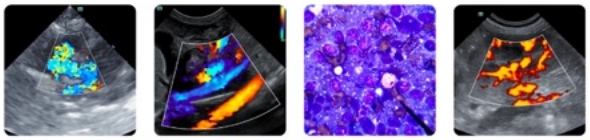


PATIENT

Dexter Ervin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

12.06 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

72040

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Patient has had two cutaneous mass cell tumors removed previously.
- Patient did have a small meal overnight before ultrasound was preformed.
- Vomited dark red blood three rimes over the last week.
- Patient has history of vomiting on/off since 2020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

Both kidneys are normal in size and shape.

The left kidney measures 3.81 x 2.20 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The cortex is isoechoic relative to the liver. Corticomedullary definition and ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color shows a normal vascular pattern.

The right kidney measures 3.72 x 2.25 cm, with a cortical thickness of 0.27 cm in the sagittal plane. The cortex is isoechoic relative to the liver. Corticomedullary definition and ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

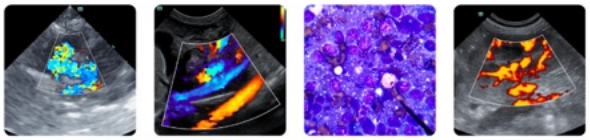
The left adrenal gland measures 0.24 cm at the cranial pole and 0.20 cm at the caudal pole. The right adrenal gland measures 0.23 cm at the cranial pole and 0.22 cm at the caudal pole. Measurements are within expected limits for a cat of this size.

Spleen

Splenic thickness measures 0.73 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified. The capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to surrounding fat, with normal echotexture. No focal hepatic lesions or lymphadenopathy are identified.



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The gallbladder is normally distended. The wall is thin. The contents are anechoic. No biliary ductal dilation is observed.

Gastrointestinal

The stomach is largely empty, with small residual ingesta. Gastric wall thickness measures 1.84–2.15 mm, with preserved layering. No mucosal irregularities or perigastric reaction are identified.

The pylorus measures 3.04 mm. Duodenum: 1.48 mm Jejunum: 2.12 mm, Mucosa: 1.33 mm, Submucosa: 0.51 mm, Muscularis propria: 0.31 mm. Ileum: 1.24 mm, Mucosa: 0.49 mm, Submucosa: 0.51 mm, Muscularis propria: 0.21 mm. The ileocecal junction measures 2.03 mm, with a muscularis thickness of 0.74 mm. No focal masses, loss of layering, obstruction, or ileus are identified.

Colon (transverse): 0.81 mm, containing formed fecal material.

Pancreas

Pancreatic thickness measures 4.84 mm. The parenchyma is isoechoic to adjacent omental fat. The pancreatic duct measures 0.46 mm. No ultrasonographic evidence of active inflammation or neoplasia is identified.

Peritoneal Cavity

No abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

No clinically significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographic evidence of gastric mass formation, infiltrative gastric wall thickening, splenic nodular disease, or visceral mast cell involvement at this time. The spleen and liver appear normal in size and echotexture, and no abdominal lymphadenopathy is identified.

In the context of recurrent hematemesis and a history of cutaneous mast cell tumors, no imaging findings are present to suggest visceral mast cell disease or secondary infiltrative gastrointestinal neoplasia. The gastric wall thickness and layering are within normal limits, and no sonographic evidence of ulcer crater formation or perigastric inflammatory change is observed. However, it should be noted that superficial mucosal erosions or small ulcerative lesions may not be detectable on ultrasound, particularly when wall layering is preserved.

