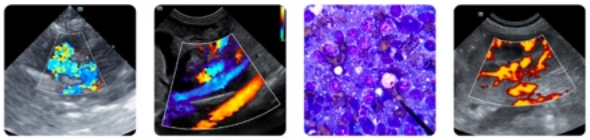


PATIENT

Marley Campagna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

72224

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Not eating dry food, is eating the canned.
- Vomited a lot for a few days last week.
- Owner gave Cerenia 2 days ago and vomiting stopped

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.84×2.26 cm, with a cortical thickness of 0.41 cm in the sagittal plane. The renal 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 evaluation shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.70×1.90 cm, with a cortical thickness of 0.39 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 evaluation shows a normal vascular pattern.

Adrenal Glands

The adrenal glands were not clearly visualized.

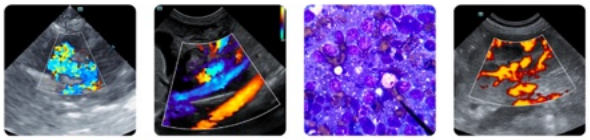
Spleen

Splenic thickness is 0.86 cm. The splenic parenchyma demonstrates normal echogenicity and a 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 hepatic parenchyma appears uniform and isoechoic compared with the falciform fat, with a normal echotexture. A hepatic lymph node measuring 0.63×0.73 cm is identified. The node is rounded and markedly hypoechoic.

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



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Gastrointestinal

The stomach is moderately distended with ingesta. Multiple regions of the gastric wall demonstrate marked mural thickening measuring 1.48–1.73 cm, with complete loss of normal wall layering. These changes have a multifocal to multinodular appearance.

The omental fat surrounding these gastric regions appears subjectively hyperechoic, suggesting local inflammatory or infiltrative change. The pylorus measures 2.79 mm with preserved wall layering. The duodenum measures 2.40 mm with preserved wall layering. The jejunum measures 1.56 mm and the ileum 1.28 mm, both with normal wall layering. The ileocecal junction measures 2.46 mm.

The colon measures 0.48 mm in the ascending segment with formed fecal material present in the descending colon.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammatory change.

Peritoneal Cavity

No abdominal effusion is observed.

Within the retroperitoneal fat caudal to the left kidney, a heterogeneous irregular soft-tissue structure is identified, clearly separated from the renal parenchyma. This structure is surrounded by multiple abnormal regional lymph nodes. The morphology of this structure is not typical of a lymph node and appears to arise from the retroperitoneal fat. Doppler interrogation of the retroperitoneal lesion was not performed, and vascular characteristics could not be assessed.

A similar pattern of irregular soft-tissue nodules is observed between segments of small intestine.

Additional lymphadenopathy is present:

- Left gastric lymph node: 1.18×0.94 cm, markedly enlarged, rounded, and hypoechoic
- Caudal mesenteric lymph node: 4.51×4.92 mm, rounded and hypoechoic

ULTRASONOGRAPHIC FINDINGS

- Marked multifocal gastric mural thickening (1.48–1.73 cm) with complete loss of wall layering.
- Hyperechoic omental fat adjacent to the gastric lesion.
- Marked regional lymphadenopathy (hepatic and left gastric lymph nodes).
- Additional abnormal rounded mesenteric lymph node.
- Irregular retroperitoneal soft-tissue lesion caudal to the left kidney.

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- Additional soft-tissue nodules between intestinal loops suspicious for metastatic implants or carcinomatosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

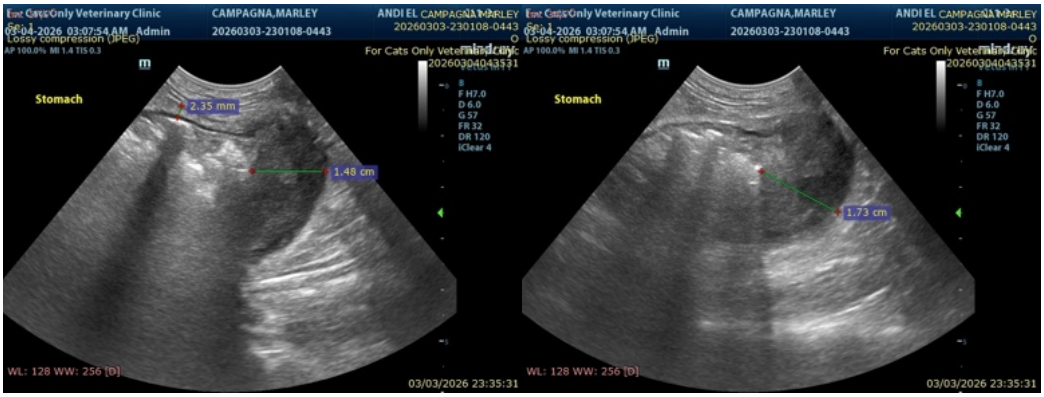
The most significant finding is marked multifocal gastric mural thickening with complete loss of normal wall layering, producing a multinodular appearance. This pattern is highly suspicious for gastric neoplasia. In cats, the primary differentials for this pattern include gastric lymphoma and gastric adenocarcinoma, with lymphoma often producing multifocal or diffuse infiltrative lesions, while adenocarcinoma more commonly produces irregular focal masses with disruption of mural architecture. Based on ultrasound alone, definitive differentiation between these entities is not possible.

