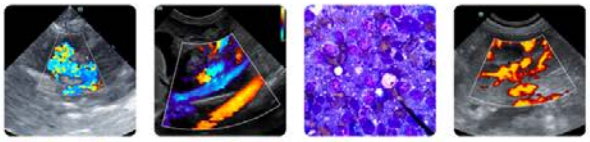


PATIENT

Jamelles Stubbs

SPECIES

Feline

BREED

Ragdoll x

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.96 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock Veterinary Hospital

REFERRING VET

Dr. Cara Spagnoletti

INVOICE

73703

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Jamelles is a 14-year-old female spayed cat presenting with a history of chronic intermittent vomiting, lethargy, and significant weight loss. The physical exam is largely unremarkable, making systemic geriatric diseases the primary concern.

PROBLEM LIST: Constitutional: Significant weight loss (1.38 kg), lethargy, intermittent hyporexia. Gastrointestinal: Chronic, intermittent vomiting. Integument: Mild dorsal dandruff.

Abnormal PE/Chem/CBC/UA Results: CBC and organ chemistry profile unremarkable, fT4 normal, UPCR normal, spec fPL in house normal - Cobalamin result pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is markedly distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.41×2.25 cm, and the cortical thickness measures 0.32 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.44×2.44 cm, and the cortical thickness measures 0.38 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.25 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.27 cm at the caudal pole.

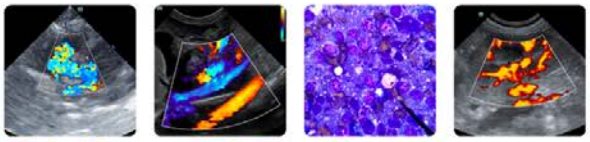
Spleen

Splenic thickness measures 0.70 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared with 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 with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 2.22 mm and preserved wall layering in most regions. However, a focal gastric segment demonstrates marked mural thickening up to 8.62 mm with complete loss of normal wall layering. The adjacent omentum appears focally hyperechoic.

The pylorus measures 4.73 mm.

The duodenum measures 2.06 mm.
The jejunum measures 2.26 mm with the following layer measurements: mucosa 1.23 mm, submucosa 0.63 mm, and muscularis propria 0.41 mm.
The ileum measures 1.05 mm, with preserved wall layering.

The ileocecal junction was not clearly visualized.

The colon measures 0.59 mm, with gas in the ascending colon and formed feces in the transverse and descending segment.

Pancreas

The pancreas measures 5.10–5.46 mm. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.81 mm. No sonographic evidence of active peripancreatic fat inflammation is identified.

Free Abdomen

No abdominal effusion is observed.

The ileocecal lymph nodes are markedly enlarged, measuring up to 7.18 mm in thickness, and appear rounded and hypoechoic with surrounding perinodal fat hyperechogenicity.

The right gastric lymph node is also enlarged, measuring 6.15×8.20 mm, and appears hypoechoic.

PRIMARY FINDINGS

- Focal gastric wall thickening up to 8.62 mm with loss of wall layering.
- Focal hyperechoic omental reaction adjacent to the stomach.
- Marked enlargement of regional lymph nodes (gastric and ileocecal).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is a focal segment of marked gastric wall thickening (8.62 mm) with complete loss of normal wall layering and associated focal hyperechogenicity of the adjacent omentum. These findings are highly suspicious for infiltrative gastric disease.

In a geriatric cat with chronic vomiting and weight loss, the primary differential diagnoses include:
- Gastric neoplasia, particularly lymphoma.
- Other gastric tumors (adenocarcinoma, mast cell tumor).
- Severe focal inflammatory disease (less likely).

The presence of markedly enlarged regional lymph nodes (gastric and ileocecal) further supports a neoplastic or severe inflammatory process.

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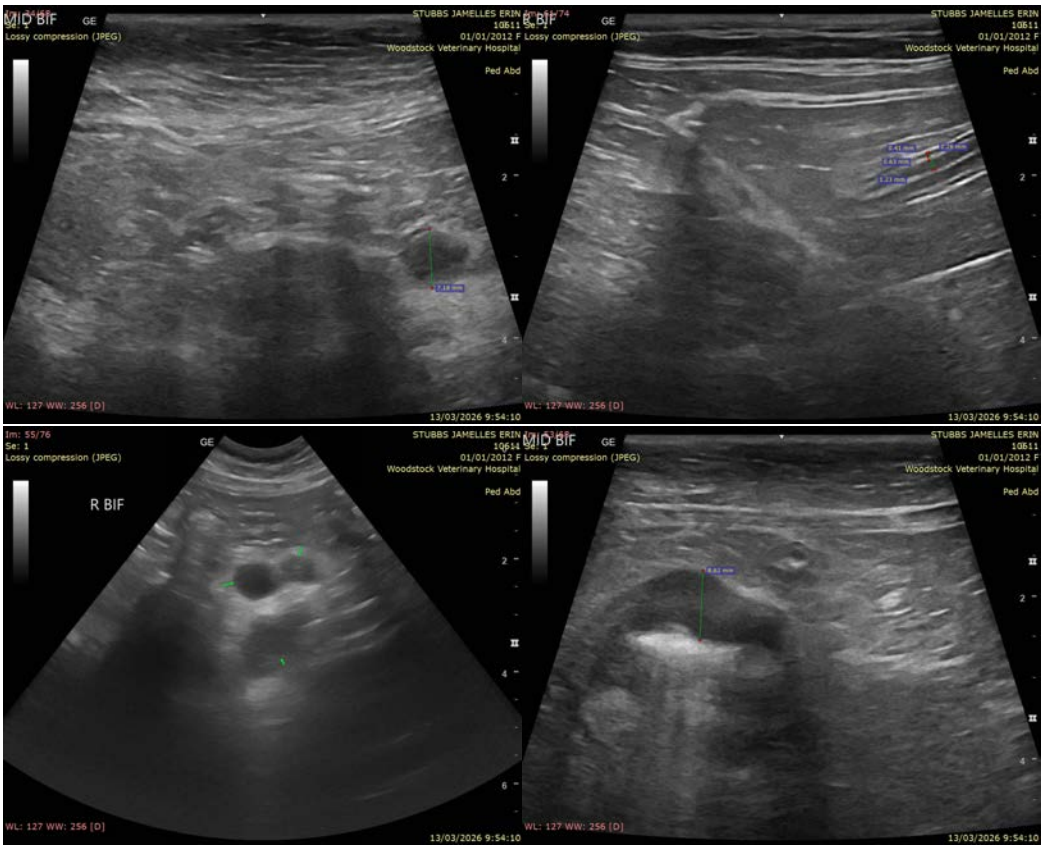
The intestinal segments appear within normal limits, and there is no ultrasonographic evidence of intestinal obstruction.

