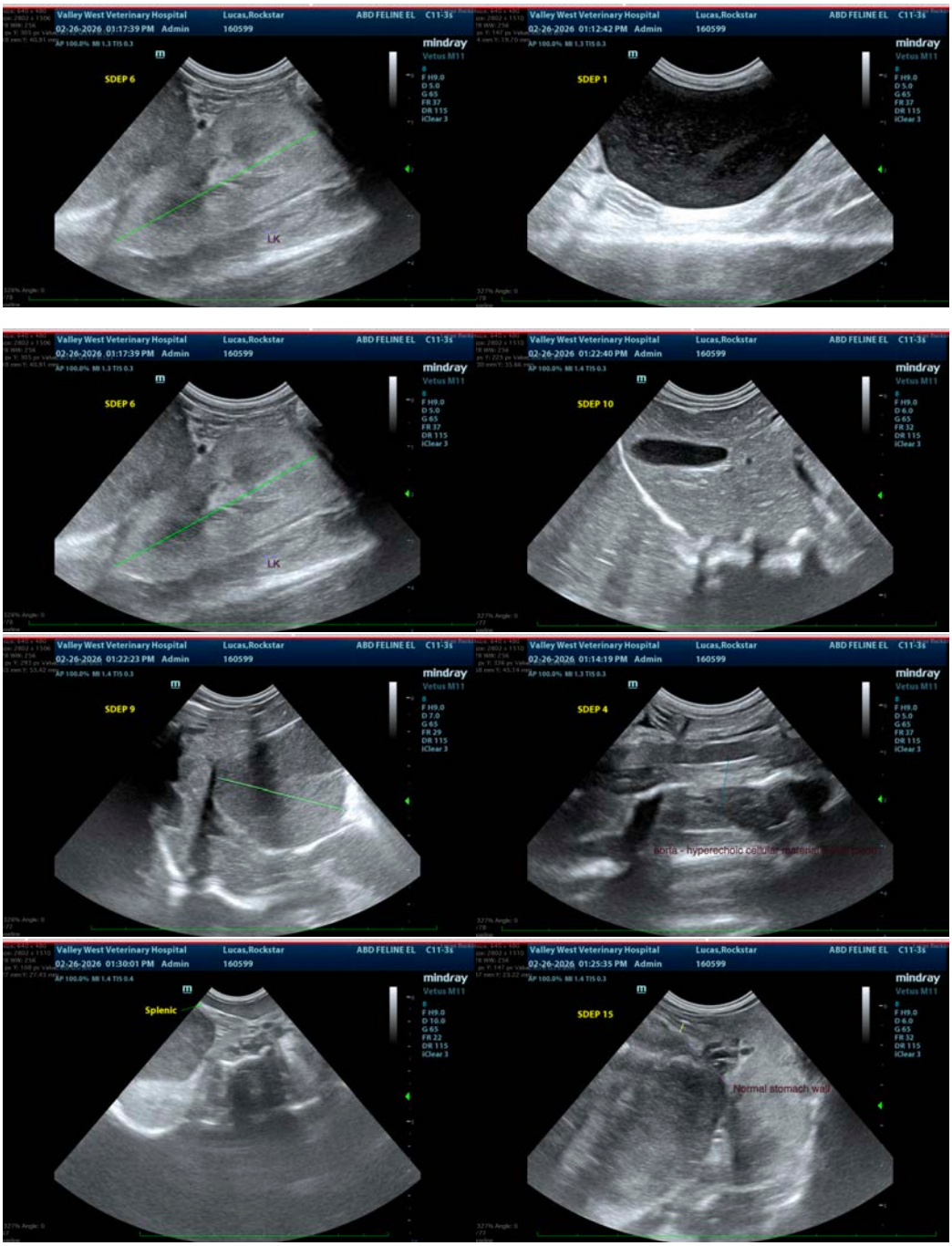

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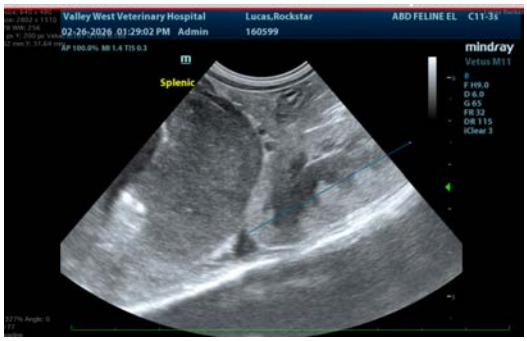

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com