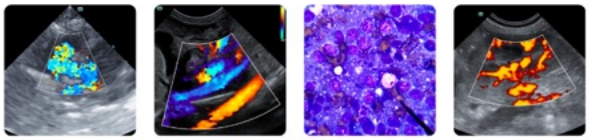

PATIENT

Daffy Tobin

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

12 years

WEIGHT

12.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Elda Kwong

HOSPITAL NAME

Petvacx AH

REFERRING VET

Dr. Kwong

INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

- Daffy started vomiting and losing weight in October 2025. Bloodwork revealed "grey zone" T4 in October 4th 2025. Confirmatory testing with a MSU panel confirmed hyperthyroidism in January. Despite starting methimazole therapy in January, Daffy has continued to vomit and lose weight. Recheck T4 after starting therapy was slightly low so dosing was adjusted.
- Normal CHEM/CBC, fPL, cardiopet in October 2025 January 2026: MSU TT4 elevated (58); Free T4 by ED elevated (55)

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 predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.49×1.96 cm, and the thickness of the cortex is 0.34 cm in the sagittal plane. 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, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 3.97×2.70 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Very mild pyelectasia measuring 1.17 mm is noted. There is no evidence of nephroliths or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

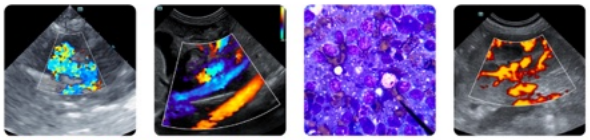
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are within normal limits. The left adrenal gland measures 0.23 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.23 cm at the caudal pole.

Spleen

Splenic thickness is 0.86 cm. The 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 relative to the falciform fat, with normal echotexture. No focal hepatic lesions are identified. No hepatic lymphadenopathy is observed.



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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 2.12–0.70 mm.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.66 mm and preserved wall layering. The pyloric region measures 2.81 mm. A focal segment measuring approximately 7.26 mm demonstrates loss of normal wall layering.

The duodenum measures 2.47 mm. The jejunum measures 1.85 mm and the ileum measures 1.75 mm. The ileocecal junction measures 2.25 mm with preserved wall layering. Overall, small intestinal layering appears preserved. No signs of ileus or foreign material are identified.

The colon measures 1.35 mm and appears empty and folded, with preserved wall layering.

Pancreas

Pancreatic thickness measures 4.14–4.31 mm. The pancreatic parenchyma appears homogeneous with normal echogenicity. The pancreatic duct measures 0.36 mm. No ultrasonographic signs of active pancreatic inflammation or peripancreatic fat changes are observed.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed.

Cranial mesenteric and ileocecal lymph nodes are not clearly visualized, although the surrounding regions appear unremarkable.

The left gastric lymph node measures 3.96×5.51 mm and has normal shape and echogenicity. The pancreaticoduodenal lymph node measures 9×5.27 mm. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

Focal gastric wall thickening (up to 7.26 mm) with loss of normal wall layering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal gastric wall lesion characterized by marked mural thickening (approximately 7.26 mm) with loss of normal wall layering is identified at the level of the distal gastric body/pyloric antrum. Differential considerations primarily include gastric neoplasia, most notably lymphoma or adenocarcinoma, which are the most commonly reported gastric tumors in older cats and may occur in the distal gastric body or pyloric antrum.

Other less common reported causes of focal gastric mural lesions in cats include smooth muscle tumors (leiomyoma or leiomyosarcoma), gastrointestinal stromal tumors (GIST), mast cell tumor, or extramedullary plasmacytoma.

