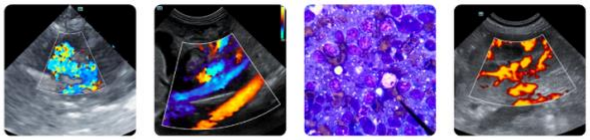


PATIENT

Rosie Petronovich

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

2.9 kg

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet, DVM

INVOICE

36212

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- P seen on 3/10/26 for sudden weight loss and increased frequency of vomiting.
- O states p has always been a “vomiter” but now p is vomiting several times a day.
- P is always somewhat reclusive but may be hiding more, o doesn’t know about litterbox habits as they have 3 cats and no one knows what the cats are doing
- Abnormal PE/Chem/CBC/UA Results: P has lost 1.2 kg (prev 4.1 kg on 12/11/25), BCS now 2/5. — Abdominal palpation reveals a firm mass effect density in the cranial abdomen, unsure if associated with liver or stomach. — BW is still pending including fPL. — Radiographs demonstrate significant soft tissue thickening at the pyloric region of the stomach, with excessive gas retention inside the gastric lumen as well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.4 cm. The right kidney measured 3.8 cm. Normal colorflow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.72 cm in length x 0.33 cm in width. The right adrenal gland measured 0.85 cm in length x 0.35 cm in width.

Spleen

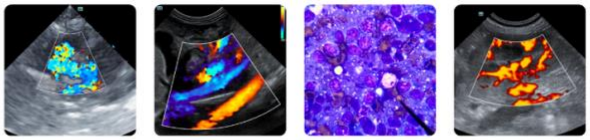
Normal size (0.6 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

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

Gallbladder

Full gallbladder, containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Severe thickening of the gastric wall (up to 0.25 cm) with loss of layering and a hypoechogenic appearance. 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 pancreas is not clearly visualized, but visualized 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

Enlarged gastric lymph node, measuring approximately 0.4 cm x 1.1 cm in size, maintaining a normal shape, but with a hypoechogenic appearance. Hyperechogenic appearance of the mesentery surrounding the lymph node.

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric mass
- Gastric lymphadenomegaly
- Urinary bladder sediment
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric mass would be neoplasia, such as lymphoma, with adenocarcinoma a less likely differential diagnosis. Etiologies for the gastric lymphadenomegaly would be infiltrative neoplasia, and lymphadenitis with reactive hyperplasia a less likely differential diagnosis. The most likely etiology for the urinary bladder sediment would be incidental debris, with crystalluria and bacterial cystitis less likely differential diagnoses. The gallbladder sediment can be considered an incidental finding.

Further assessment would be three view thoracic radiographs and FNA cytology of the gastric wall and gastric lymph node.

Specific therapy would be dependent on an etiological diagnosis.

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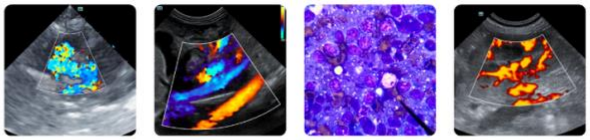