The pancreas demonstrates mild hypoechogenicity, which can be age-related and is nonspecific; however, mild or chronic pancreatitis is possible.

Recommendations

- Gastric biopsy is strongly recommended to obtain a definitive diagnosis (endoscopic or surgical depending on clinical preference).
- Cytology or biopsy of the enlarged lymph nodes may also be helpful.
- Further staging may be considered if neoplasia is confirmed.
- Additional management should be guided by the attending veterinarian based on clinical findings.



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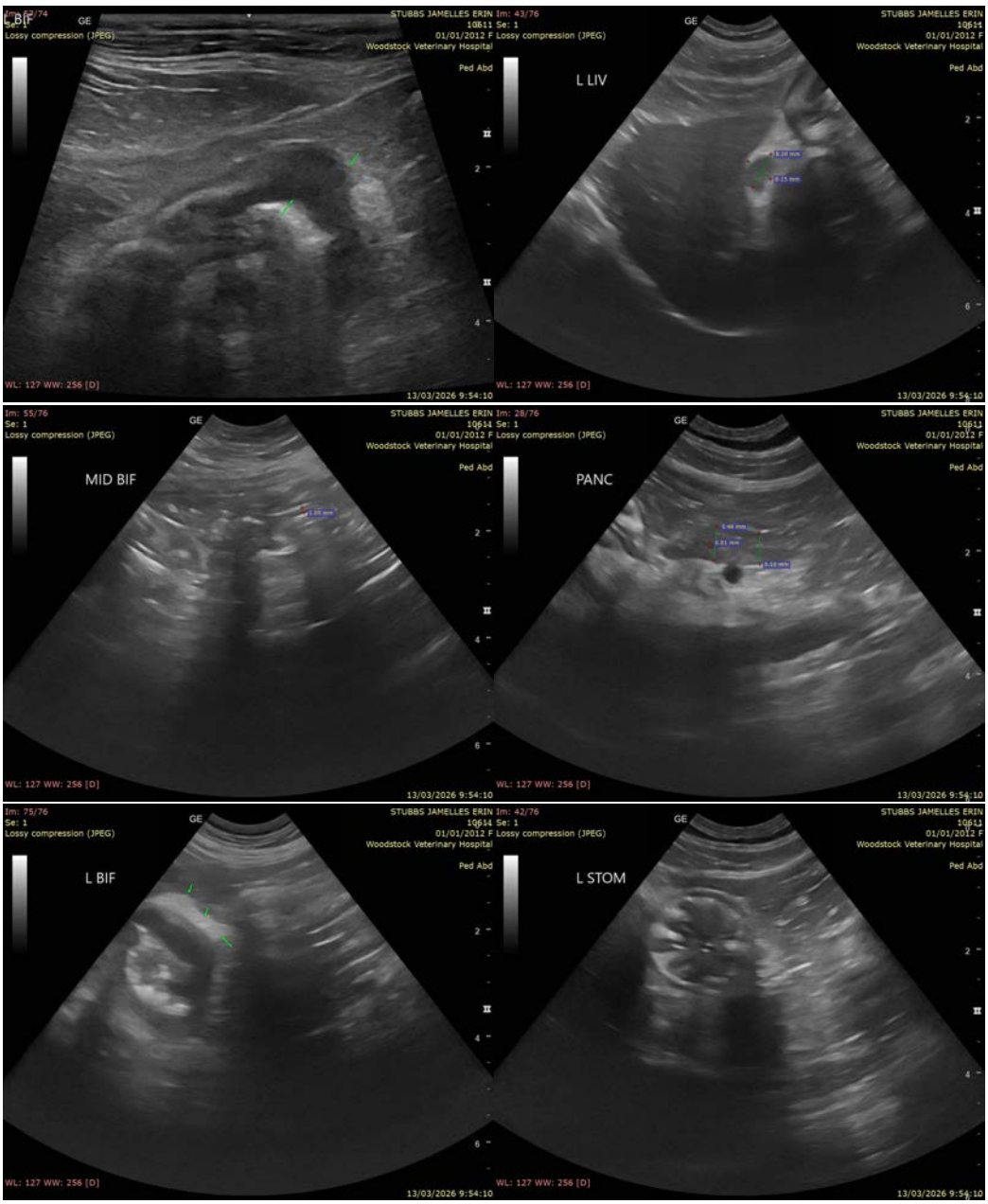

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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