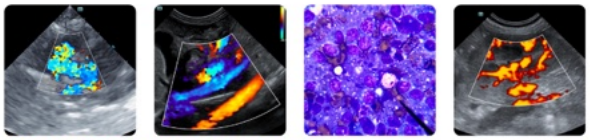




**PATIENT**

Cookie Youm

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

11.2 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Dr. Edgar

**HOSPITAL NAME**

Overpeck Creek AH

**REFERRING VET**

Dr. Edgar

**INVOICE**

71991

**DATE**

2/26/26

## PRESENTING CLINICAL SIGNS

- Cookie is a 13 year old NM DSH presented for recheck ultrasound after having jejunal R&A at Eclipse. Cookie was originally presented on 6/13/25 for a COHAT. During dental, he was noted to have a gingival/mucosal mass of the right maxilla, just over where the rostral opening of the infraorbital canal would be. A punch biopsy was used to remove the mass, and when biopsied, came back as a mucosal mast cell tumor. He was referred to Eclipse for Oncology, where they did a jejunal R&A, as well as a lymphadenectomy. The Jejunal mass was shown to have severe eosinophilic infiltration and, with additional staining, was confirmed to have mast cells within the muscularis as well.
- Purpose of study is as a 6 month check up after this surgery. Was originally going to be done with Eclipse, but with both Owners and Eclipses consent, is being performed here for cost.
- A few auricular videos are submitted with the abdominal ultrasound due to the history of both mast cell tumor and intestinal infiltration. Radiograph review pending. Recheck lab work pending. Cytology of spleen pending.

## 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 mildly turbid with a small amount of suspended sediment. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

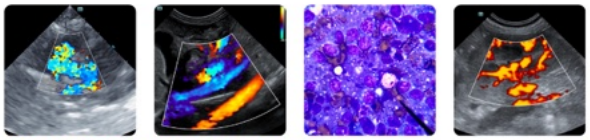
The left kidney is normal in shape and size: 3.64 x 2.12 cm, and the thickness of the cortex is 0.30 cm, in the sagittal plane. The right kidney is normal in shape and size: 4.04 x 1.94 cm, and the thickness of the cortex is 0.31 cm, in the sagittal plane. Both kidneys: The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. Mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: 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 0.36 cm at the cranial pole and 0.37 cm at the caudal pole.

### *Spleen*

Splenic thickness is 0.61 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.





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### *Liver*

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

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a very small amount of biliary sludge. The common bile duct measures 2.23–1.58 mm.

### *Gastrointestinal*

The stomach is empty and folded, with mural thickness (1.86 mm) and preserved wall layering. The pylorus measures 2.89 mm.

Duodenum: 1.95–2.23 mm. Jejunum: 2.41 mm. Mucosa: 1.24 mm. Submucosa: 0.71 mm. Muscularis propria: 0.37 mm. Ileum: 1.85 mm. Mucosa: 0.65 mm. Submucosa: 0.70 mm. Muscularis propria: 0.59 mm. Wall layering is preserved. The ileocecal junction measures 3.14 mm, with muscularis 1.0 mm.

A detailed review of all available intestinal cine loops was performed. No focal mural thickening, loss of layering, or peritoneal reaction is identified. A distinct jejunal anastomotic site is not clearly visualized, which may reflect complete healing without residual architectural distortion. No evidence of local recurrence or postoperative complication is detected.

Colon: Ascending colon 0.77 mm, with formed feces in the descending segment. Wall layering preserved.

### *Pancreas*

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

### *Peritoneal Cavity*

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are unremarkable. Ileocecal lymph nodes are within normal limits (largest measuring 3.65 mm, normal shape and echogenicity). The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Mild medullary rim sign.
- The ileal Muscularis-to-mucosa ratio is mildly increased, although wall thickness are within normal limits.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thickness and layering are within normal limits.

Muscularis-to-mucosa ratios are within normal limits in the jejunum (0.48). The ileal ratio is relatively increased (0.91). In the absence of focal thickening, architectural distortion, lymphadenopathy, or peritoneal reaction, this does not constitute ultrasonographic evidence of recurrent mast cell disease.

The ileocecal mucosa is folded and not reliably measured due to normal physiologic redundancy; therefore, assessment is based on total wall thickness and muscularis proportion. The muscularis thickness (1.0 mm) is proportionate to the total wall thickness (3.14 mm), which is within normal limits, without architectural distortion.

No regional lymphadenopathy or peritoneal reaction is observed.

The prior jejunal resection and anastomosis site is not distinctly visualized, likely reflecting satisfactory healing without residual structural abnormality.

