



PATIENT

Mowgli O'Brien

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Dr. Stan Gira

REFERRING VET

Dr. O'Brien

INVOICE

69247

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting for about a month and increased in frequency in the last week. No significant findings on bloodwork. Abdominal rads showed a mass in the cranial abdomen. Started on prednisolone and cerenia and this seems to have controlled the vomiting in the last week. Eating and drinking well. Minimal weight loss. Normal energy level. Medications: Prednisolone 0.25mg/kg po q 24 hours. Cerenia 16mg 1/4 tab po q 24 hours.

Abnormal PE/Chem/CBC/UA Results: unremarkable BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is small measuring 1.9 cm with increased echogenic appearance, loss of corticomedullary differentiation and an irregular capsule. The pelvis is not visualized. No infarcts, mineralization or renoliths evident.

The right kidney is enlarged (4.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts or mineralization evident. A non-obstructive renolith measuring 1.1 cm is present.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.33 cm in width. The right adrenal gland measured 0.48 cm in width.

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 0.8 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

Large, irregular, hypoechoic, poorly vascularized mass is noted on the gastric wall measuring 1.6 x 3.8 cm in size. 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. The right pancreas measured 0.5 cm in width.

Free Abdomen

Normal mesenteric lymph nodes measuring up to 0.7 cm in size.

Enlarged, hepatic/gastric lymph node measuring up to 0.6 x 1.3 cm in size maintaining a normal shape, but with a hypoechoic appearance.

Irregular, cystic like structure measuring 1.3 x 1.4 cm in size situated between the left liver lobe and the stomach.

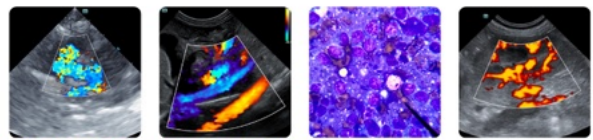
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric mass.
- Regional lymphadenomegaly.
- Right renomegaly with age related renal changes and a renolith.
- Left-sided nephropathy.
- Urinary bladder sediment.
- Cranial abdominal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric mass would be neoplasia with granulomatous disease an unlikely differential diagnosis.



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Etiologies for the renal lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

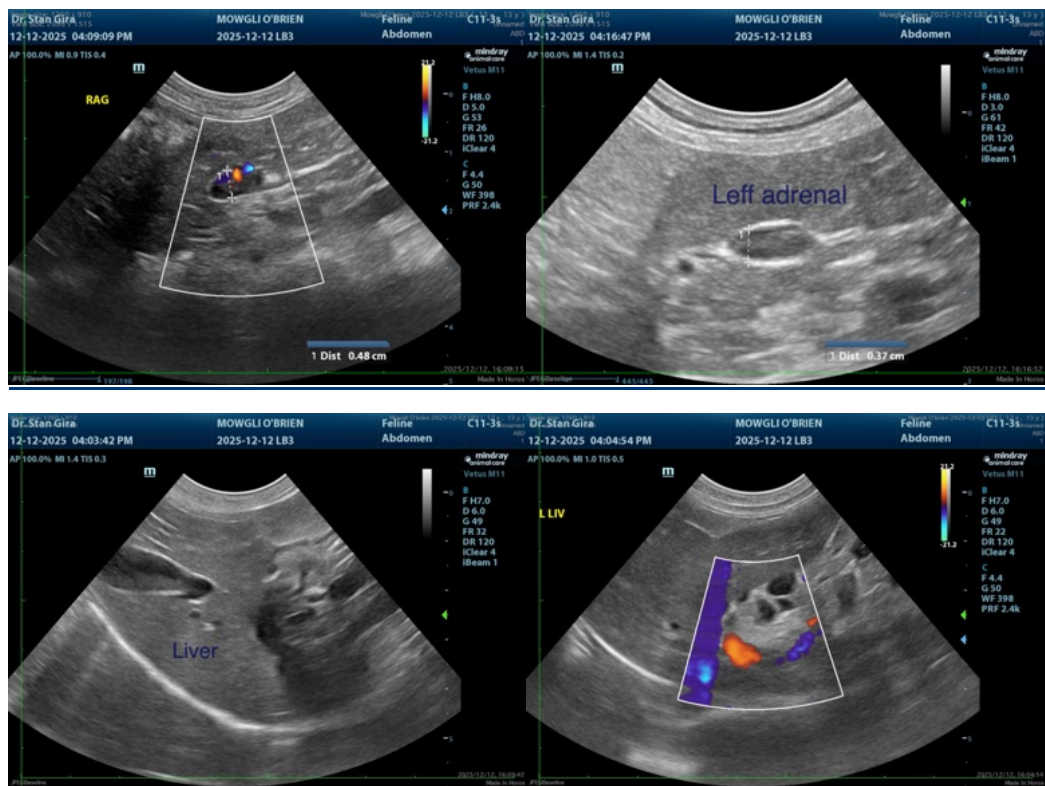
The right renomegaly can be considered as compensatory hypertrophy secondary to the left-sided nephropathy.

Etiologies for the left-sided nephropathy would be previous obstructive uropathy, bacterial nephritis or congenital anomaly.

