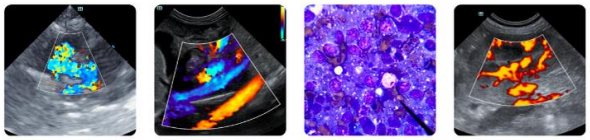

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Khalessi Rafulowitz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 years

WEIGHT

10 lbs. 14 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Mucera

INVOICE

10918

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Weight loss. Mid-abdominal mass palpated

Abnormal PE/Chem/CBC/UA Results: Low albumin (2.4). Leukocytosis (22.1), with neutrophilia (19,890), monocytosis (663) and lymphopenia (663). Mild anemia (hct 28%)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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. Areas of mild medullary mineral were noted. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.39 cm width and the right adrenal gland measured 0.49 cm width.

Spleen

The spleen was subnormal in size, suggestive of volume contraction. The spleen maintained symmetrical contour exhibiting homogeneous parenchyma, measuring 0.55 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The common bile duct was not definitively visualized.

Gastrointestinal

Primarily diffuse, severe gastric wall thickening and loss of gastric wall layer detail were present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Gastric wall width measured ~2.5 cm. Visualized intact stomach wall, by comparison, measuring 0.30 cm wall width.

The visualized segments of small intestine presented intact wall layering with normal wall layer ratio and non-thickened wall. The jejunum wall measured 0.23 cm width.

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

Pancreas

The area of the pancreas was indistinctly visualized owing to stomach mass. There was no overt, sonographic evidence of pancreatic pathology or inflammatory criteria.

Free Abdomen

Regional perigastric hyperechoic omentum was noted. Minor perigastric to perihepatic effusion was present.

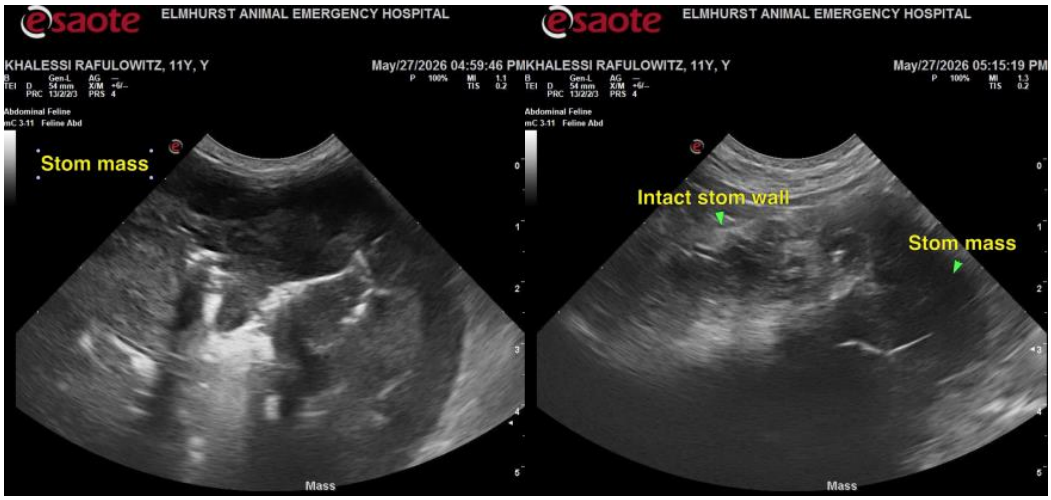
ULTRASONOGRAPHIC FINDINGS

- Diffuse gastric mass
- Overtly normal visualized small intestine
- Normal liver and spleen with splenic volume contraction
- Mild gallbladder debris
- Age-related renal changes with mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the stomach mass is consistent with diffuse to significant neoplastic criteria with lymphoma probable until proven otherwise. FNA cytology of thickened stomach wall for further clarification and potential for oncology consult is recommended.

Ulceration associated with the gastric mass may be suspected if concurrent melena or elevated BUN is noted in the face of anemia.



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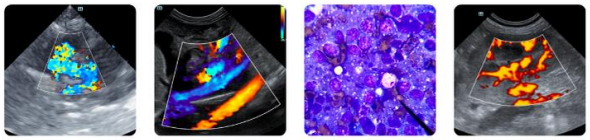

