



## PATIENT

Tiger Gaston

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

8Y, 11M

## WEIGHT

10.9lbs

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Technician

## HOSPITAL NAME

Animal Medical Center  
of Corona

## REFERRING VET

Sean Yamada

## INVOICE

73417

## DATE

1-19-26

## PRESENTING CLINICAL SIGNS

### History:

- Originally presented for V, anorexia, and constipation and improved with Cerenia and Clavamox
- ER suspected that it was a pancreatic abscess due to the response to antibiotic therapy (mass appeared to have shrank per ER vet).
- Performed FNA and cytology of mass and returned as pyogranulomatous-mixed inflammation.
- P continues to E/D well with only concern at home now being intermittent increased respiratory rate while resting.

Abnormal PE/Chem/CBC/UA Results: PE findings: Palpable mid-abdominal mass. BW (performed at ER on 12/14/25): WBC 32.58 (2.87-17.02), neutrophils 27.64 (2.3-10.29), eosinophils 1.63 (0.17-1.57), platelets 69 (151-600), plateletcrit 0.12 (0.17-0.86), ALP 10 (14-111), GGT 9 (0-4), fPL normal.

## COMPUTED TOMOGRAPHY OF THE ABDOMEN

Pre/post contrast studies are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The displayed pulmonary structures present significant and ill-defined interstitial densities with a peribronchial infiltrative pattern in all lung parts and on both sides. Nodular changes are not recognized. Free pleural fluid is not present. The mediastinal lymph nodes are inconspicuous.

The stomach shows severe thickening of the wall affecting most parts of the great curvature, presenting transverse diameters of approximately 1.2 centimeters with an “encapsulated” fluid accumulation in the left caudal parts of the stomach. This part appears rounded and contains fluid that can be traced into the gastric lumen.

Close to the cardia, another focal thickening is noted with an assumed discontinuity of the gastric wall layers. The gastric periphery presents moderately enlarged lymph nodes (portal, epigastric and splenic), which appear rounded in shape and present a strong and partially inhomogeneous contrast enhancement.

The pancreatic structures adjacent to these changes appear inconspicuous. There is no peritoneal fluid recognized.

The liver presents at least two cystic lesions of 4 - 5 mm with an indicated peripheral enhancement. The gallbladder is inconspicuous showing mild distension of the common bile duct. The other abdominal organs appear normal.

The displayed bony structures of the spine and thoracic borders are intact and inconspicuous.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal gastric lesions with suspected neoplasia and secondary gastric abscess formation
- Suspected epigastric lymph node metastases



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- Cystic lesions liver

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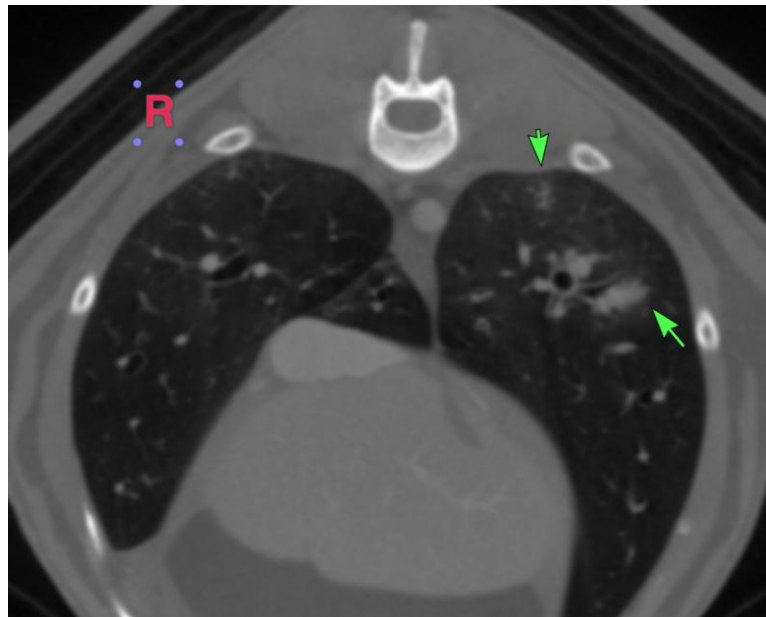
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the stomach are highly suspicious for a neoplastic lesion. I assume a discontinuity of the wall layering in the parts close to the cardia and secondary abscess formation in the left caudal parts at the level of the great curvature. The enlargement of the lymph nodes would match with this assumption. Differentials include but are not limited to mast cell tumor, malignant lymphoma and adenocarcinoma as well as severe inflammatory changes as seen with ulceration and gastric perforation due to foreign bodies. For further differentiation, gastric biopsy and histopathology are needed. The changes of the lymph nodes and the pulmonary lesions are highly suspicious for local and distant metastases. I fear curative surgery will be difficult or is not possible, as seen from a CT perspective. Involvement of the pancreas or other intestinal parts is not suspected.

