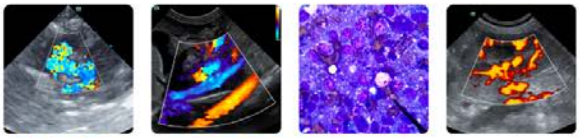


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Smoke Shop Burnard

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.2 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg Veterinary Clinic

REFERRING VET

Dr. Findlater

INVOICE

71725

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Large mass palpate cranial abdomen History of vomiting blood daily for several weeks, will eat treats, appears to keep food down, unsure re: BMs at home but scant feces on palpation Current Medications none.

Abnormal PE/Chem/CBC/UA Results: N/A Primary Question to Be Answered in This Exam Is this a mass associated with stomach wall? Is surgery a possibility, any signs of metastatic spread

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is normal in size but irregular in shape, measuring 4.06 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is an irregular hyperechoic “bulge”/mass effect visualized associated with the cranial pole of the left kidney measuring 1.64 cm x 1.74 cm. This area has a hypoechoic outer rim possibly consistent with subcapsular effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.51 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

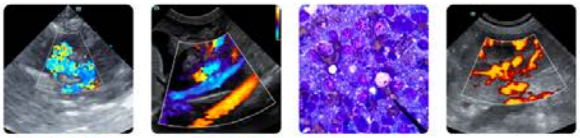
The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.76 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild gas and fluid. The majority of the gastric wall appears severely thickened with complete loss of layering, creating a large gastric mass effect measuring approximately 5.21 cm x 5.72 cm. In this area the gastric wall measures at 2.28 cm.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.23 cm. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. An enlarged gastric lymph node is visualized measuring 1.53 cm x 1.42 cm. The omentum is hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Irregular mass effect in the cranial pole of the left kidney – Findings could represent a metastatic lesion, a primary renal mass (benign or neoplastic) or an anatomic abnormality.
- Pancreatic changes most consistent with pancreatic remodeling in the left limb.
- Diffusely severely thickened gastric wall with loss of layering – Findings are most consistent with infiltrative neoplasia to the gastric wall (round cell neoplasia, carcinoma, other). Other differentials are possible (eosinophilic infiltrates, FIP, etc.).
- Large gastric lymph node – Findings are most consistent with a metastatic lymph node, although a highly reactive lymph node is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary mass palpated is likely the stomach, which exhibits severe gastric wall thickening and complete loss of layering. Minimal normal stomach is visualized. Recommend a fine needle aspirate of the gastric wall for further evaluation.

The cranial pole of the left kidney appears abnormal and has some evidence of subcapsular fluid. This could be concerning for metastasis to the left kidney, although other lesions are possible. If further evaluation is desired, you could consider a fine needle aspirate of this region of the kidney and/or sampling of the subcapsular fluid.

