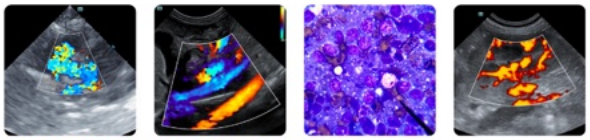


PATIENT

Sorsha Mitchell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

3 years

WEIGHT

2.9 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan, DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Revelle

INVOICE

70218

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Presented 12/2/25 as a new patient for urinating around house and crying out at night of 1 month duration. On exam large irregular freely moveable mass effect palpated cranial to bladder. On radiographs no evidence of masses in chest, large mass in abdomen. CBC/Chem/UA performed. Abdominal explore and mass removal performed 12/15/25, irregular mass attached solely to omentum with a small stalk. No other masses identified or ovarian remnant. See attached report for additional information regarding histopathology of mass. Urinary issues resolved following surgery. Seen 12/22/25 for loss of appetite and vomiting over weekend, responded to supportive care, SQ fluids, cerenia and discontinuation of post-op clavamox. Presented 12/29/25 for increased respiratory rate and effort, chest radiographs NSF compared to previous, started on veraflox for presumptive aspiration pneumonia and respiratory symptoms resolved. Overall doing well since last appointment. Weight stable from first appointment.
Abnormal PE/Chem/CBC/UA Results: 12/4/25: Chem WNL, Neutrophils (H) 9196, USG 1.061, protein 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The urinary bladder wall appears thin, smooth, and regular. The bladder lumen contains anechoic urine. The bladder neck and proximal urethra are unremarkable. There is no sonographic evidence of urolithiasis or inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.50×1.67 cm, with a cortical thickness of 0.23 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.37×1.56 cm, with a cortical thickness of 0.29 cm in the sagittal plane. In both kidneys, the renal cortex appears normal in echogenicity. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal renal perfusion.

Adrenal Glands

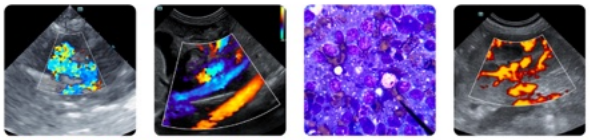
Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures approximately 0.19 cm at the cranial pole and 0.20 cm at the caudal pole. The right adrenal gland measures approximately 0.23 cm at the cranial pole and 0.22 cm at the caudal pole.

Spleen

The spleen measures approximately 0.76 cm in thickness. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal lesions. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The gallbladder wall is thin, and the lumen contains a mild to moderate amount of biliary sludge. The common bile duct measures approximately 1.73 mm proximally, 1.64 mm mid-portion, and 0.50 mm distally.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 1.21 mm and preserved wall layering. The pylorus measures approximately 2.18 mm. The duodenum measures approximately 1.56 mm.

The jejunum measures approximately 1.84–2.06 mm, with preserved wall layering:

- Mucosa: 1.08 mm, Submucosa: 0.45 mm, Muscularis propria: 0.17 mm

The ileum measures approximately 1.71–1.83 mm, with preserved wall layering:

- Mucosa: 0.59 mm, Submucosa: 0.80 mm, Muscularis propria: 0.19 mm

The ileocecal junction measures approximately 2.0 mm, with a muscularis thickness of 0.44 mm. No sonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures approximately 0.57 mm, with formed fecal material present in the descending segment.

Pancreas

The pancreatic regions evaluated do not demonstrate sonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Cranial mesenteric lymph nodes are not visualized; the surrounding regions appear unremarkable. Ileocecal lymph nodes appear within normal limits. The iliac trifurcation is normal.

Within the peritoneal cavity, a solitary, well-defined, round, homogeneously hyperechoic structure measuring approximately 1.05×1.24 cm is identified dorsal to the urinary bladder, near the level of its cranial pole. This structure is observed in a single video sequence and is not consistently visualized on subsequent imaging.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Small, well-defined, homogeneously hyperechoic peritoneal structure dorsal to the urinary bladder.