The cranial abdominal cyst can be considered an incidental finding. The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs, urinalysis, possibly urine culture and FNA cytology of the gastric mass. Gastroscopy with biopsies can also be considered.

Specific therapy would be dependent on an etiological diagnosis. Based on this ultrasound surgical resection of the gastric mass does not appear to be a feasible option.





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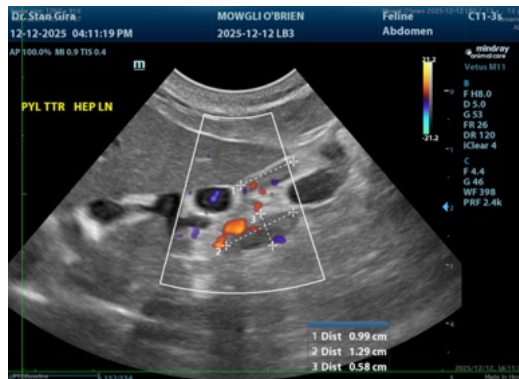
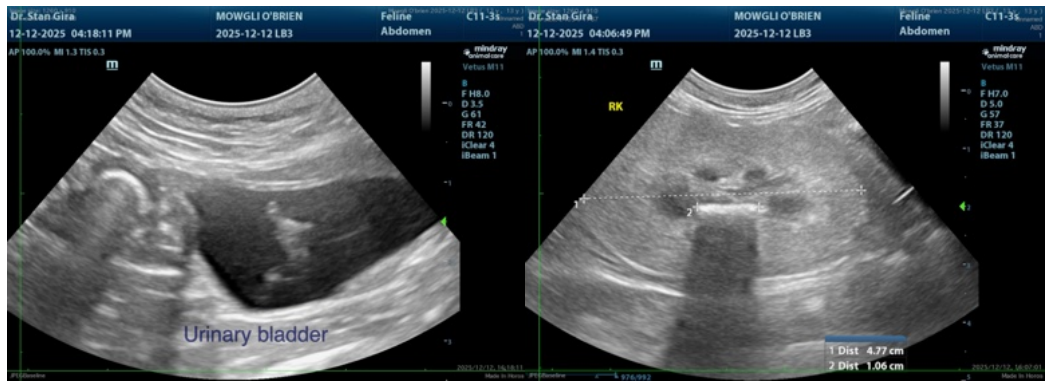
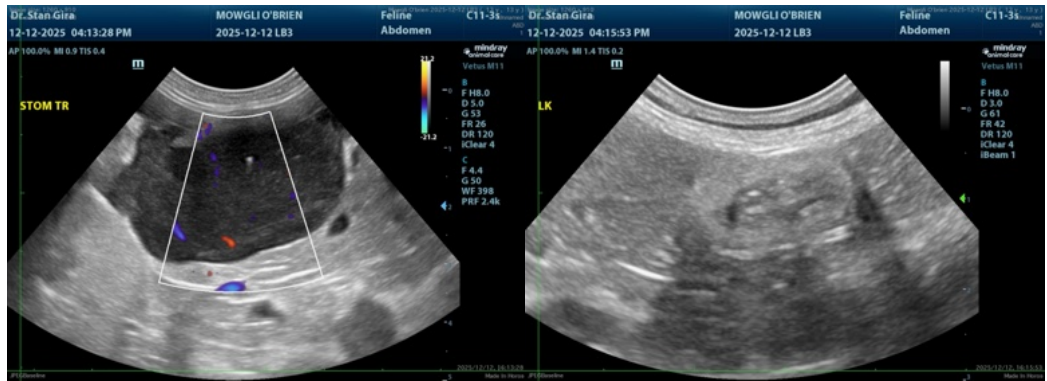
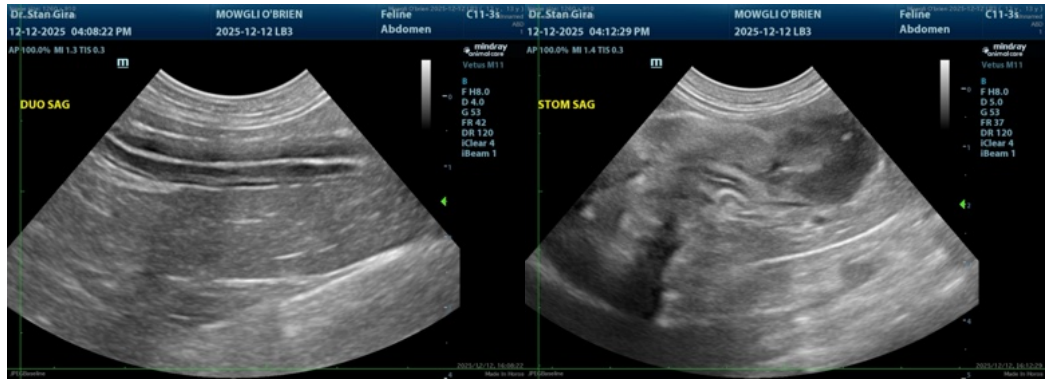
Dr. O'Brien

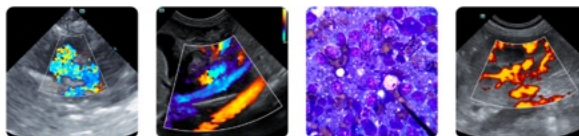
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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