The cystic changes of the liver may be an incidental finding. The indicated peripheral enhancement also would match with hepatic metastases.





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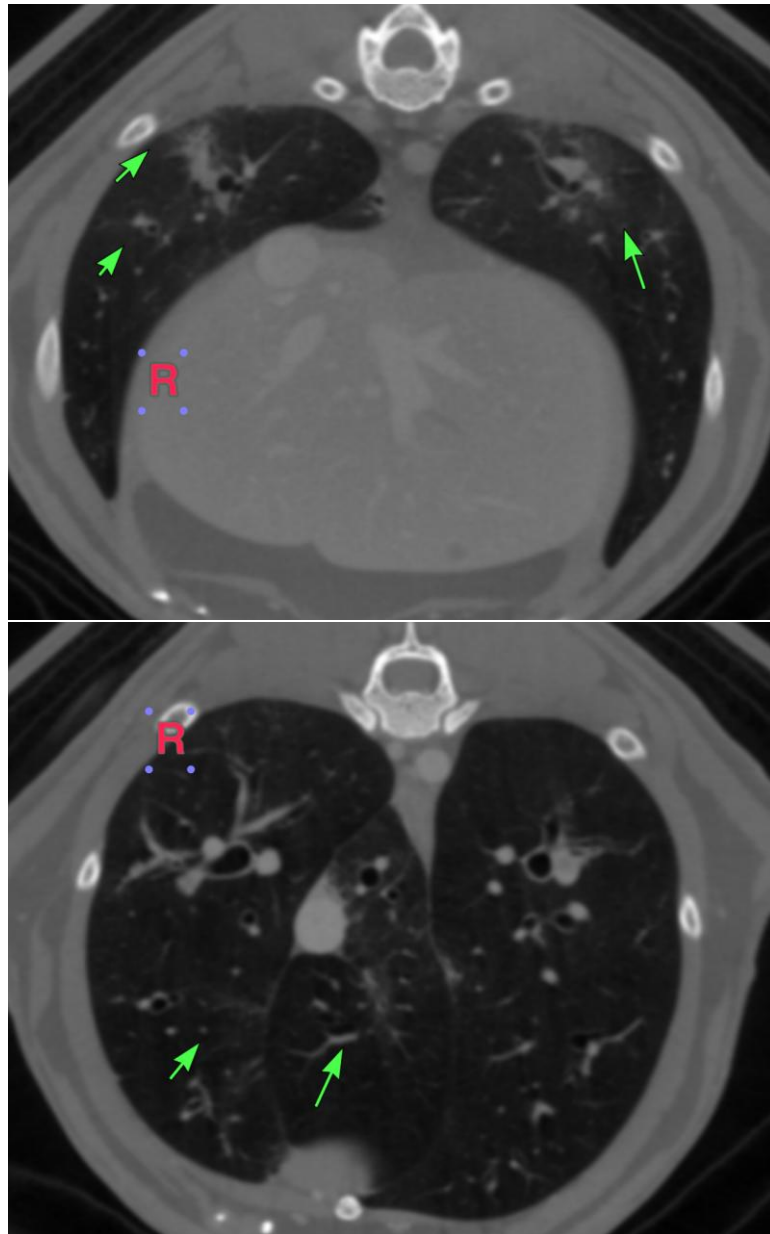
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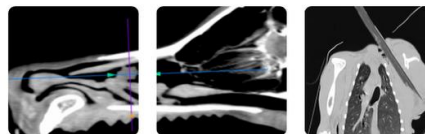
