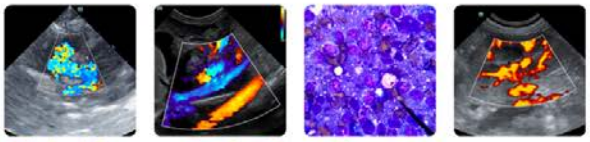


PATIENT

Sky Lopez

SPECIES

Feline

BREED

Domestic Shorhair

SEX

Spayed Female

AGE

12 Years

WEIGHT

12.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Maria Colon

INVOICE

73038

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to episodes of vomiting, anorexia, and lethargy. Client reports that the vomiting began around two days ago and the Px has then lost around 2lbs. Client reports that Px is not eating and is only drinking small amounts of water. Visited rDVM 02/17/26 and got SQ fluid therapy

Abnormal PE/Chem/CBC/UA Results: Bloodwork / radiographs / rDVM record attached below for your reference

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 has a normal shape and size (3.22 cm) with mild pyelectasia at 0.16 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.08 cm) with mild pyelectasia at 0.15 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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 0.38 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.

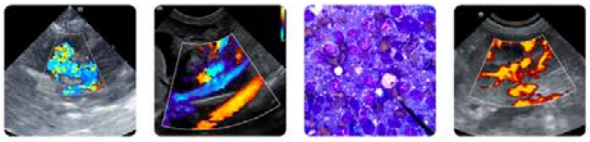
Spleen

The spleen is subjectively normal in size (0.75 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.

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.



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Gastrointestinal

The stomach contains mild fluid. There are significant areas of gastric wall that appear normal in thickness with intact wall layering measuring at approximately 0.26 cm. There is a focal area in the region of the lesser curvature that is severely asymmetrically thickened and hypoechoic with complete loss of wall layering, most consistent with a gastric mass lesion. This area measures approximately 1.67 x 3.2 cm. No evidence of an obstruction is noted.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.23 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. The proximal ascending colon appears somewhat prominent and thickened, measuring at 0.38 cm.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. 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 a mesenteric lymphadenopathy with occasional large, hypoechoic, rounded mesenteric lymph nodes. An example is visualized near the ileocecal junction measuring 1.43 cm x 1.05 cm, and a jejunal lymph node measuring 1.07 cm x 2.34 cm. The omentum is hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral renal pyelectasia – Findings could be consistent with PU/PD, fluid therapy, pyelonephritis, etc. Recommend urinalysis +/- culture.
- Focal asymmetrical gastric wall thickening and loss of layering – Findings are most consistent with focal gastric wall mass. Primary differentials would be round cell neoplasia, carcinoma, adenoma, other.
- Segmental prominent of the muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent/thickened ascending colon wall – Findings could be consistent with colitis or early infiltrative disease.
- Large, hypoechoic, rounded mesenteric lymph nodes – Findings are most consistent with neoplastic lymph nodes or highly reactive lymph nodes.

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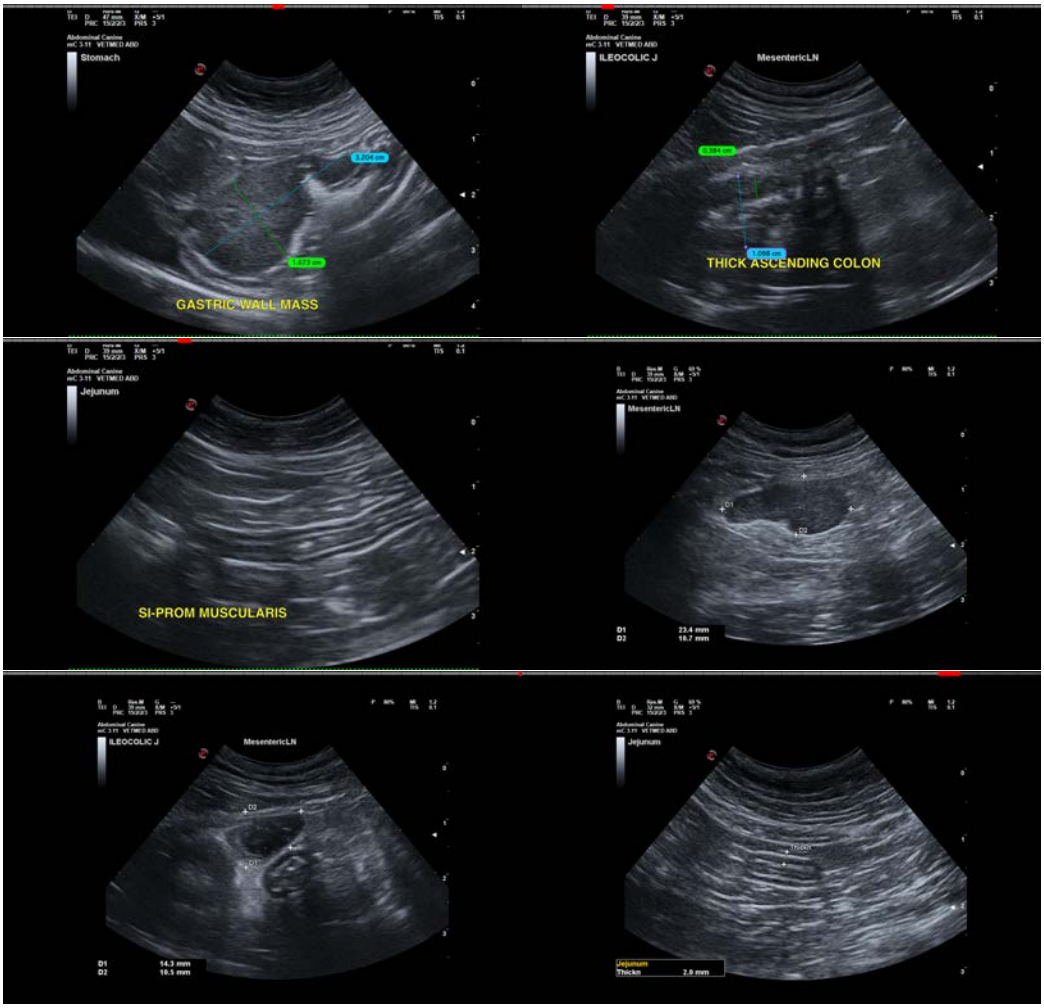
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is asymmetrical wall thickening and loss of layering visualized associated with the stomach. The appearance is highly concerning for a gastric wall mass. Round cell neoplasia would be a primary differential although other differentials are possible. If a safe window for sampling is available, consider a fine needle aspirate (performed during today's exam). If this is not diagnostic, you could consider upper GI endoscopy in hopes that endoscopic biopsies would get deep enough to diagnose this pathology.