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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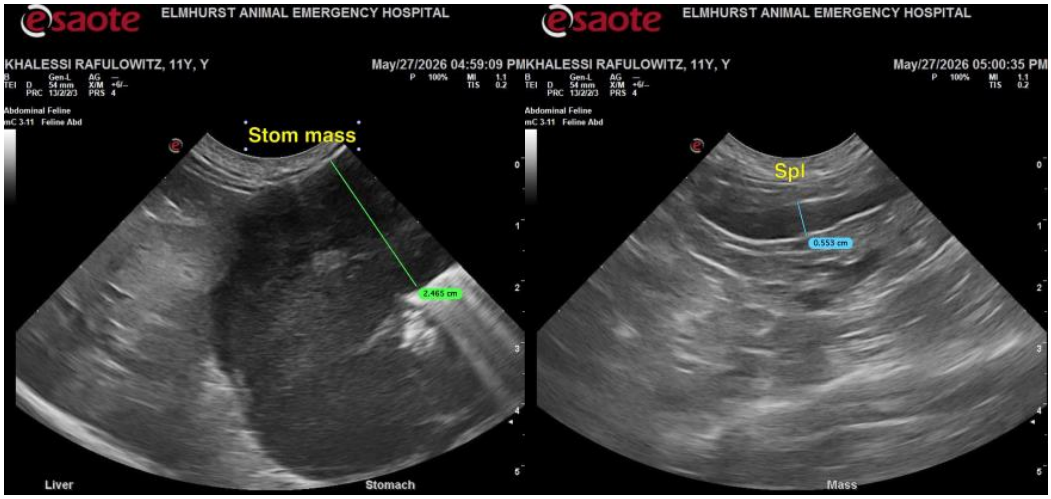

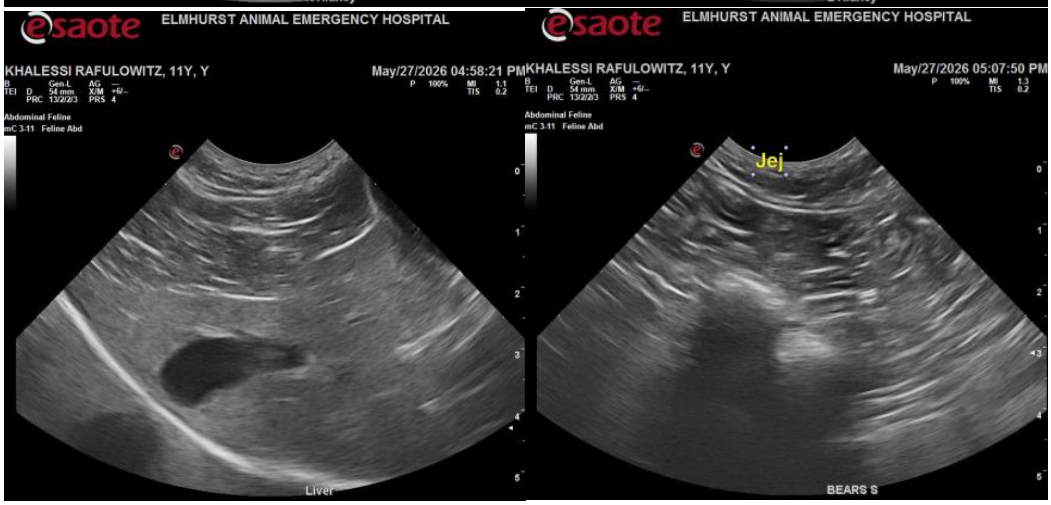

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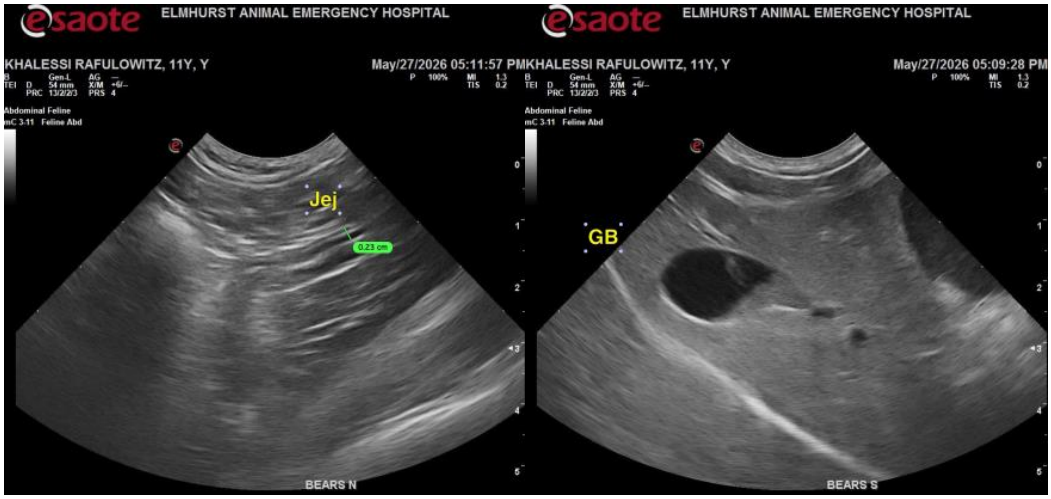

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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