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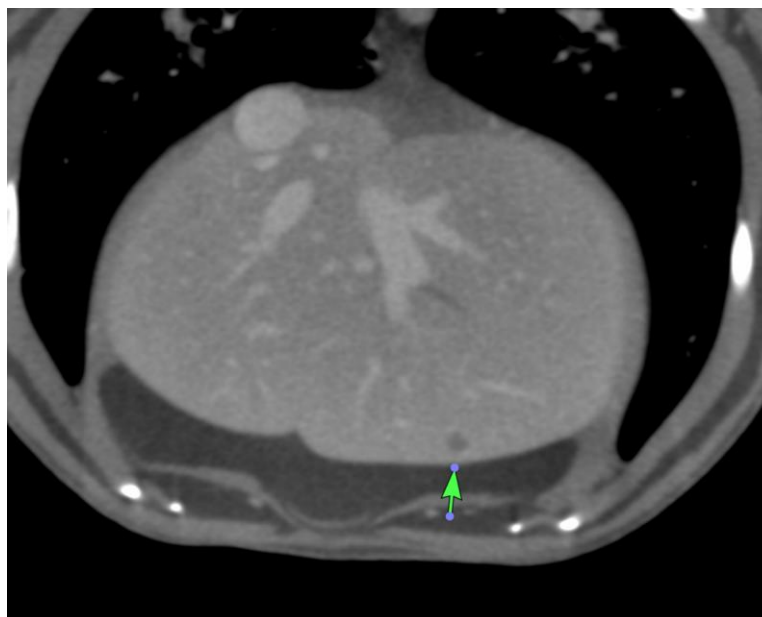
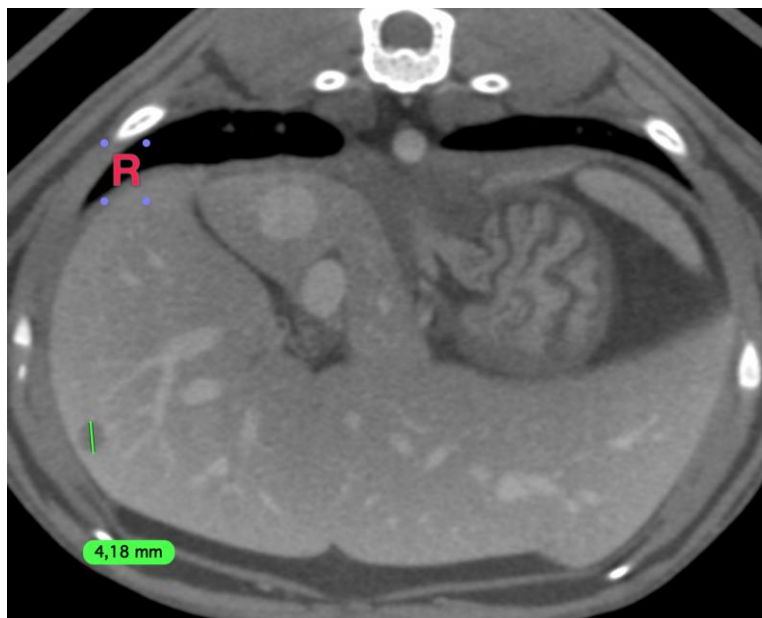
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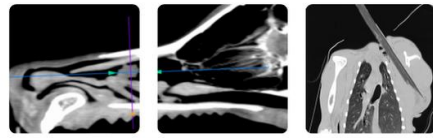
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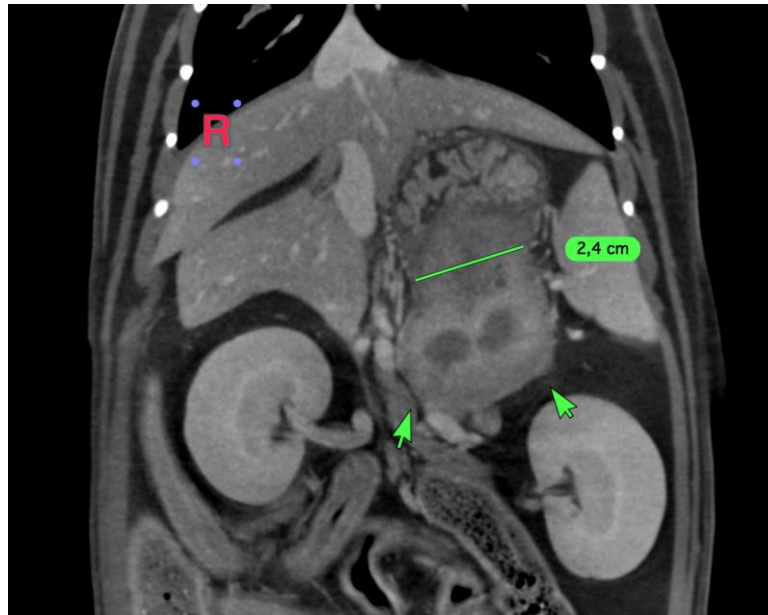
