



PATIENT

Lily Dilendik

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Cummings VH

REFERRING VET

Dr. Sweney

INVOICE

78391

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Chronic weight loss, anemic, gut looks thickened on radiographs. Cerenia.

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.

Normal renal size (left measured 3.8 cm, right measured 3.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.94 cm in length x 0.39 cm in width. The right adrenal gland measured 0.57 cm in length x 0.26 cm in width.

Spleen

A large, irregular, mottled echogenic, cystic and vascularized mass in the body of the spleen measuring 1.8 x 3.0 cm in size. The rest of the spleen is of normal size (0.9 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis 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

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



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Gastrointestinal

Large, irregular, hypoechogenic mass in the gastric fundus measuring 1.4 x 2.0 cm in size with no vascular pattern evident. 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.

Prominent gastric lymph node measuring 0.4 x 0.9 cm in size with a rounded shape and hypoechogenic appearance.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric mass.
- Splenic mass.
- Gastric lymphadenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric mass would be neoplasia such as lymphoma or adenocarcinoma.

The most likely etiology for the splenic mass would be neoplasia with hematoma and granuloma a less likely differential diagnosis.

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

The most likely etiology for the urinary bladder sediment would be incidental debris.

Further assessment would be three view thoracic radiographs and FNA cytology of the gastric and splenic masses.



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Specific therapy would be dependent on an etiological diagnosis.

