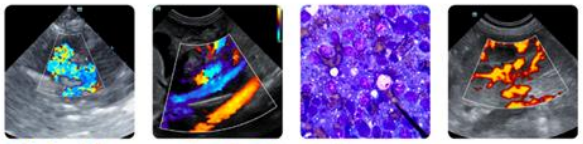


PATIENT
Zar Baez

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
5yr

WEIGHT
10.7lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Rodriguez

HOSPITAL NAME
Foxfield Veterinary Services

REFERRING VET
Rodriguez

INVOICE
23331

DATE
12/23/2025

PRESENTING CLINICAL SIGNS

Vomiting blood and dark tar like feces

Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

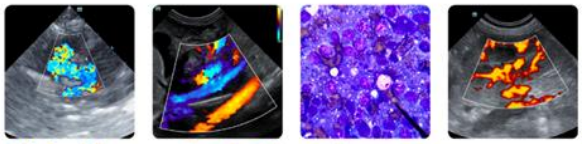
The spleen appeared to be folded upon itself and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.75 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited moderate variable echogenic mild progressively shadowing gastric ingesta and lumen gas. A regional gastric mural mass lesion was present exhibiting thickened wall, loss of gastric mural detail and non-homogenous hypoechoic wall echogenicity in the subjective ventral stomach measuring ~ 4 cm x 10 cm. No obvious visualized evidence of obstruction to pyloric outflow.



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The visualized segments of small intestine exhibited intact wall layering and maintained wall layer ratio with mild segmental non-shadowing intestinal ingesta. The small intestinal wall measured 0.26 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The visualized pancreas exhibited normal size, mild capsule asymmetry and mild non-homogenous remodeled parenchyma.

Free Abdomen

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Mild surrounding mild perigastric hyperechoic omentum in the area of the gastric mural mass lesion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Regional gastric mural mass lesion with gastric ingesta
- Overtly normal visualized small intestine
- Possible concurrent mild chronic pancreatitis
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric mural mass may indicate favored neoplasia, granulomatous or inflammatory etiologies. Definitive visualized associated gastric ulceration was not obvious yet not excluded given concurrent presence of gastric ingesta and clinical history.

Assuming normal clotting status, FNA cytology of the gastric mural mass lesion could be considered for further clarification. Subjectively and without overt visualized evidence of additional gastric mural pathology, the gastric mural mass lesion appears to potentially be amenable to surgical resection.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Gastrointestinal support including gastric protectants and sonographic monitoring of the lesion with higher priority for exploratory laparotomy with gross inspection and potential resection / biopsy if continued or progressive evidence of gastric ulceration is recommended.