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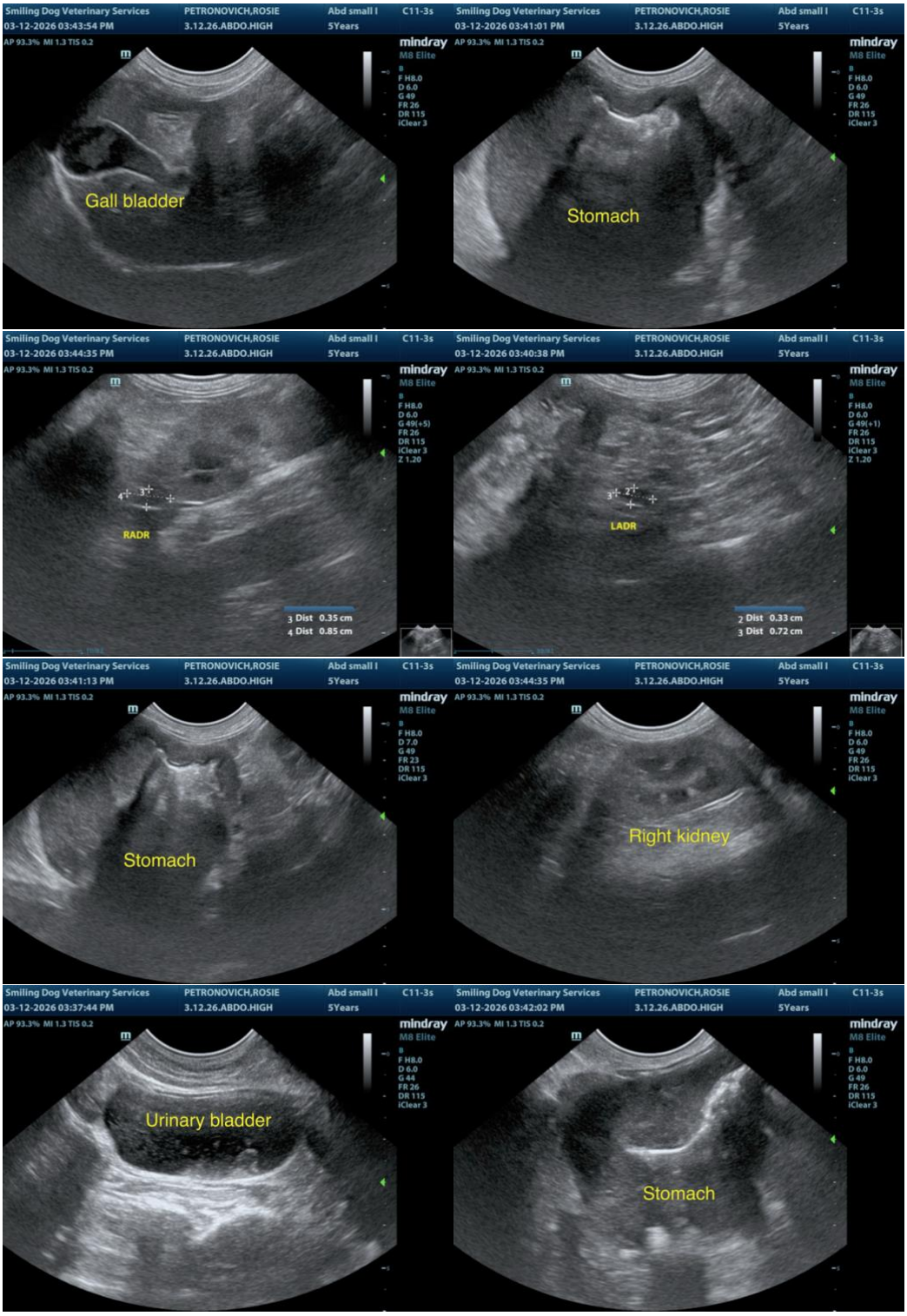

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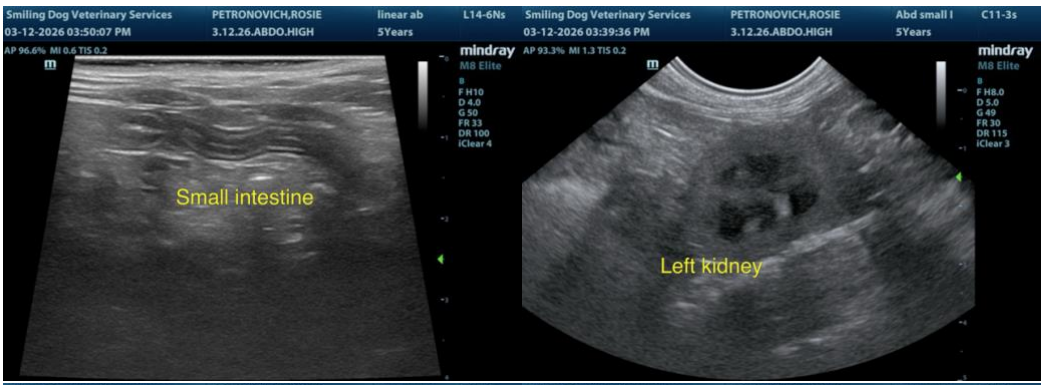

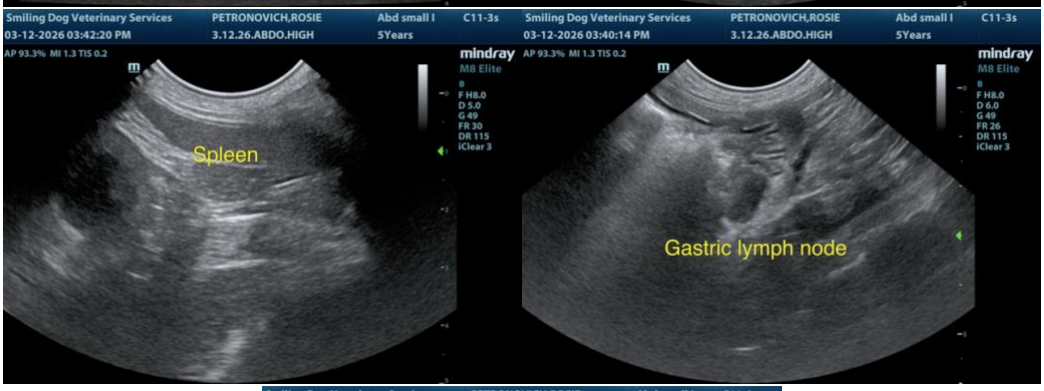

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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