Additionally, there are large, hypoechoic mesenteric lymph nodes. Consider a fine needle aspirate for further evaluation (I believe this was performed during today's exam).

If non-invasive methods of sampling are not proving successful, then surgical biopsies of the stomach, GI tract and lymph nodes may be warranted.

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



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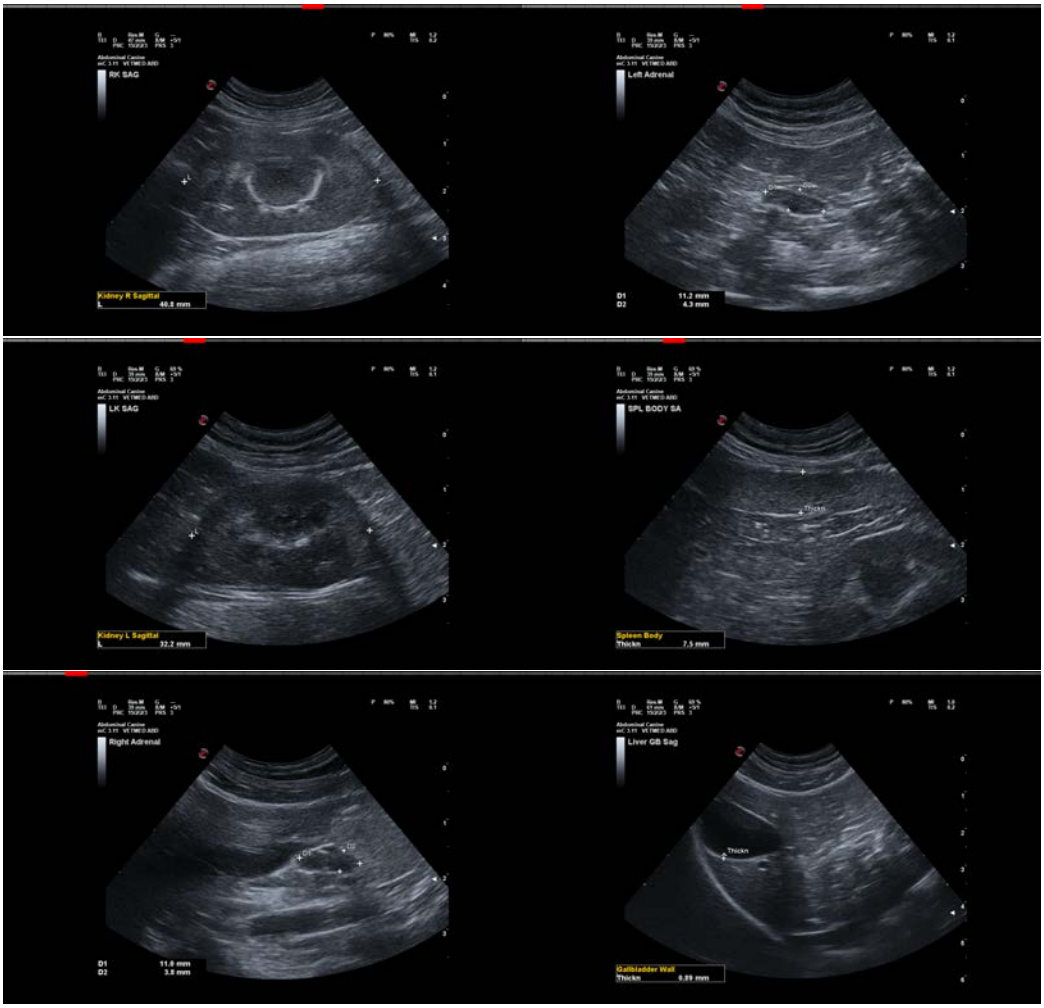

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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