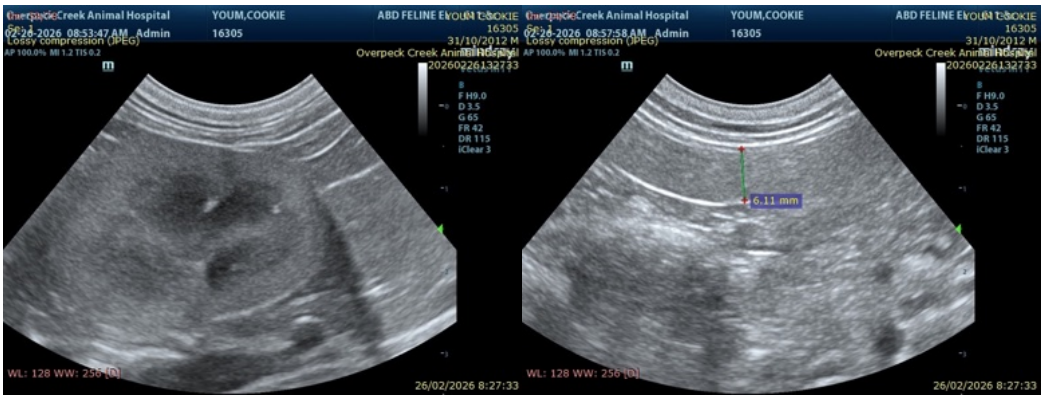
Mild bilateral renal cortical hyperechogenicity with a mild medullary rim sign is present, compatible with early or chronic renal change.

The submitted auricular videos are unremarkable, without obvious focal lesions identified.

Overall, this examination is unremarkable with respect to recurrence or progression of previously diagnosed mast cell disease.

Recommendations

- Continue routine oncologic monitoring as previously established.
- Correlate with pending laboratory work and splenic cytology results.
- Recheck abdominal ultrasound as recommended by the attending oncologist or primary veterinarian, and sooner if clinical signs recur.



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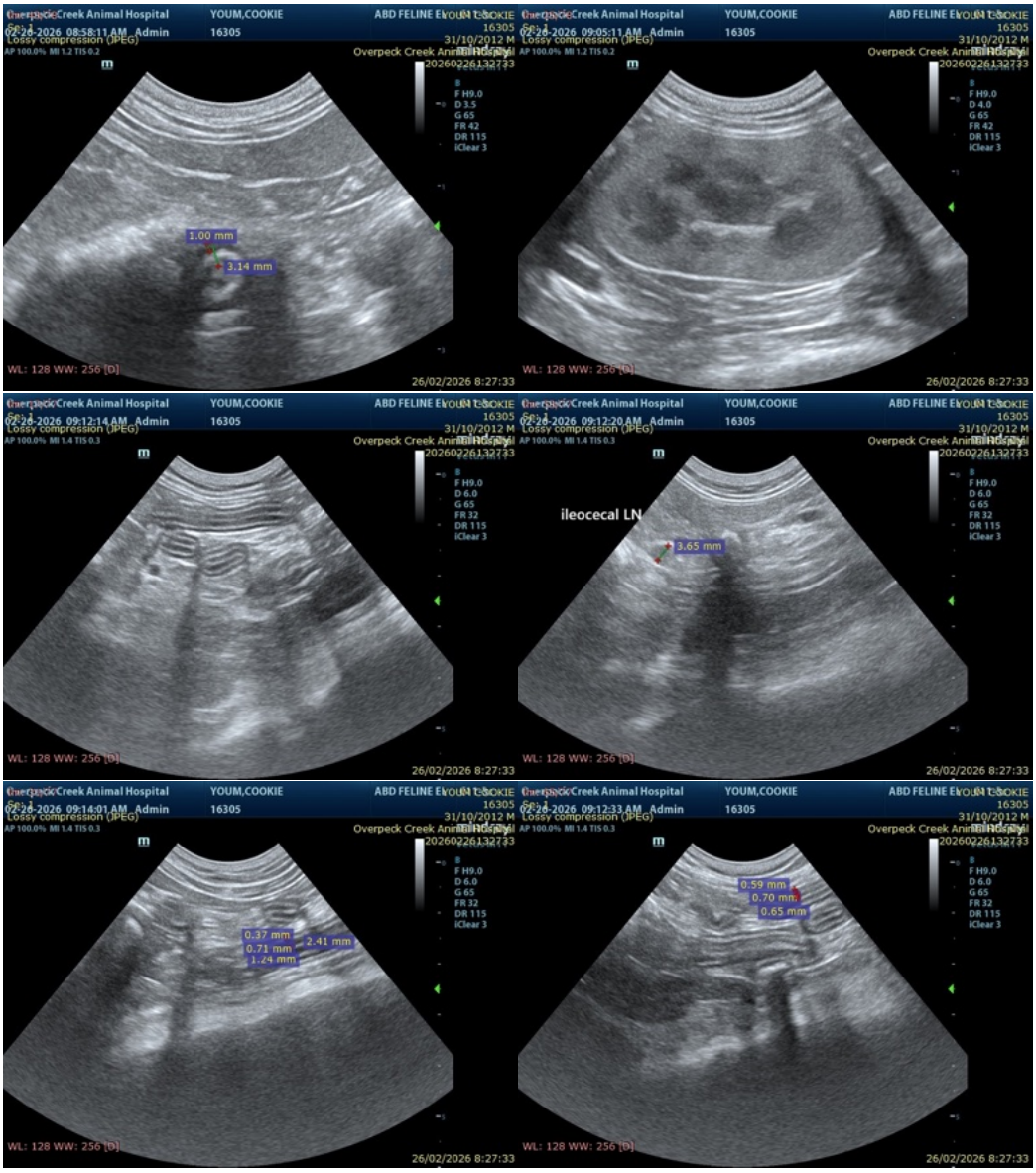


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

info@SonoPath.com