



PATIENT

Skip Palmieri

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

13.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Dodson

INVOICE

69042

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting starting the past 1-2 weeks, especially after eating.
Abnormal PE/Chem/CBC/UA Results: Amylase 1518 (H), creat 2, SDMA mild inc, BUN 38 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.86x2.49 cm, and the thickness of the cortex is 0.37 cm, in the sagittal plane. The right kidney is normal in shape and size: 4.31x2.42 cm, and the thickness of the cortex is 0.41 cm, in the sagittal plane. The cortex is slightly increased in echogenicity, resulting in increased corticomedullary distinction. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.32 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.34 cm at the caudal pole.

Spleen

Splenic thickness is 0.80 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded. In the pyloric region, the wall is thickened up to 1.69 cm with a clear loss of layer definition. Duodenum: 1.88 mm. One of the small intestinal segments (likely ileum, though not confirmed with certainty) presents a mass arising from the muscular layer, measuring approximately 4.53x2.87 cm, with marked mural thickening. Colon: 0.75 mm, with formed feces in the descending segment.



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Pancreas

Pancreatic thickness: 5.3 mm, with normal contour and echogenicity; the pancreatic duct is not dilated.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable.

A pancreaticoduodenal lymph node is observed, measuring 5.7–5.8 mm, rounded and hypoechoic.

The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked pyloric wall thickening with loss of layering.
- Large mural small intestinal mass (4.53×2.87 cm), likely jejunal.
- Mild enlargement of pancreaticoduodenal lymph node (5.7–5.8 mm).

SECONDARY FINDINGS

- Mild renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound reveals two distinct regions of gastrointestinal involvement: a markedly thickened pyloric segment with loss of normal wall layering, and a separate segment of small intestine containing a large, eccentric, muscularis-associated mass measuring approximately 4.53×2.87 cm. The presence of multifocal gastrointestinal involvement, combined with loss of wall layering in one segment and a mass originating from the muscularis layer in another, substantially increases suspicion for feline alimentary lymphoma as the primary differential. The lack of regional lymphadenopathy does not exclude lymphoma, as early or intermediate-grade forms may not yet produce nodal enlargement.

Although alimentary lymphoma is the leading differential, other infiltrative neoplastic processes must be considered. Adenocarcinoma remains a differential, although it more commonly presents as a solitary mass rather than multifocal involvement. Mesenchymal tumors such as leiomyosarcoma, GIST, or leiomyoma are also possible given the muscularis-based origin of the mass; however, these tumors are typically solitary and less likely to simultaneously affect the pylorus.

The mild renal cortical hyperechogenicity observed sonographically is consistent with the patient's biochemical findings, supporting the presence of early chronic kidney disease or a mild azotemic component. Although the ultrasonographic changes are subtle, they correlate appropriately with the laboratory evidence of reduced renal functional reserve.



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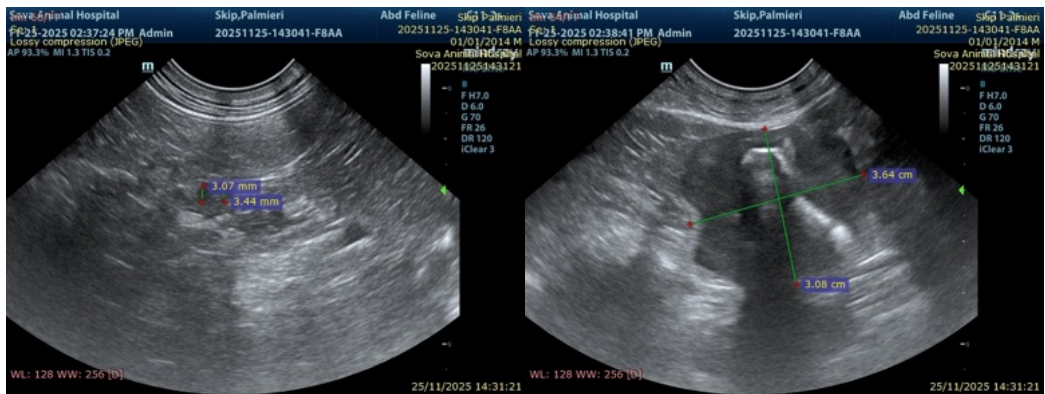
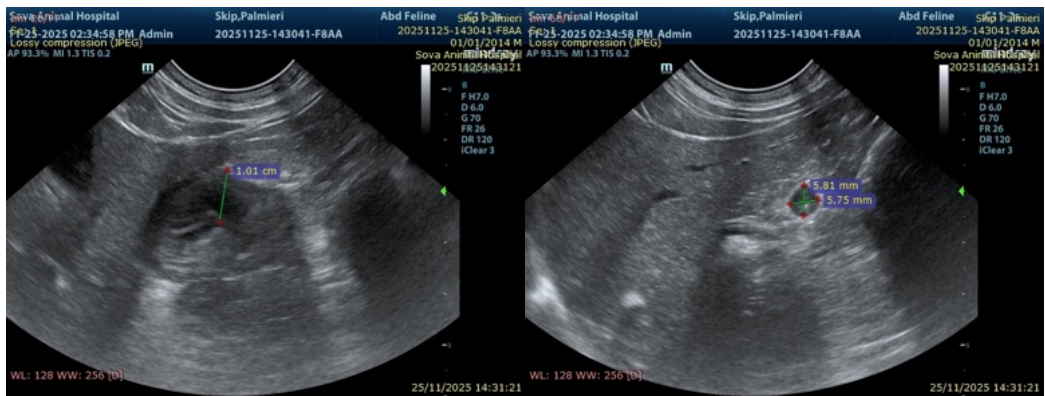
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Recommendations

- Fine-needle aspiration or Tru-Cut biopsy of the mass or the pyloric segment for cytology/histopathology.
- Thoracic imaging (thoracic radiographs or CT) is recommended for staging to assess pulmonary or mediastinal metastasis.
- Monitoring renal values, urine concentration, UPC and blood pressure is recommended.





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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.

MV Esp Ultrasound in Domestic and Wild Animals

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