



PATIENT

Annie Murphy

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4.1 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Britania Kingsland VC

REFERRING VET

Dr. Radcliffe

INVOICE

35979

DATE

2/27/26

PRESENTING CLINICAL SIGNS

Episodes of recent hematemesis, increased frequency of vomiting (2-3 x weekly) over the past few weeks . Decreased appetite over the past few months.

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable with mild hyperglycaemia. Patient initially responded to supportive care with cerenia and mirtazapine but has not improved fully .

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. No ureteral papilla seen on this exam.

The right kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 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 3.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.1 mm. There is a hyperechoic nodule in the cranial pole that measures 2.7 mm in diameter. This appears to be incidental finding.

Spleen

The spleen is normal in size, but at the upper end of reference range. The margins are scalloped slightly. This may be a normal variation.

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

In the body of the stomach, there is a 1.4 cm x 0.7 cm hypoechoic focal thickening of the gastric wall. The remainder of the gastric wall appears to have normal layering and thickness. The stomach contains a mild amount of retained fluid, consistent with mild gastritis. No obstructive gastric lesion is seen. There is an enlarged gastric lymph node that measures 1.3 mm x 4.6 mm with surrounding hyperechoic fat. Overall, the small bowel is normal in appearance. There are some sections that subjectively have a mildly thickened muscularis layer. The ileum was thickened with loss of layering, measuring 3.3 mm in width, with moderately thickened muscularis layer.



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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

No free abdominal fluid is seen. Sublumbar lymph nodes are identified (2.7 mm in width) and appear normal. Mild jejunal lymphadenopathy was present, a representative node measured 6.8 mm x 3.83 mm.

ULTRASONOGRAPHIC FINDINGS

- Focal lesion in the fundic wall of the stomach
- Mild retained fluid within the stomach
- Enlarged gastric lymph node
- Small intestinal disease is possibly present
- Hyperechoic nodule in the cranial pole of the left adrenal gland
- Slightly scalloped splenic margins

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary finding on this exam is the focal gastric lesion. This lesion, given that it is focal, is most consistent with the neoplastic process such as lymphoma, adenocarcinoma, leiomyosarcoma, or possibly a benign leiomyoma. Recommend fine needle aspirate of this lesion with submission for cytology. If cytology is inconclusive, consider surgical resection of this mass for histopathology.

The enlarged gastric lymph node has the appearance that it is most likely enlarged due to a neoplastic process, either round cell neoplasia such as lymphoma or possibly metastatic neoplasia such as adenocarcinoma or leiomyosarcoma. If possible, recommend aspirating this gastric lymph node with submission for cytology. If inconclusive and surgery is performed, recommend extirpating this node submitting for histopathology. Prior to surgery, we recommend three-view chest x-rays to screen for pulmonary metastatic disease.

The adrenal gland nodule on the left side is most likely an incidental finding.

Recommend a fine-needle aspirate of the spleen with submission for cytology to rule out round cell neoplasia such as lymphoma or mast cell disease. Liver and gallbladder normal.

Recommend submitting Texas A&M GI panel to further evaluate for possibility of small intestinal disease. When patient has surgery for the gastric lesion. Obtain stomach and small intestinal biopsies during that procedure. Prognosis is guarded pending result of cytology or histopathology of gastric lesion.



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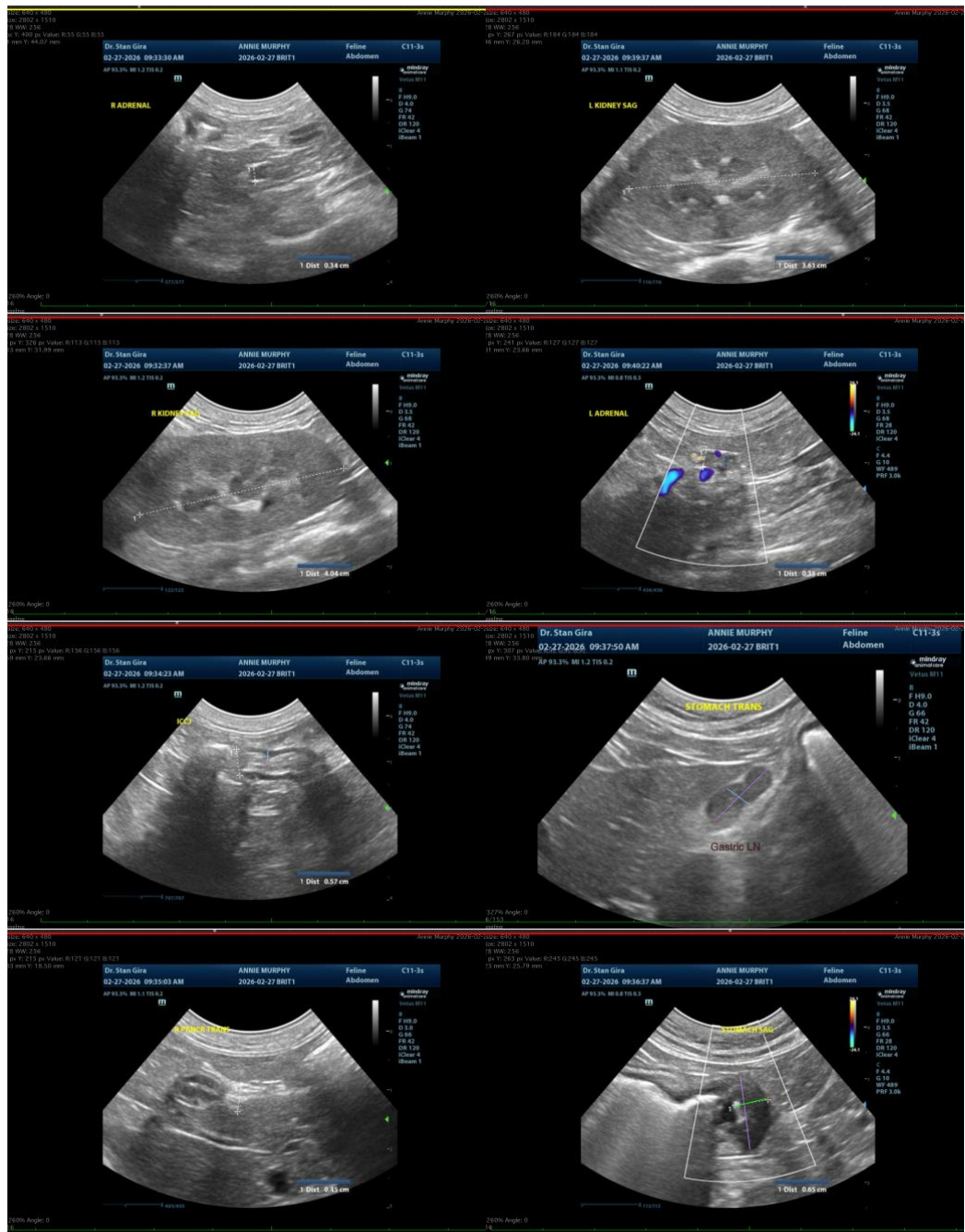
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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Veterinary Internal Medicine Specialist

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