SECONDARY FINDINGS

- Mild to moderate biliary sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

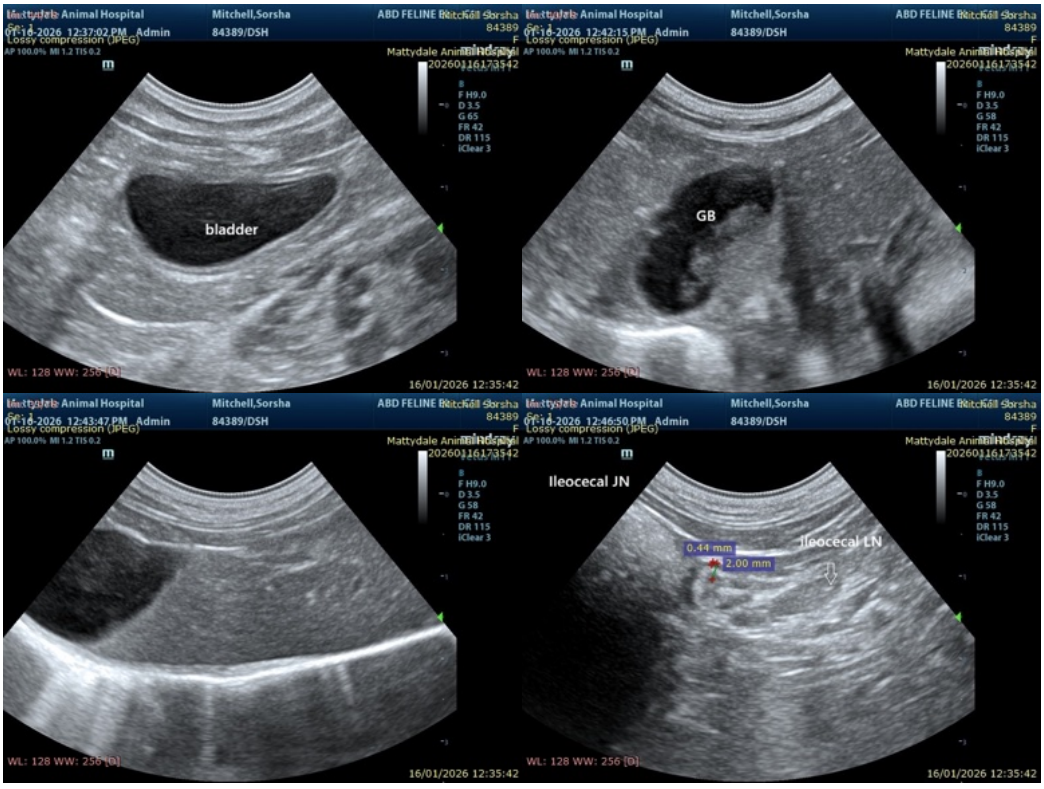
A small, well-defined, homogeneously hyperechoic omental/peritoneal nodule is identified dorsal to the urinary bladder. Given the patient's history of prior omental surgery and incomplete excision of a malignant mass, this finding most likely represents postoperative fibroadipose change or organized fat necrosis.

While appearance is not typical of recurrent malignant disease, early recurrence cannot be definitively excluded on the basis of ultrasonography alone, and close imaging follow-up is recommended.

Mild to moderate biliary sludge is present and is considered an incidental finding in the absence of biliary duct dilation or hepatic parenchymal abnormalities.

Recommendations

- Close ultrasonographic follow-up is advised, with cytologic sampling recommended if interval growth or changes in echogenicity or margins are observed.
- Ultrasound-guided cytology could be considered; however, sampling may be technically challenging due to the lesion's location dorsal to the urinary bladder, and results may be nondiagnostic or difficult to interpret if predominantly fibroadipose tissue is obtained.



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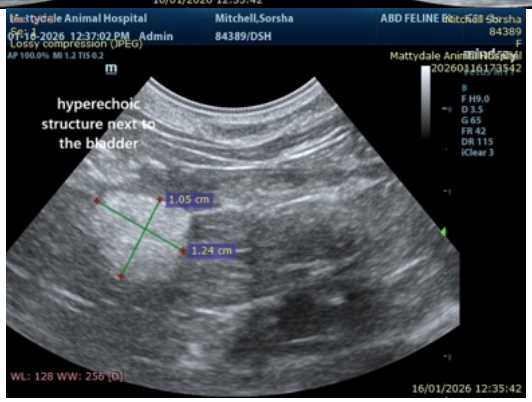

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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