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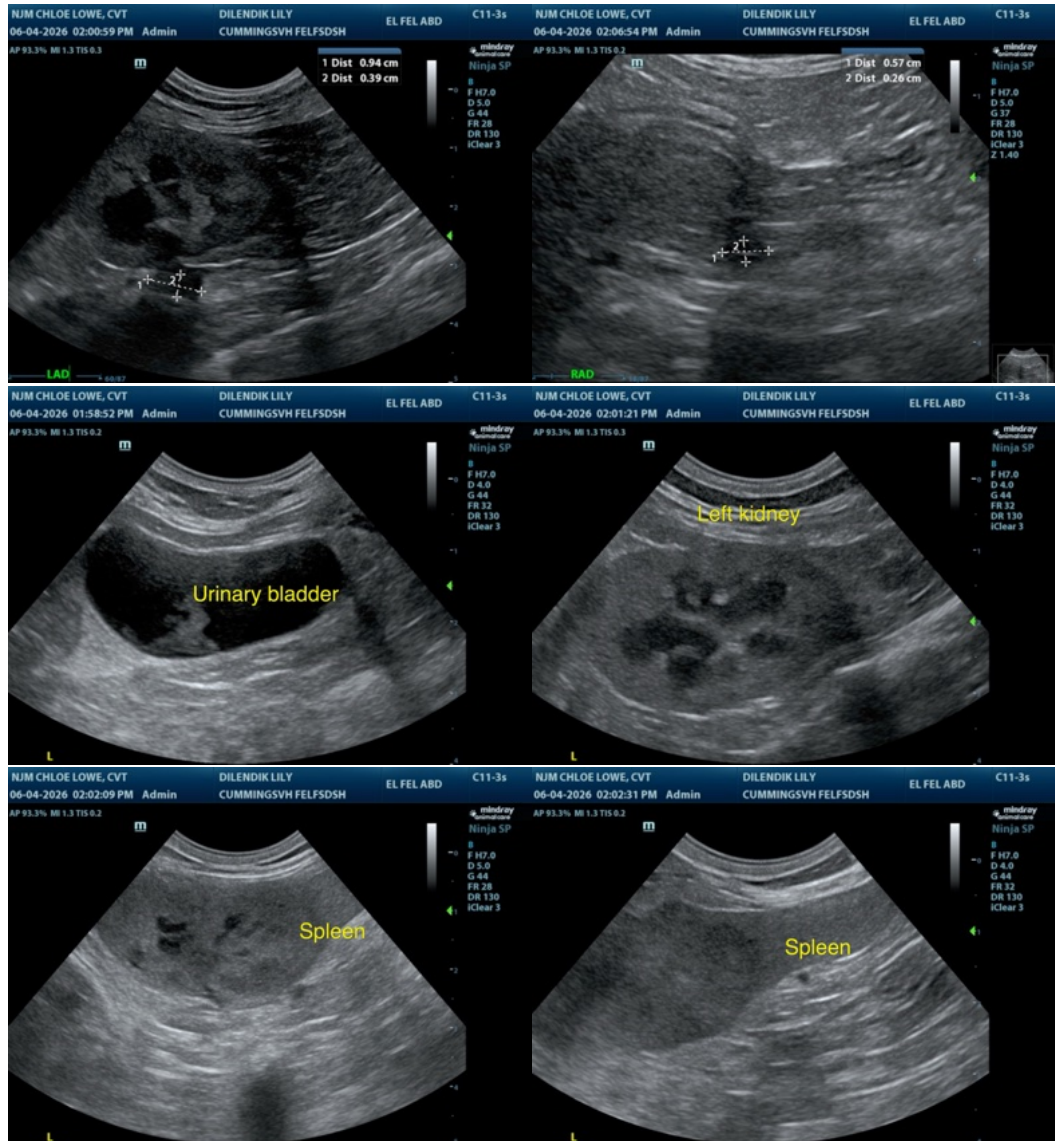
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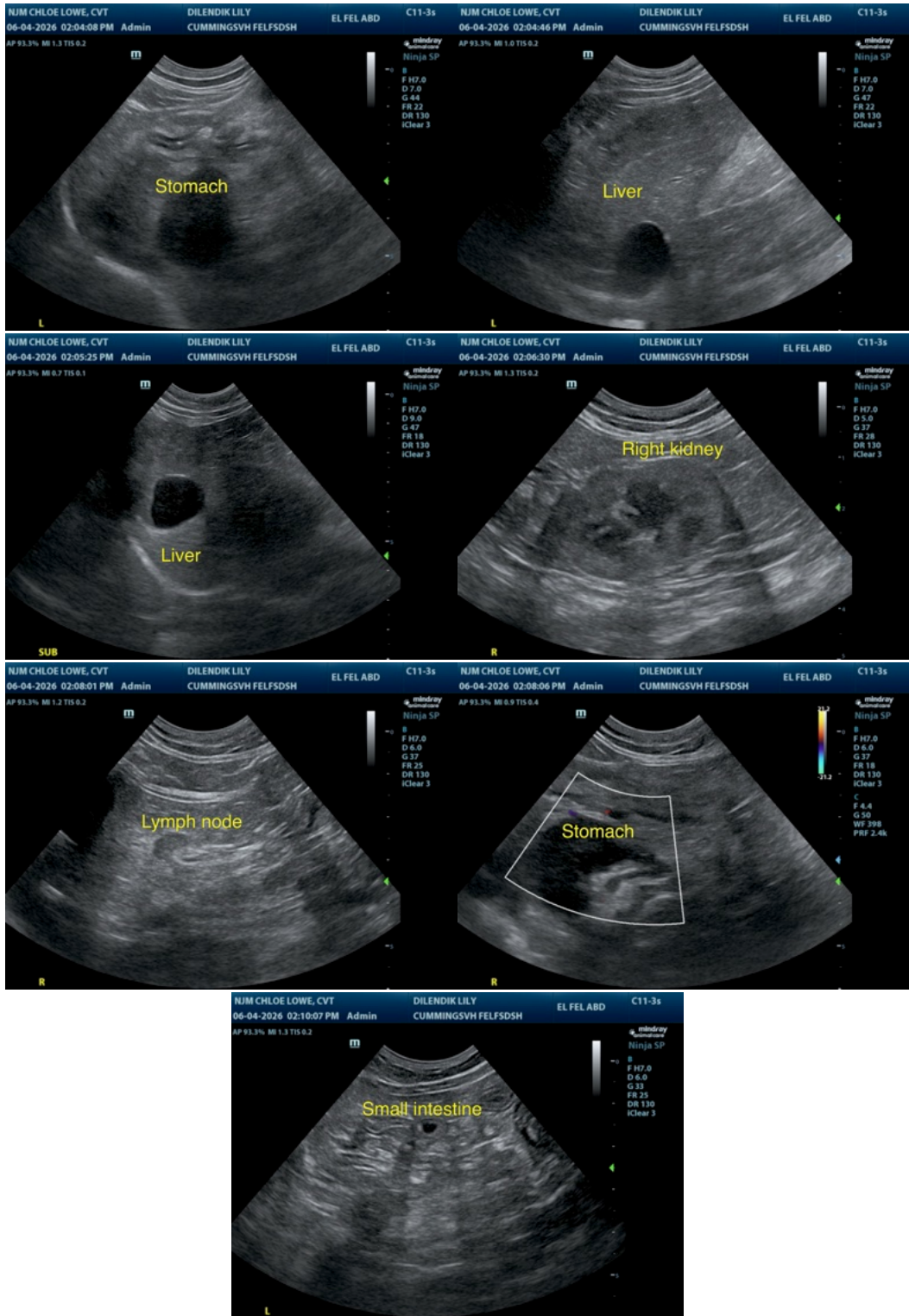
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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