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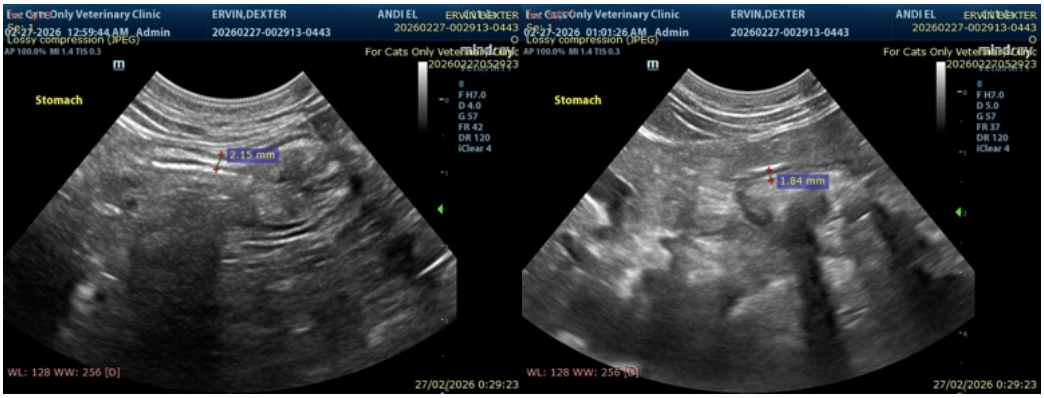
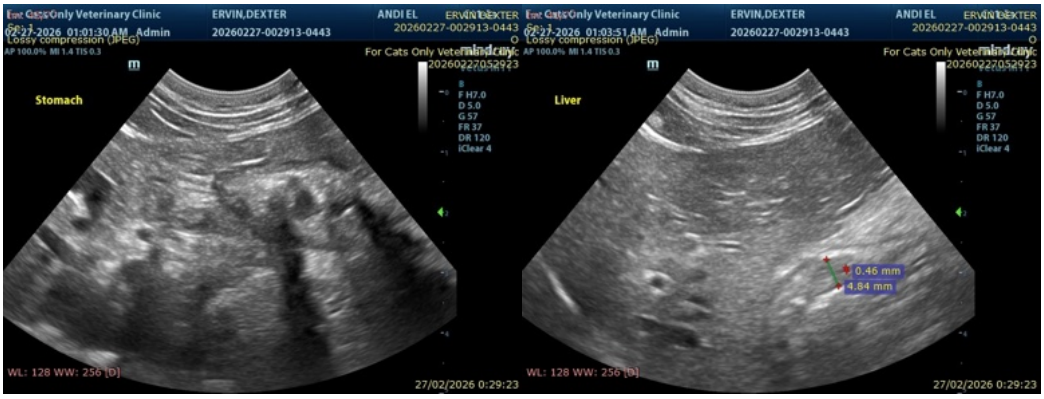
Overall, this study does not demonstrate a structural cause for the recent episodes of dark red hematemesis. Functional, inflammatory, or mucosal disease remains possible despite normal transmural imaging appearance.

Recommendations

- Given the history of hematemesis, consideration should be given to medical management for possible gastric ulceration (acid suppression ± gastroprotectants) if not already instituted.
- If hematemesis persists or worsens, upper gastrointestinal endoscopy may be warranted to directly evaluate for mucosal erosions or ulceration not detectable by ultrasound.
- Periodic monitoring is reasonable given the history of cutaneous mast cell tumors, although no current imaging evidence of visceral involvement is identified.





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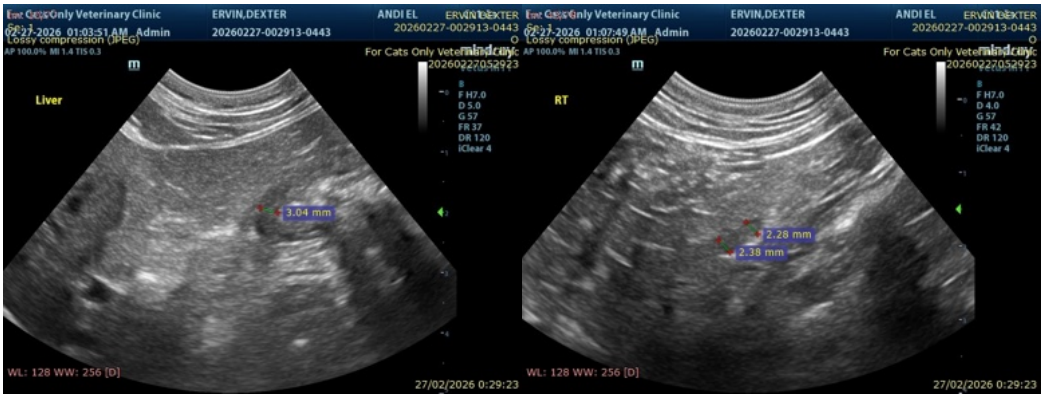

