

PATIENT

Daisy Zovluck

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7 Pounds

INTERPRETED BY

Tam Mengine DVM,
DABVP (Canine/Feline
Practice)

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

35681

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: Intermittent V+ and dec. appetite. weight loss. Mirtaz, Cerenia 8 mg PI SID

Abnormal PE/Chem/CBC/UA Results: Neu 15.42, HGB 15.4m HCT 48.2, ALP 9 (10-90) K+ 3.5 (3.7-5.8).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine and a small amount of echogenic sediment. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There is a shadowing urolith present, measuring 6.0 mm in diameter. The bladder wall is normal. No masses are noted. Urethra visualized to 3.0 cm

Both kidneys are hyperechoic and exhibit adequate cortico-medullary differentiation with a medullary rim sign. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.7 cm in length. The right kidney is 3.9 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 4.6 mm at the caudal pole. The right adrenal gland height 3.0 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 6.1 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

There is a 1.0 cm x 0.8 cm hypoechoic mass arising from the stomach wall in the region of the fundus. The rest of the fundic wall is thickened (up to 1.1 cm) with segmental loss of normal wall layering. The stomach is moderately distended with hypoechoic fluid. There is no evidence of outflow 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.



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The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the region of the stomach and small bowel. The associated omentum and intra-abdominal fat are hyperechoic. The gastric lymph nodes are prominent, measuring 7.0 mm in length, with normal long to short axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric mass with fundic wall thickening, associated steatitis, free fluid, and reactive lymph nodes.

Secondary Findings

- Bilateral kidney medullary rim signs, which are typically an incidental finding in the cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the mass in the stomach include both malignant (lymphoma, leiomyosarcoma, adenocarcinoma) and benign (leiomyoma, fibroma, granuloma). An inflammatory etiology is considered less likely than malignancy. Recommendations include:

- Surgical or endoscopic biopsy of the affected tissue is recommended. Ultrasound guided fine needle aspiration could be attempted but may not be successful due to the location of the lesion.
- Three-view chest radiographs to screen for metastasis
- Supportive care as indicated, including fluid therapy, bland diet, antiemetics, appetite stimulants and gastroprotectants.



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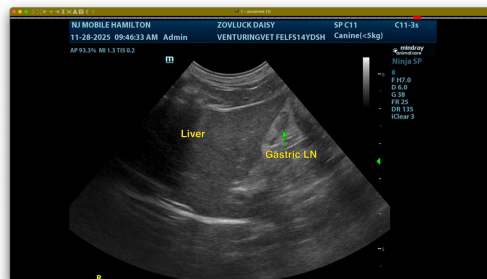
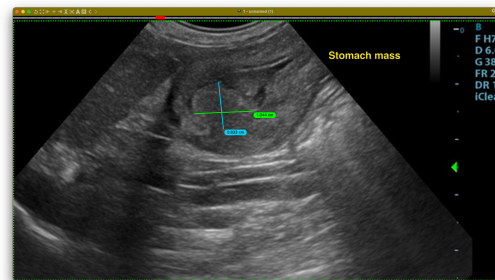
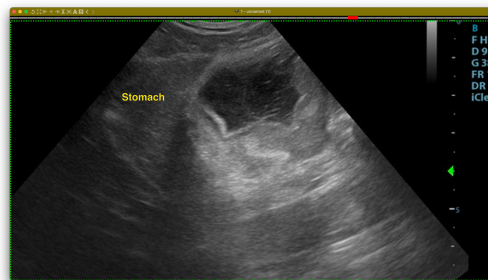
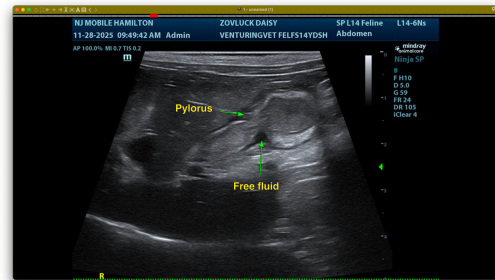
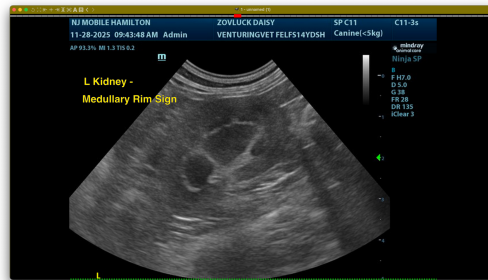
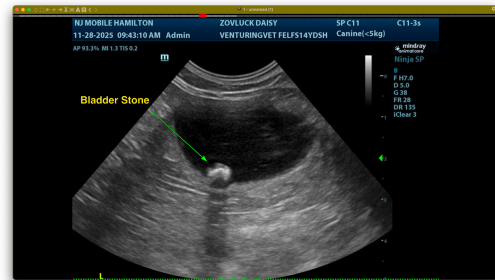
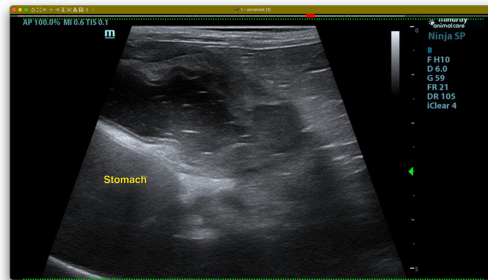
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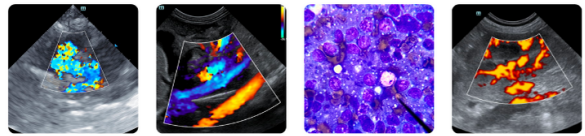
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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