The presence of marked regional lymphadenopathy (hepatic and gastric lymph nodes), together with irregular soft-tissue nodules within the retroperitoneal fat and between intestinal loops, raises strong concern for metastatic or infiltrative spread of neoplastic disease.

These additional lesions are most compatible with peritoneal or retroperitoneal metastatic implants, which may represent early peritoneal carcinomatosis if the primary gastric lesion represents carcinoma. Alternatively, if the primary lesion represents lymphoma, these findings could reflect multifocal lymphomatous infiltration of abdominal fat and lymph nodes.

Recommendations

- Cytologic or histopathologic sampling of the gastric lesion or affected lymph nodes is recommended to establish a definitive diagnosis.
- Thoracic imaging may be considered for staging if neoplasia is confirmed or strongly suspected.
- Oncologic consultation may be beneficial depending on cytologic or histopathologic results.
- Final diagnostic and therapeutic decisions should be made by the attending veterinarian, integrating these imaging findings with the complete clinical picture.



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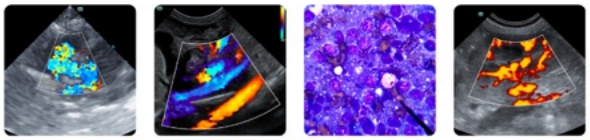

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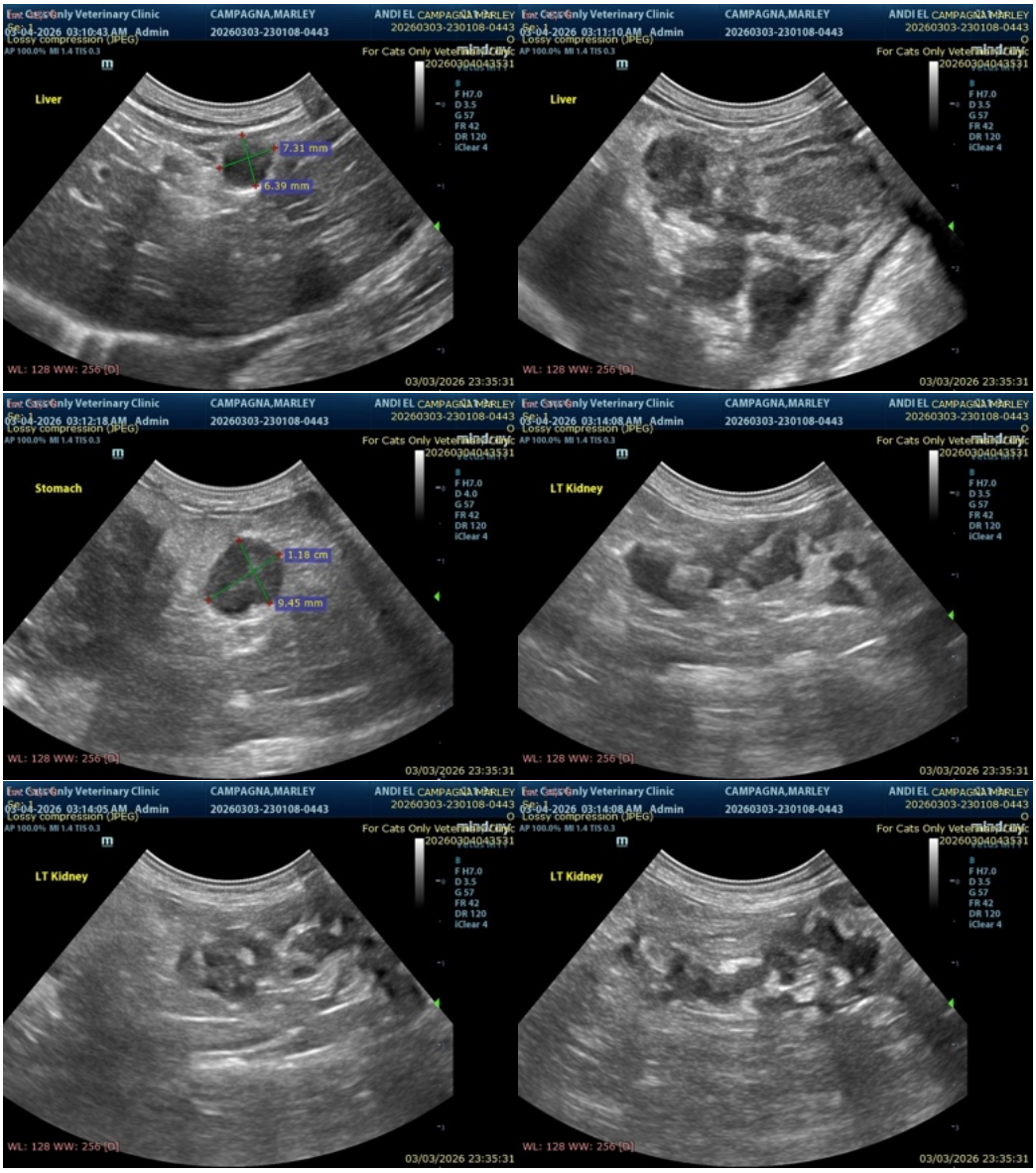

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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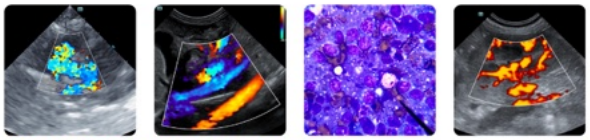

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