



**PATIENT**

Kuddle Heredia

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

12.7 Pounds

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. El Shafie

**INVOICE**

17608

**DATE**

10/7/22

**PRESENTING CLINICAL SIGNS**

History: Radiographs show the "appearance of pyloric region of the stomach; strongly suggestive suspicious of neoplastic process."

Abnormal PE/Chem/CBC/UA Results: Bloods: WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.9 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.6 cm in length. The right kidney is 3.5 cm in length.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.0 mm at the cranial pole and 3.0 mm at the caudal pole. The right adrenal gland height is 3.3 mm at the cranial pole and 3.3 mm at the caudal pole.

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 7.1 mm.

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is empty. The gastric wall is 2.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. There is a 5.6 x 5.6 x 5.9 cm mass of mixed echogenicity in the region of the pylorus, with no evidence of obstruction.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**Pancreas**



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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. There is regional inflammation of the omentum and intraabdominal fat in the region of the gastric mass, otherwise they are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- A large gastric mass

**SEX**

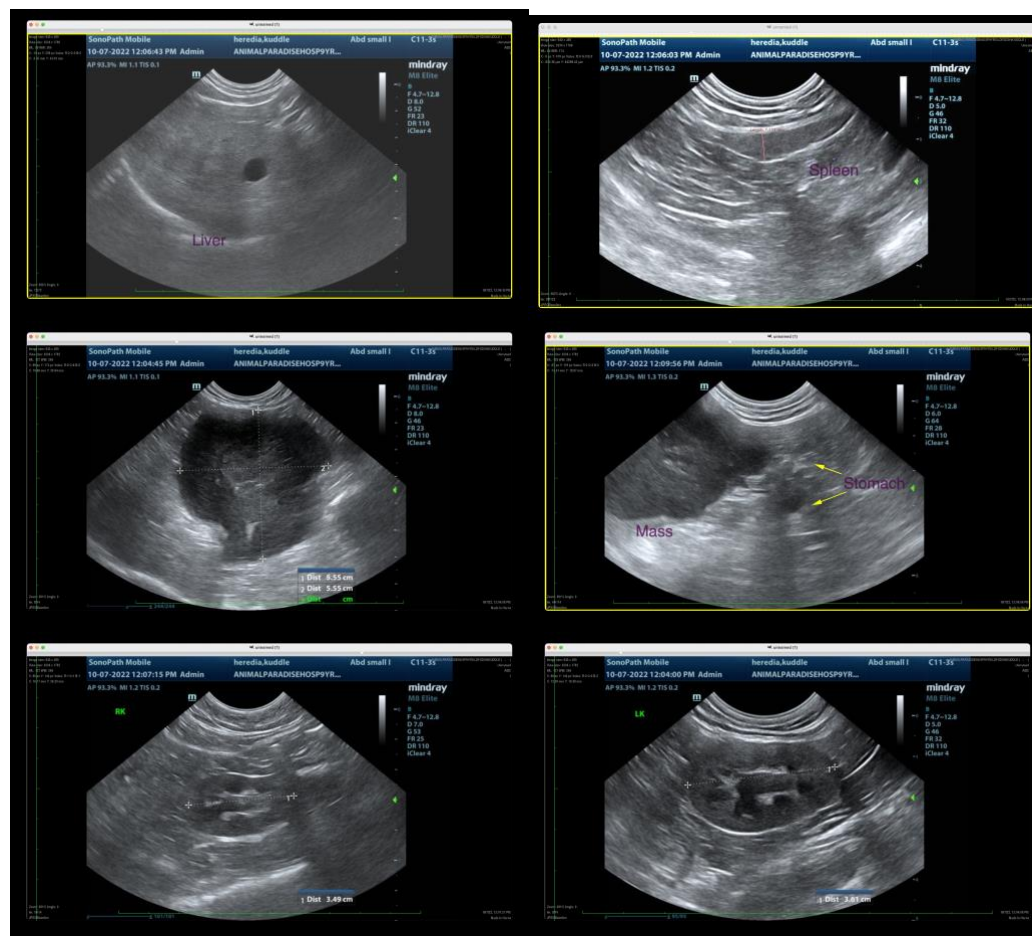
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Differential diagnosis for the gastric mass include lymphoma, adenocarcinoma and leiomyosarcoma, as well as benign etiologies, including leiomyoma and fibroma. A fine needle aspirate was obtained during this study, which will hopefully provide definitive diagnosis and guide further treatment. Pending definitive diagnosis, supportive care with antiemetics such as maropitant, and gastroprotectants such as famotidine or omeprazole could be considered.

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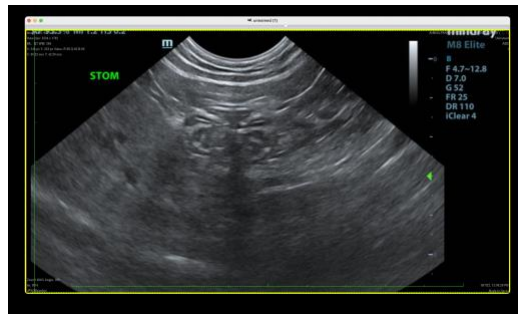
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com