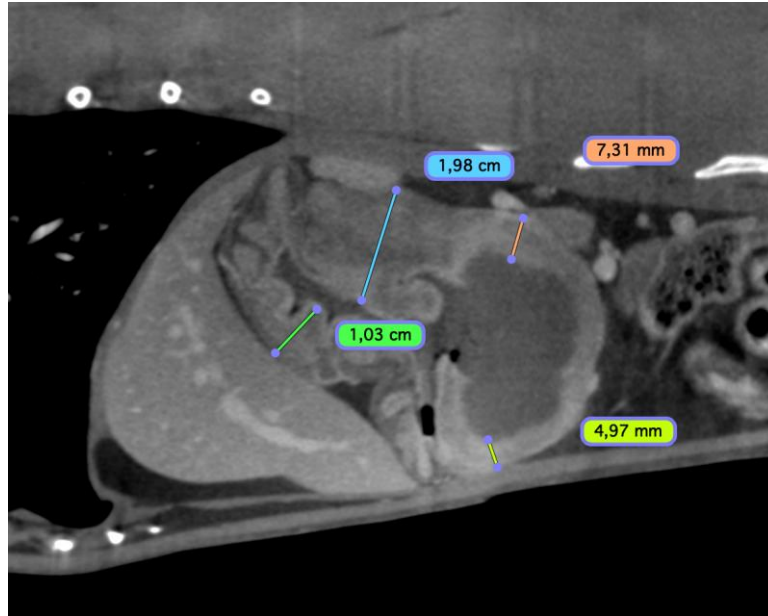
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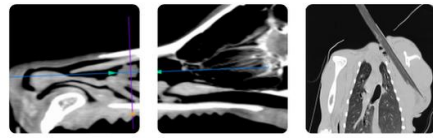
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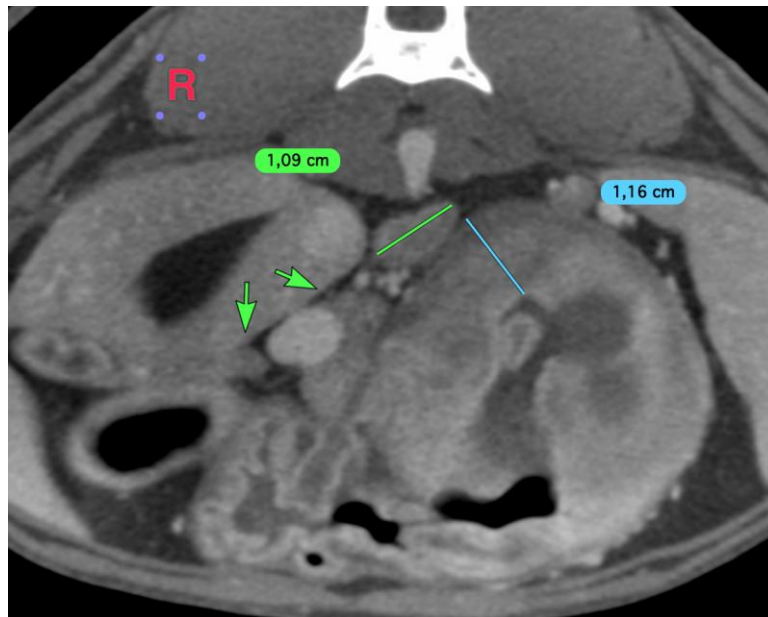
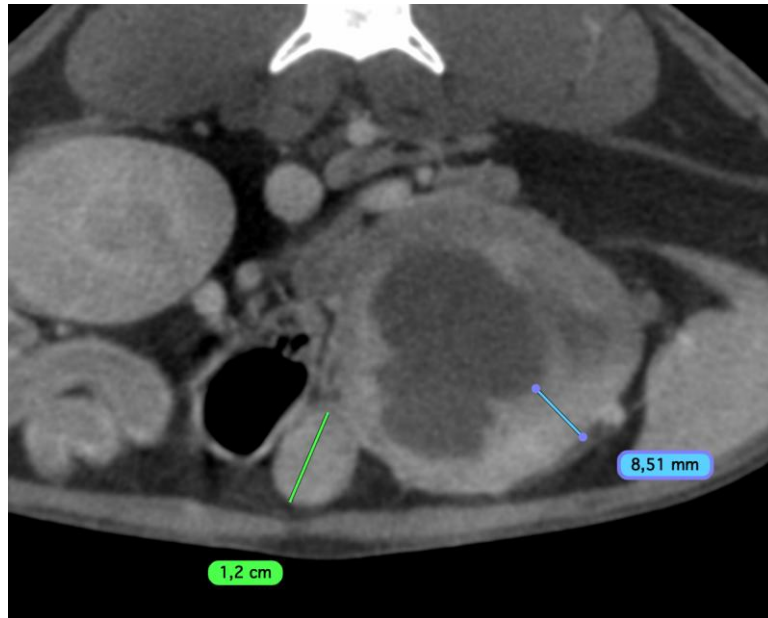
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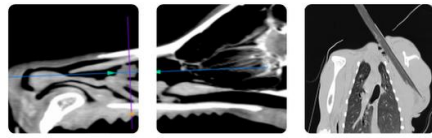
