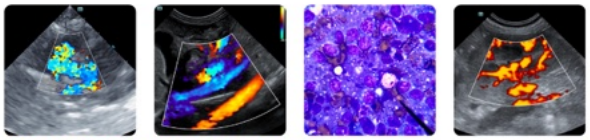


PATIENT

Charizard Basakos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

15.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Julie Kang

INVOICE

71771

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Hx of chronic intermittent vomiting. The character of the vomit has varied, including green, pink-tinged, blood flecked, and recently some vomitus contained what appeared to be small pieces of tissue.
- 12/2025: CBC - mild HCT/RBC elevation (54%/10.4), mild lymphopenia (1168). Chem10 - WNL (IRIS stage 1). Triple - negx3. O&P - NPS.

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 markedly turbid with abundant floating sediment. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.35×2.25 cm, and the thickness of the cortex is 0.37 cm in the sagittal plane. Renal length is within normal limits for an adult cat (approximately 3.0–4.5 cm). The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

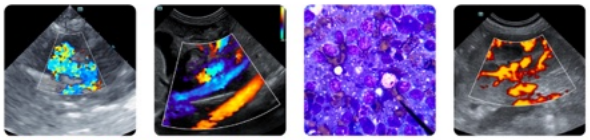
The right kidney is normal in shape and size: 4.37×2.33 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. Renal length is within normal limits. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.29 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.22 cm at the cranial pole and 0.24 cm at the caudal pole. These measurements are within normal limits for a cat (≤0.45 cm).

Spleen

Splenic thickness is 0.87 cm (within normal limits; ≤1.2–1.3 cm). The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



PATIENT

Charizard Basakos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

15.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Julie Kang

INVOICE

71771

DATE

2/19/26

Liver

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

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

Gastrointestinal

The gastric fundus (1.99 mm) and body (2.21 mm) are empty or contain minimal digested content, are folded, and demonstrate normal mural thickness with preserved wall layering.

At the pyloric region, mural thickness measures 2.83 mm, which is within normal limits for this location, with preserved stratification.

Distal to the pylorus, at the pyloroduodenal junction, there is focal mural thickening measuring up to 6.6 mm, with loss of normal wall layering. In this same region, a focal ulcerative defect is identified.

Duodenum: 2.21 mm (within normal limits; ≤2.7 mm). Jejunum: 2.60 mm (within normal limits). Ileum: 1.70 mm (within normal limits). Wall layering is preserved throughout the small intestine outside of the focal pyloroduodenal lesion. The ileocecal junction was not visualized. No signs of ileus, obstruction, or foreign material are identified.

Colon: 1.14 mm, with formed feces in the descending segment. Wall layering preserved.

Pancreas

Pancreatic thickness is 5.40 mm, within normal limits for an adult cat (approximately 4–6 mm). The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic evidence of active inflammation or focal mass is identified.

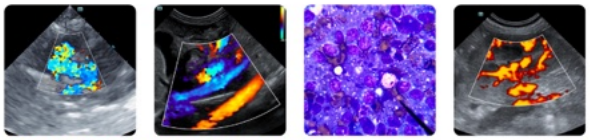
Peritoneal Cavity

No abdominal effusion or generalized peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized.

Left gastric lymph node measures 4.73×4.81 mm. Right gastric lymph node measures 6.76×9.38 mm. Pancreaticoduodenal lymph node measures 4.65×7.98 mm.

These lymph nodes are rounded, hypoechoic, and associated with mild perinodal fat reactivity.

The iliac trifurcation is normal.



PATIENT

Charizard Basakos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

15.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Julie Kang

INVOICE

71771

DATE

2/19/26

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Focal pyloroduodenal mural thickening (6.6 mm) with loss of wall stratification.
- Focal gastric ulceration at the pyloroduodenal junction.
- Rounded, hypoechoic regional lymphadenopathy (gastric and pancreaticoduodenal nodes) with mild perinodal fat reactivity.

SECONDARY FINDINGS

- Markedly turbid urinary sediment (incidental, nonspecific).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality is a focal, markedly thickened lesion at the pyloroduodenal junction measuring up to 6.6 mm with loss of wall stratification and an associated ulcerative defect. Loss of layering in a focal gastric lesion in a 10-year-old cat with chronic vomiting and reported “tissue fragments” in vomitus is highly concerning for neoplastic disease.