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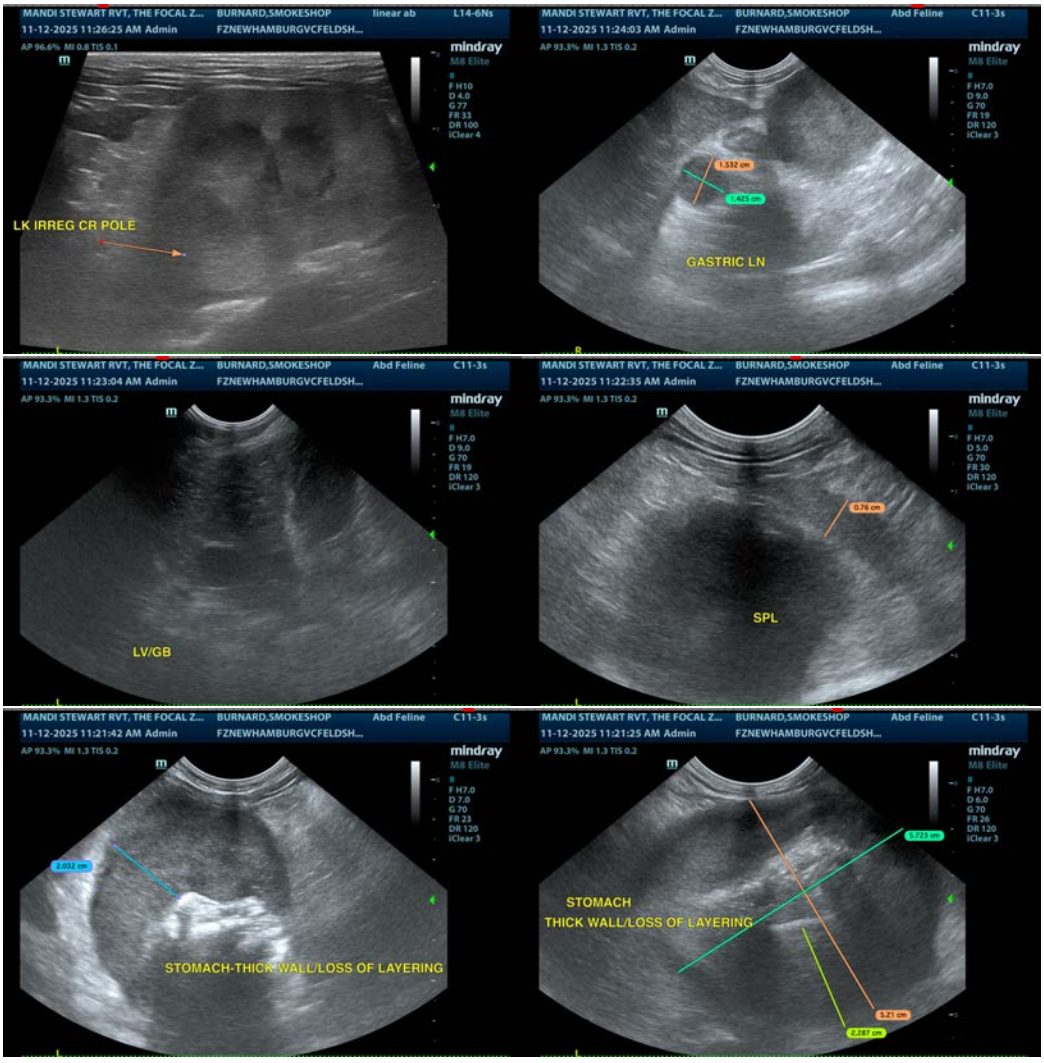
If a cytologic diagnosis can be obtained, recommend consultation with an oncologist regarding the best treatment options and prognosis. Surgical options would likely be limited.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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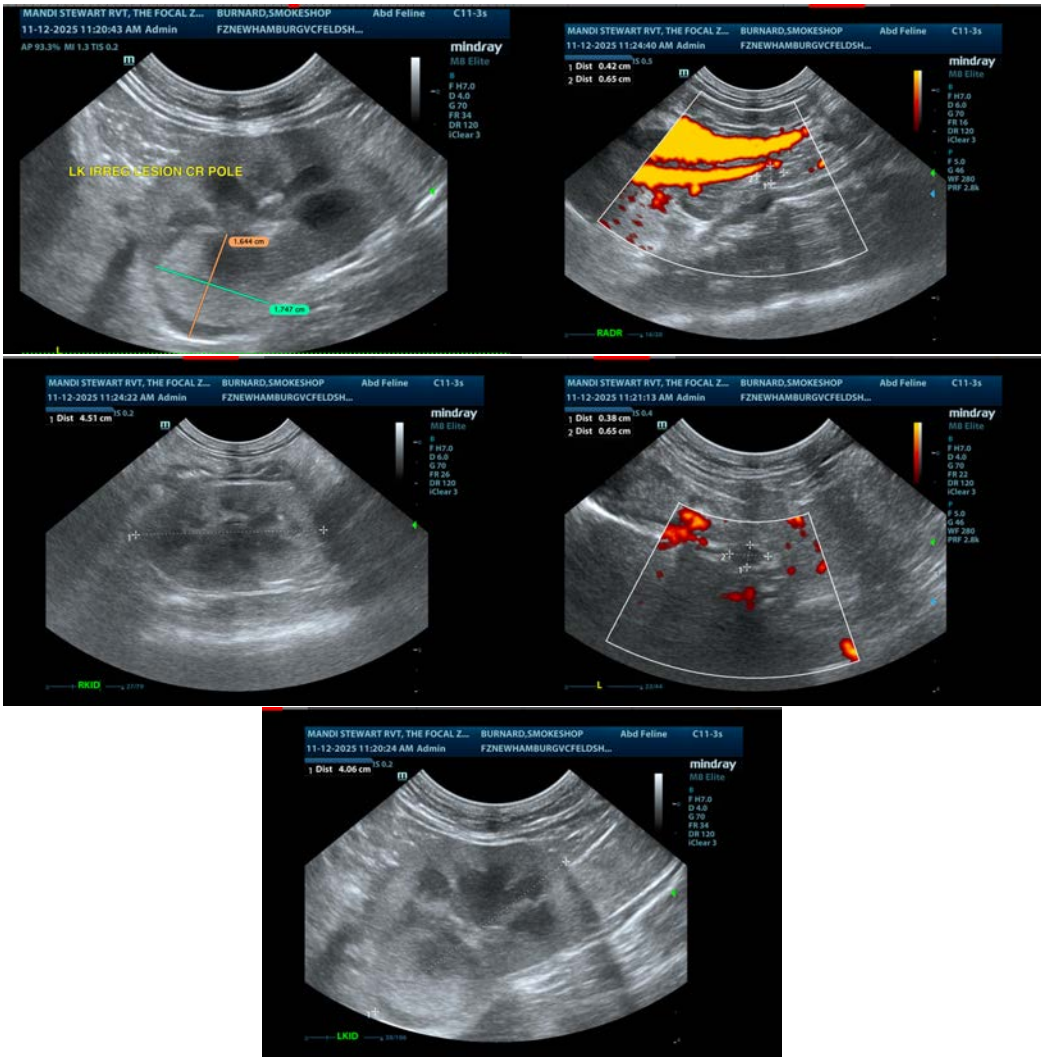

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com