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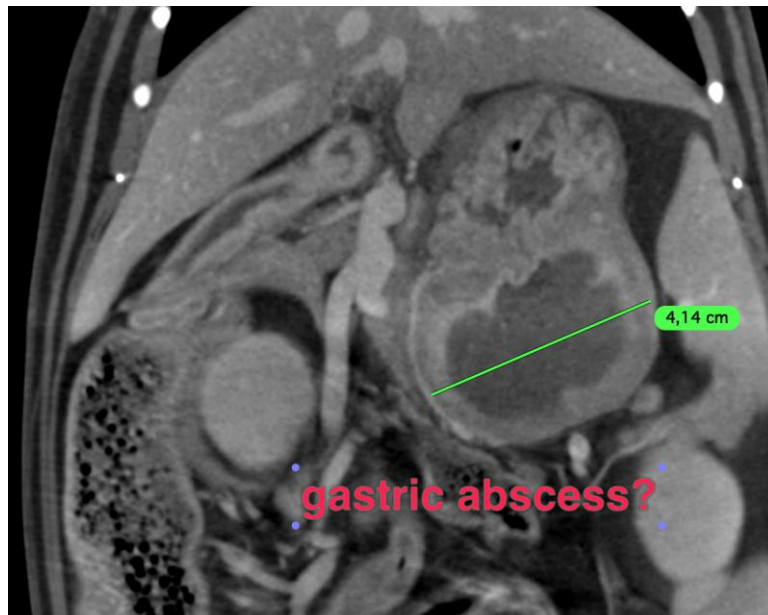
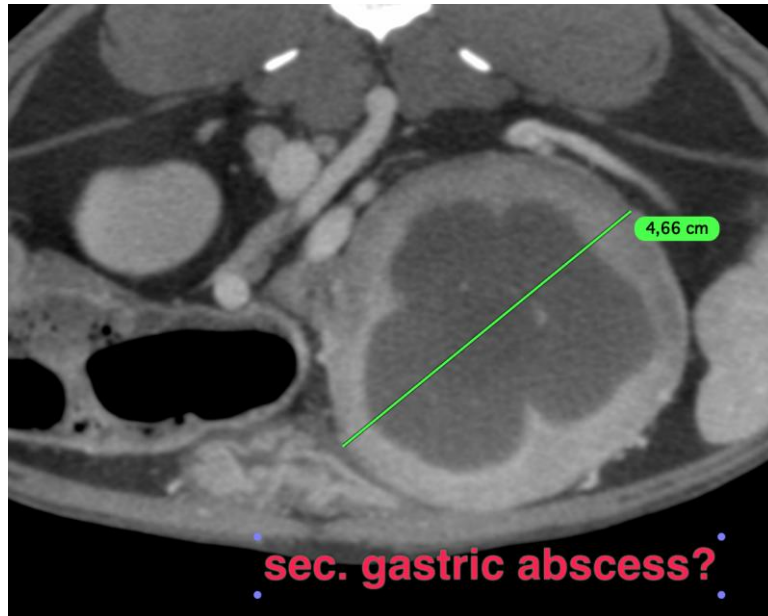
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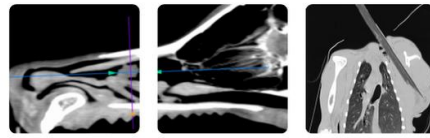
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
[info@sonopath.com](mailto:info@sonopath.com)