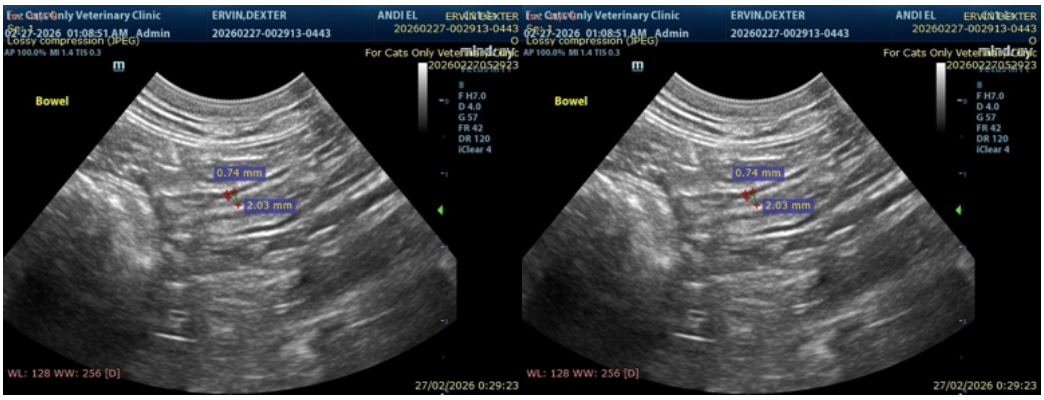

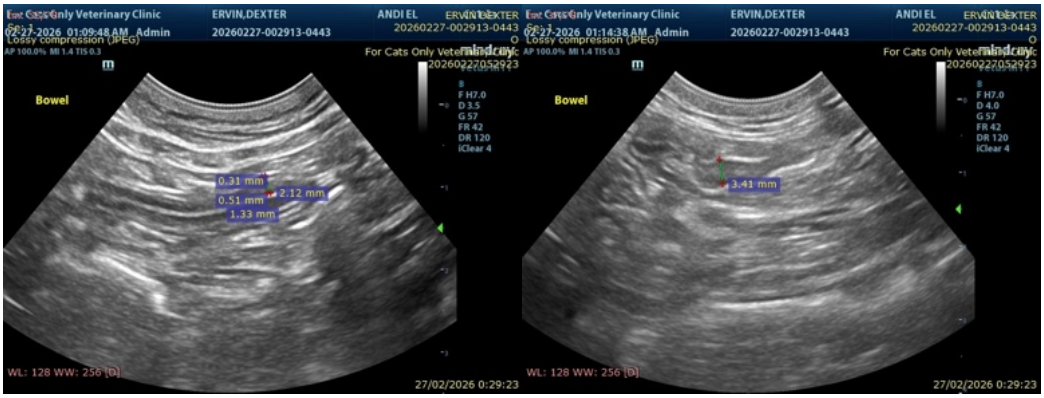

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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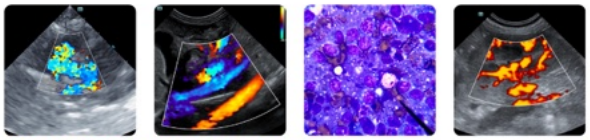

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