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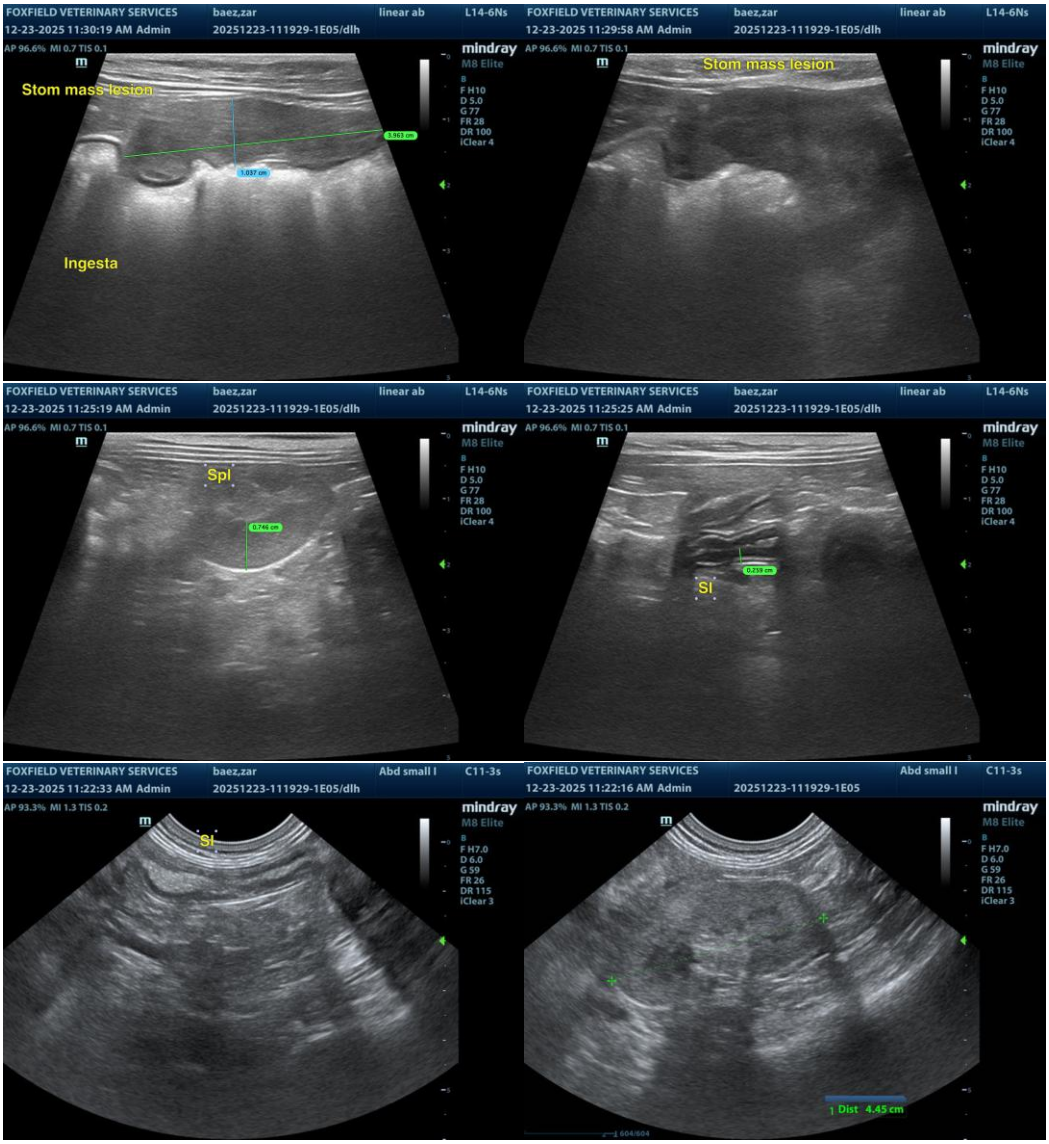

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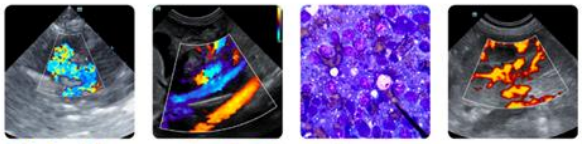

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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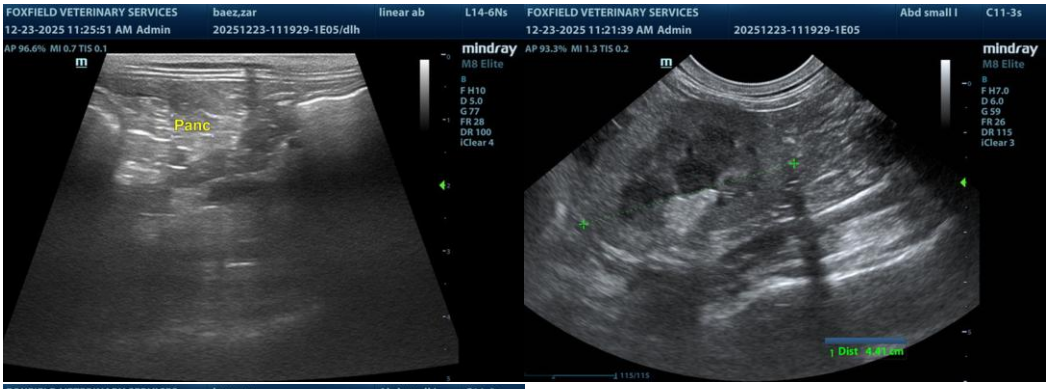

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com