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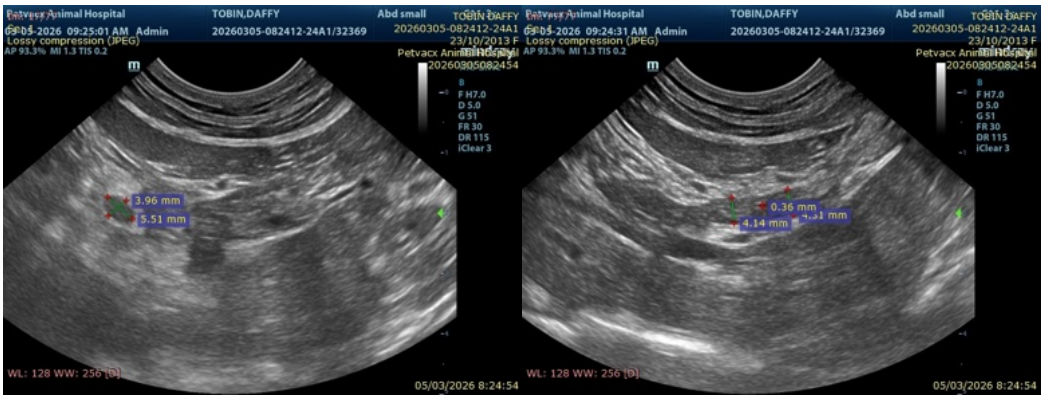
Non-neoplastic conditions such as feline gastrointestinal eosinophilic sclerosing fibroplasia have also been reported to produce focal gastric wall masses that may mimic neoplasia on ultrasonography.

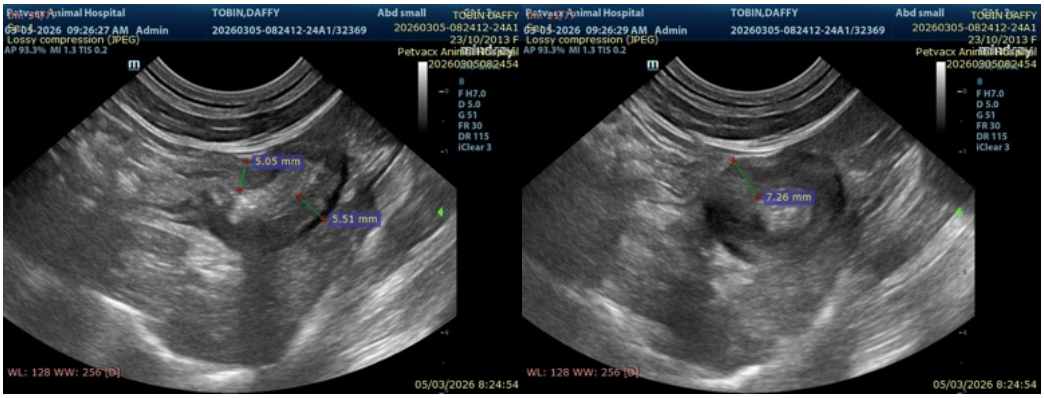
The remaining small intestinal segments demonstrate normal wall thickness and preserved layering. Jejunal and ileal measurements fall within reported reference ranges for cats (generally <2.5 mm), and no ultrasonographic features supportive of diffuse inflammatory bowel disease or low-grade alimentary lymphoma are identified.

Very mild right renal pyelectasia (1.17 mm) is present. This degree of pelvic dilation is minimal and may represent a physiological variation or transient fluid status changes in the absence of ureteral dilation or renal structural abnormalities.

Recommendations

Upper gastrointestinal endoscopy with targeted gastric biopsies is recommended to obtain histopathologic diagnosis.





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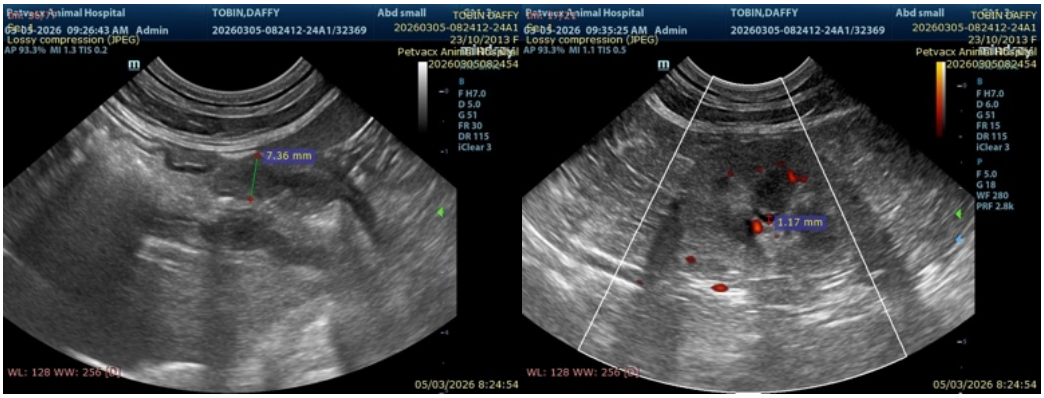

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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