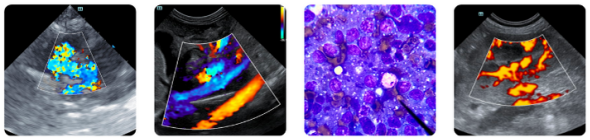


PATIENT

Sushi Dodge

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 years

WEIGHT

9.77 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Emma Flott

HOSPITAL NAME

Portland Veterinary Wellness Center

REFERRING VET

Dr. Torrey Schwartz

INVOICE

11185

DATE

1/27/2026

PRESENTING CLINICAL SIGNS

- History of chronic vomiting for at least 1 year
- Recently developed hyporexia to anorexia
- Mild weight loss

Abnormal PE/Chem/CBC/UA Results: CBC: wbc 31k, neutrophils 28k CHEM: CK - 1,586 spec FPL: 25.9 UA: 2+ protein.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.00×1.98 cm, with a cortical thickness of 0.21 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 3.66×1.83 cm, with a cortical thickness of 0.29 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity.
The left adrenal gland measures 0.21 cm at the cranial pole and 0.20 cm at the caudal pole.
The right adrenal gland measures 0.21 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

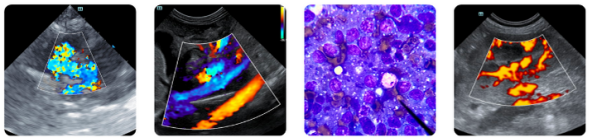
Splenic thickness is 0.85 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal



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The stomach is empty and folded. Along the dorsal gastric wall, there is severe focal mural thickening, measuring between 0.93–1.28 cm, with complete loss of normal wall layering.

The duodenal wall thickness measures 2.50 mm.
The jejunal wall thickness measures 1.84 mm.
The ileal wall thickness measures 1.65 mm, with preserved wall layering in the segments described.

Additionally, a focal segment of intestinal mural thickening is identified, measuring up to 1.20 cm, with loss of normal wall layering. Due to lack of anatomic labeling during image acquisition, it cannot be determined with certainty whether this represents a distinct intestinal lesion or an alternate imaging plane of the previously described gastric lesion; however, it appears to involve an intestinal segment.

The ileocecal junction is not visualized.

The colon wall thickness measures 0.59 mm, with a small amount of formed fecal material in the descending colon.

Pancreas

The pancreas measures 7.07 mm in thickness. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.54 mm in diameter. There is no ultrasonographic evidence of active peripancreatic fat inflammation.

Free Abdomen

No abdominal effusion or signs of peritonitis are observed. The right and left gastric lymph nodes are enlarged, rounded, and hypoechoic, measuring up to 1.40×0.87 cm. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Severe focal gastric mural thickening (0.93–1.28 cm) with complete loss of wall layering.
- Uncertain additional focal intestinal mural thickening up to 1.20 cm with loss of layering.
- Enlarged, rounded, hypoechoic gastric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination identifies a severe focal mural lesion involving the stomach, characterized by marked wall thickening and complete loss of normal wall stratification. A second area of severe mural thickening with loss of layering is also identified and appears to involve an intestinal segment; however, due to limitations in image labeling, it cannot be determined with certainty whether this represents a separate intestinal lesion or an alternate imaging plane of the gastric abnormality.

The complete loss of normal layering and associated enlarged, hypoechoic gastric lymph nodes, is most consistent with an infiltrative gastrointestinal process. In an elderly cat with chronic weight loss and intermittent vomiting but preserved appetite, gastrointestinal lymphoma is considered the primary differential diagnosis. Other neoplastic processes, including gastric carcinoma, remain differential considerations; however, these are considered less likely based on the clinical presentation and distribution of findings.

