



PATIENT

Max Decker

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

3.7 kg

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

69771

DATE

1/1/25

PRESENTING CLINICAL SIGNS

History: Pt has had hx of sporadic v-> several weeks went to rDVM, no diagnostics, given 2days of cerenia v-> continued w/ blood clot on sat., taken to VCA, no diagnostics, d/c with stable vitals today: not observed eating, lethargic, no v-> today Mouth/Teeth/Gums- MM pale, tacky Cardiovascular- normal rate and rhythm. Gallop rhythm Abdomen/Gastrointestinal- thickened intestinal loops/stomach palpated in the cranial abdomen, painful to palpation.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 22.7 (L), WBC 16.38 (N), Neut 14.68 (H), Lymph 1.18 (N), Mono 0.42 (N), Plt 199 (N) Chem17: Amylase 1,827 (H), remainder WNL Lytes: all values WNL PCV/TS: 34%/7.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechoic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.8 cm, right measured 3.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.3 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Diffuse thickening of the stomach wall measuring up to 1.2 cm with a hypoechoic appearance and loss of layering. A moderate amount of fluid and ingesta was present in the stomach. Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric mass.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric mass would be neoplasia such as lymphoma with granulomatous disease and severe ulcerative disease a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs, FNA cytology of the gastric mass and possibly gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Based on this ultrasound surgical resection of the mass does not appear feasible.