Primary differentials include gastric lymphoma, gastric adenocarcinoma, and severe focal ulcerative inflammatory disease. Based on imaging alone, definitive prioritization is not possible.

Regional gastric and pancreaticoduodenal lymph nodes are mildly enlarged, rounded, and hypoechoic with mild perinodal fat reactivity. These changes are nonspecific and may represent reactive lymphadenopathy secondary to the adjacent gastric lesion; however, nodal involvement cannot be excluded.

The remainder of the small intestine is within normal limits, making diffuse inflammatory bowel disease unlikely as a primary cause of clinical signs.

Recommendations

- Upper gastrointestinal endoscopy with biopsy is strongly recommended for definitive diagnosis.
- Thoracic imaging is recommended for staging if neoplasia is confirmed.
- Gastroprotective therapy (proton pump inhibitor ± sucralfate) pending definitive diagnosis given documented ulceration.
- CBC monitoring is advised given risk of gastrointestinal bleeding.

PATIENT

Charizard Basakos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

15.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

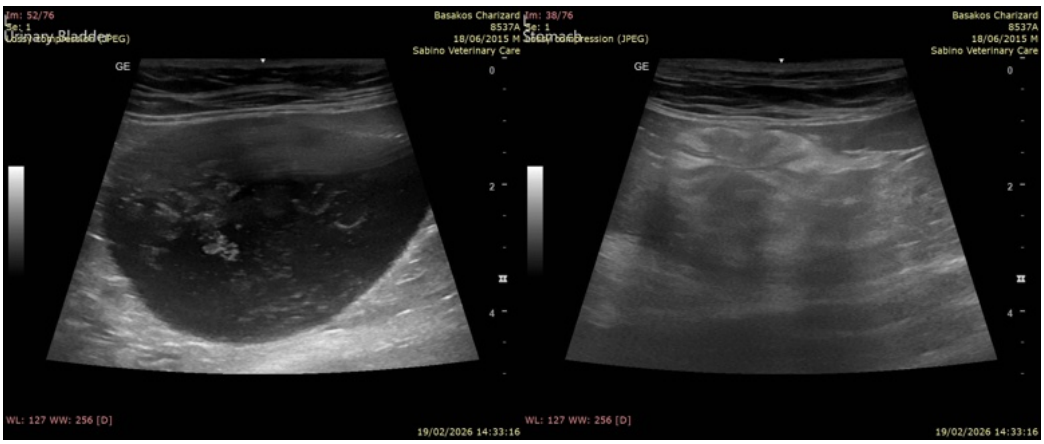
Dr. Julie Kang

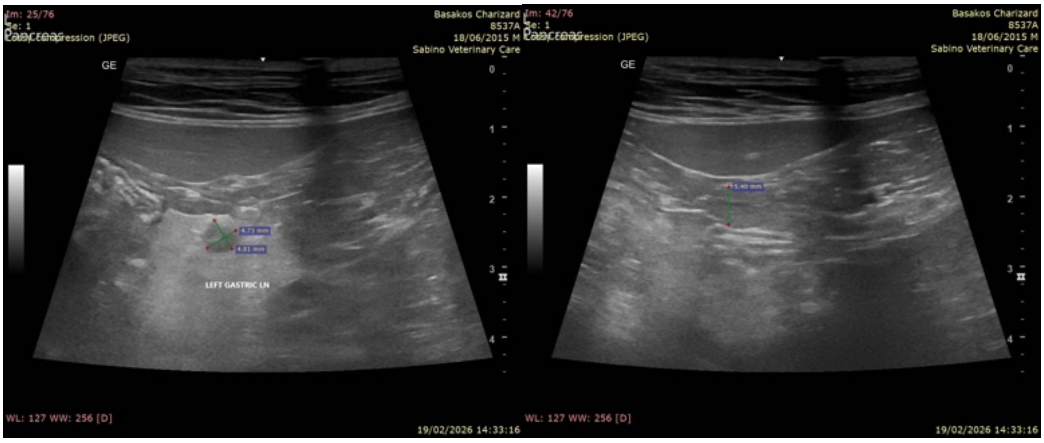
INVOICE

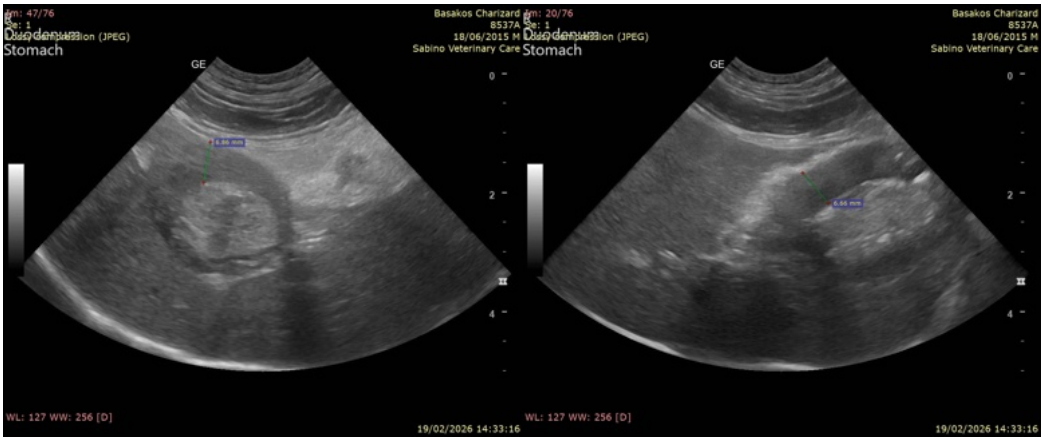
71771

DATE

2/19/26







PATIENT

Charizard Basakos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

15.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

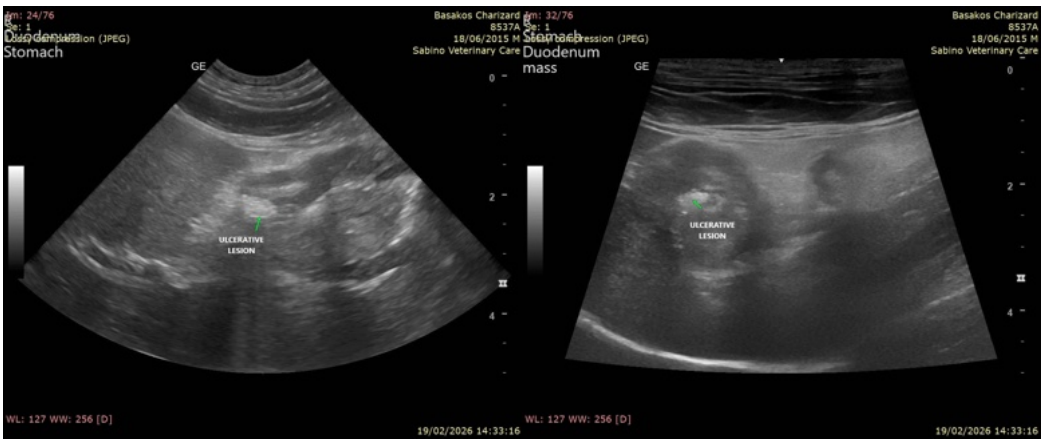
Dr. Julie Kang

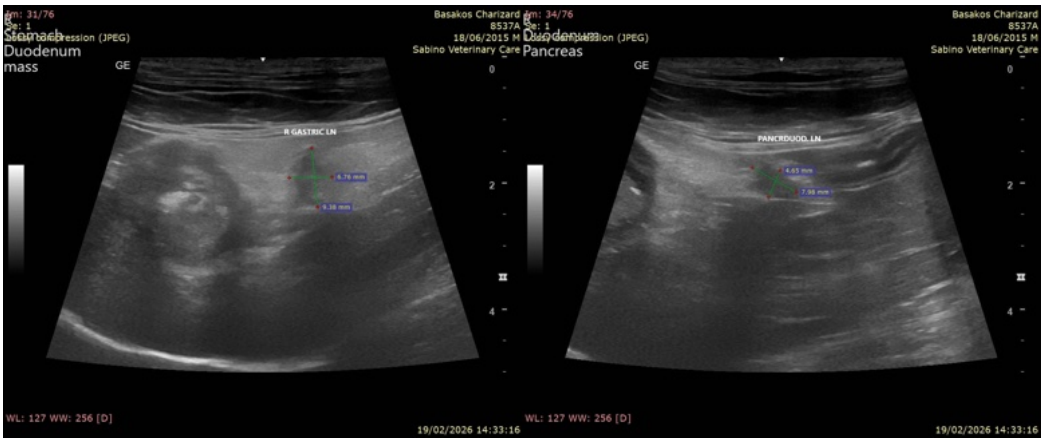
INVOICE

71771

DATE

2/19/26





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

info@SonoPath.com