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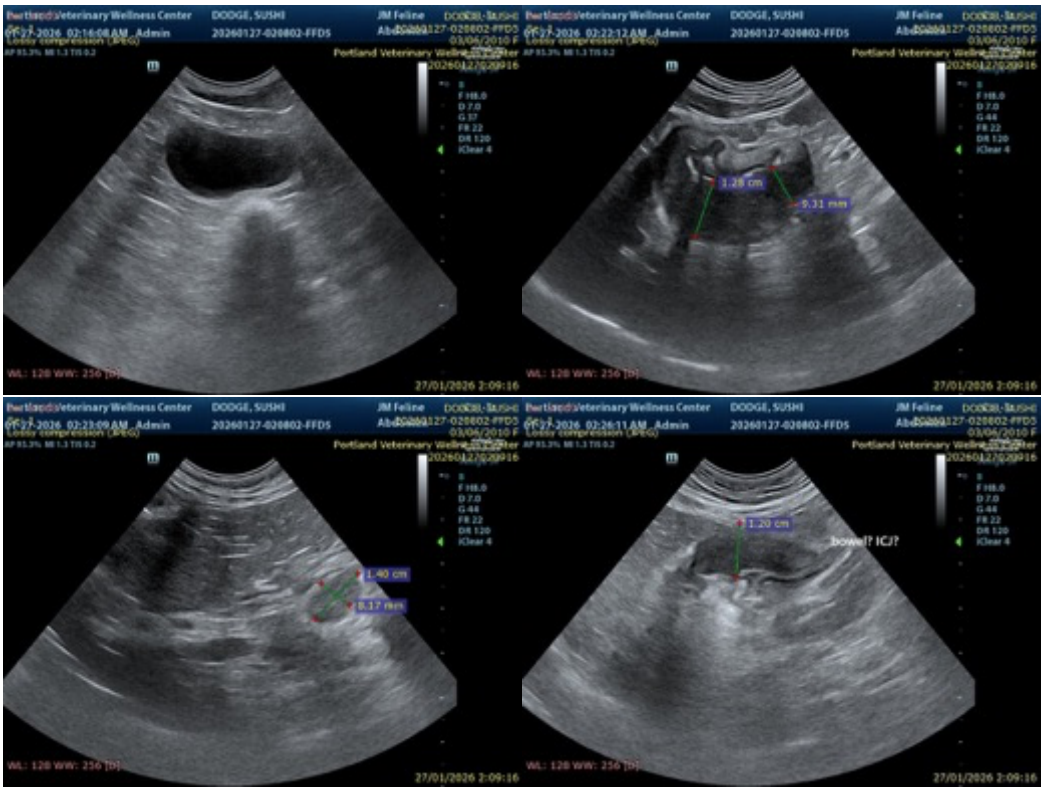
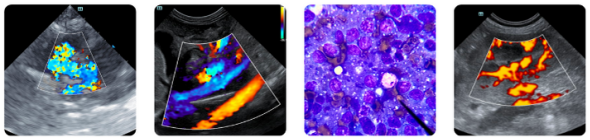
The enlarged, rounded, hypoechoic gastric lymph nodes further support the presence of a clinically significant gastric or proximal intestinal process and are concerning for neoplastic involvement.

Pancreatic changes, including mild hypoechogenicity and pancreatic duct dilation, are nonspecific. In the absence of peripancreatic fat inflammation, these findings may represent secondary or reactive changes rather than primary pancreatitis.

Recommendations

- Definitive tissue diagnosis is recommended in order to determine whether chemotherapy is a feasible therapeutic option, particularly given the suspicion for gastrointestinal lymphoma.
- If biopsy is pursued, concurrent sampling of the enlarged gastric lymph nodes should be considered, as this may aid both diagnosis and staging.





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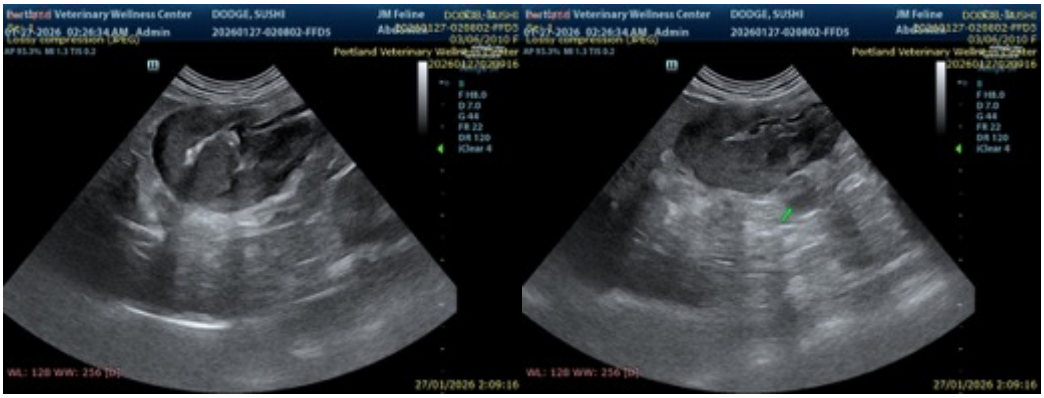

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com