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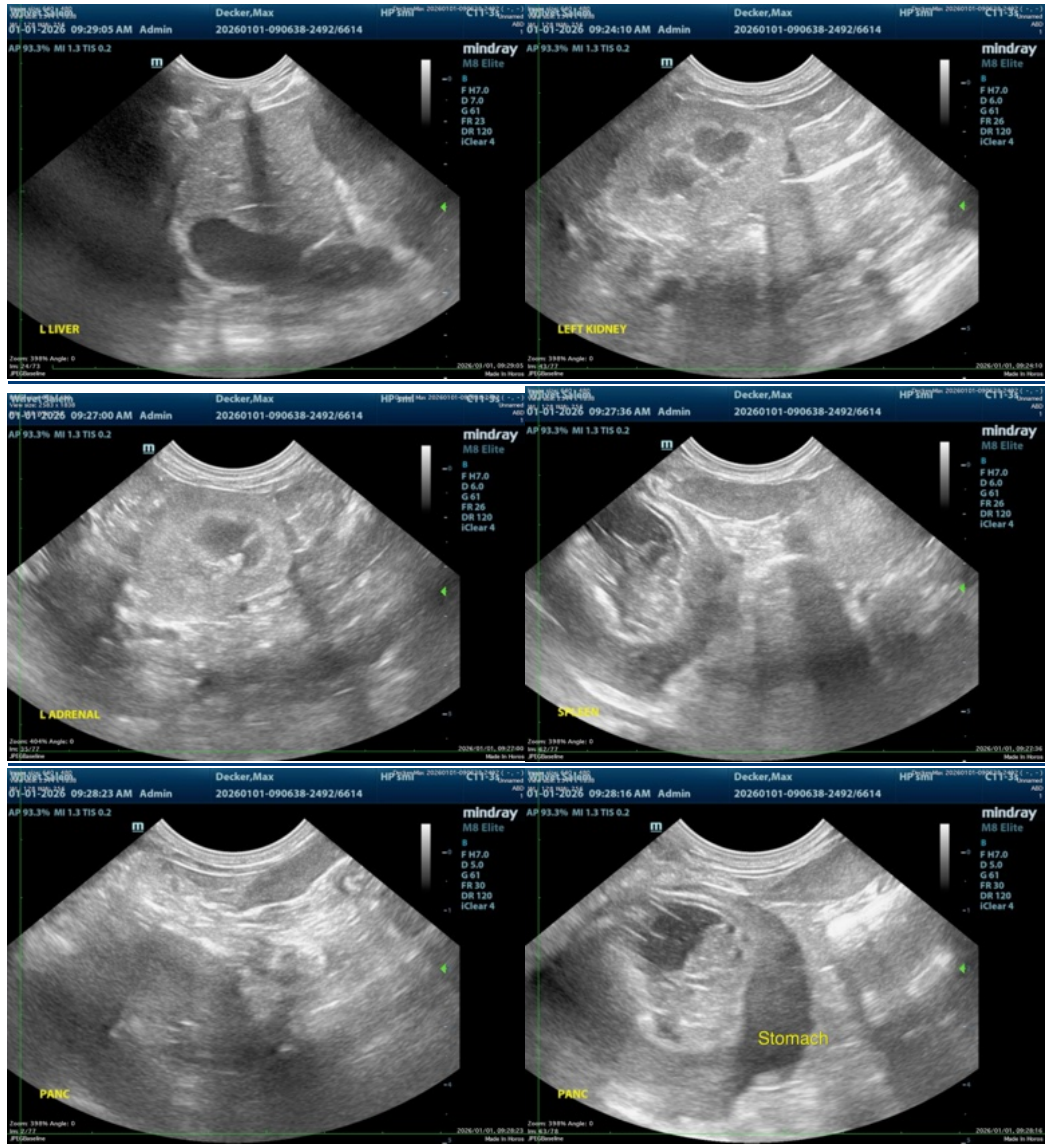
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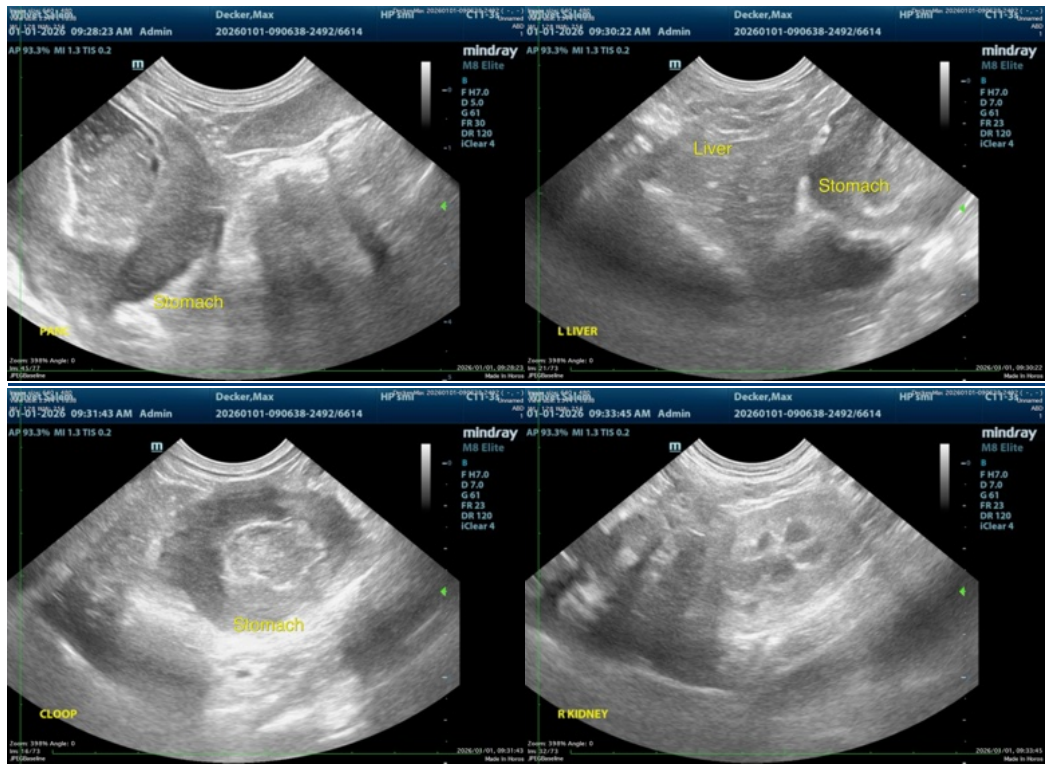
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com