



## PATIENT

Khalessi Rafuwitz

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

11 lbs

## INTERPRETED BY

Heike Rudolf, DVM, Dr.  
med. Vet., DipECVDF  
DVR

## IMAGING PERFORMED BY

Dr. Mucera

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

16452

## DATE

05/22/26

## PRESENTING CLINICAL SIGNS

Pt presented with difficulty walking, weight loss, lethargic. On exam, palpated a potential mid-abdominal mass.

## RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

R/L lateral and VD, totaling 3 radiographs provided for interpretation.

22.05.2026

## RADIOGRAPHIC FINDINGS

The body condition score is 8/9 with little dorsal s.c. fat.

Rib 13 on the left shows a deviation in its distal aspect. Caudal sternbrae as well as caudal thoracic and lumbar vertebrae appear of slightly increased opacity.

### Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located level with T5.

The cardiac silhouette is tilted cranially along the sternum occupies 70% of the chest height and 2 intercostal spaces. On the VD it is surrounded by fat. Chamber or outflow tract enlargement is not obvious.

The degree of pulmonary expansion is fair. The lung lobes extend to the thoracic boundaries. The outline of the pulmonary vessels is blurred and bronchi are highlighted. Calcification of the main bronchi is present. Variable bronchial wall thickening is evident in the caudal lobes.

### Abdomen

A soft tissue mass is located in the cranial abdomen just caudal to the liver and extends to the level of L4/5. The edges are smooth and rounded and centro-ventral stippled calcification is present. The small intestine is displaced caudally and slightly to the right. On the VD the mass is located in the region of the stomach with the small, gas filled lumen located centrally.

The spleen appears physiological.

Both renal shadows have a physiological size, shape and opacity. The bladder is small and located in the abdomen.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

Gastric wall

- Thickening, severe
- Calcification, centrally

Broncho-interstitial pattern

Incidental finding

- Rib anomaly left

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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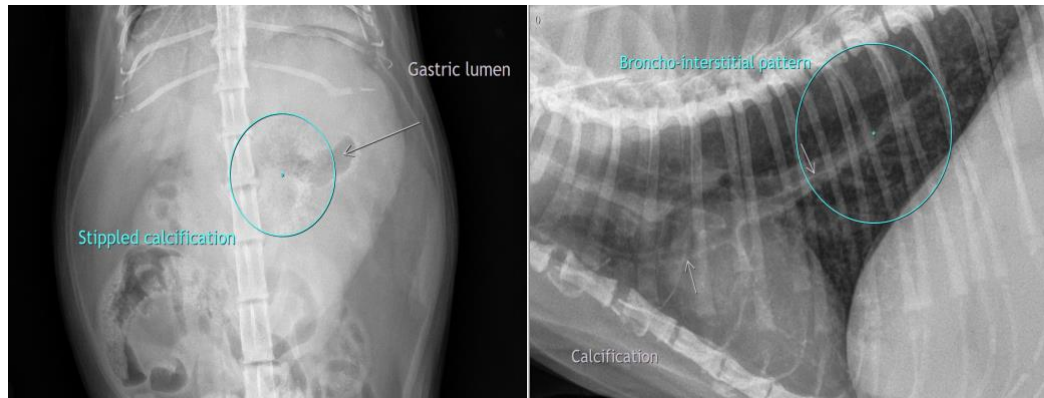
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The changes are compatible with a gastric tumor. Lymphoma are the most common GIT tumors in cats but adenocarcinoma is a possibility. Ultrasound guided biopsies should be obtained to identify the tumor type. The circumferential nature of the thickening in association with the calcification make granuloma and inflammation unlikely. The lung infiltrate could represent feline asthma but interstitial lymphoma is a differential diagnosis; trachea-bronchoscopy with BAL is necessary for a diagnosis. Sclerosis of sternal and vertebral bodies has been described in lymphoma but the BCS can artefactually increase the bone opacity. Difficulty walking can be due to spinal disease (e.g., lymphoma) and MRI plus CSF analysis is recommended if the neurological examination shows abnormalities.



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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR  
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