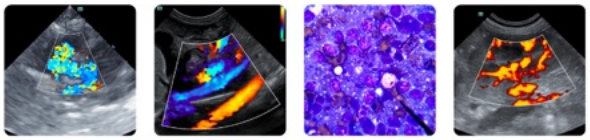


PATIENT

Cricket Jahns

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

9.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

71003

DATE

1/27/26

PRESENTING CLINICAL SIGNS

History of decreased caloric intake and GI symptoms. TP= 8.9 Globulin= 6.2 WBC count 18,300, 82% neutrophils

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is mildly smaller than expected and irregular in contour, measuring 2.73×1.54 cm. Cortical thickness is not provided in the original report. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.47×2.24 cm, with a cortical thickness of 0.41 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.27 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.26 cm at the caudal pole.

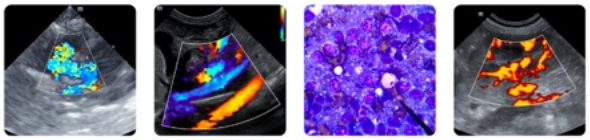
Spleen

Splenic thickness is 0.70 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. A hyperechoic nodule measuring 6.01×2.12 mm is identified, as well as a hyperechoic, homogeneous area measuring 8.18×8.84 mm that does not distort the splenic capsule. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma contains several small, homogeneous hyperechoic foci measuring less than 0.5 cm. Additionally, a multicystic lesion measuring 1.02×0.74 cm is identified within the caudate process of the caudate lobe. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.30 mm and preserved wall layering. The pylorus measures 2.58 mm and contains a small amount of fluid.

Duodenal wall thickness is 2.04 mm. Jejunal wall thickness is 2.08 mm, with the following layer measurements: mucosa 1.25 mm, submucosa 0.59 mm, muscularis propria 0.26 mm. Ileal wall thickness is 2.17 mm, with the following layer measurements: mucosa 0.83 mm, submucosa 0.63 mm, muscularis propria 0.80 mm.

A large mass measuring 3.60×2.82 cm is identified, appearing to arise from the ascending colon and expanding eccentrically. The mass is markedly heterogeneous, vascularized, and infiltrative in appearance. The adjacent omentum is hyperechoic.

The colon wall thickness measures 1.15 mm at the descending segment, with a small amount of fecal material.

Pancreas

The pancreas measures 4.48 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. There is no ultrasonographic evidence of active inflammation or neoplastic disease.

Peritoneal Cavity

A small volume of free abdominal fluid is observed at the splenorenal recess. Cranial mesenteric lymph nodes are not visualized; the surrounding mesentery appears unremarkable. Ileocecal lymph nodes measure 2.21 mm in thickness and are normal in shape and echogenicity.

The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large infiltrative mass arising from the ascending colon (3.60×2.82 cm). Hyperechoic omentum adjacent to the mass.
- Small volume of free abdominal fluid at the splenorenal recess.

SECONDARY FINDINGS

- Hyperechoic splenic nodules.
- Small multicystic lesion within the caudate lobe of the liver and multiple small hyperechoic areas.
- Mildly small and irregular left kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination identifies a large, infiltrative mass arising from the ascending colon, measuring 3.60×2.82 cm, with marked heterogeneity, internal vascularization, and associated focal omental hyperechogenicity. These imaging features are highly suspicious for a primary colonic neoplastic process, particularly in the context of advanced age, chronic gastrointestinal signs, hyperglobulinemia, and neutrophilic leukocytosis.

A small volume of abdominal effusion localized to the splenorenal recess may reflect localized inflammatory or neoplastic activity and supports the clinical significance of the colonic mass, although ultrasonography cannot determine the nature of the fluid.

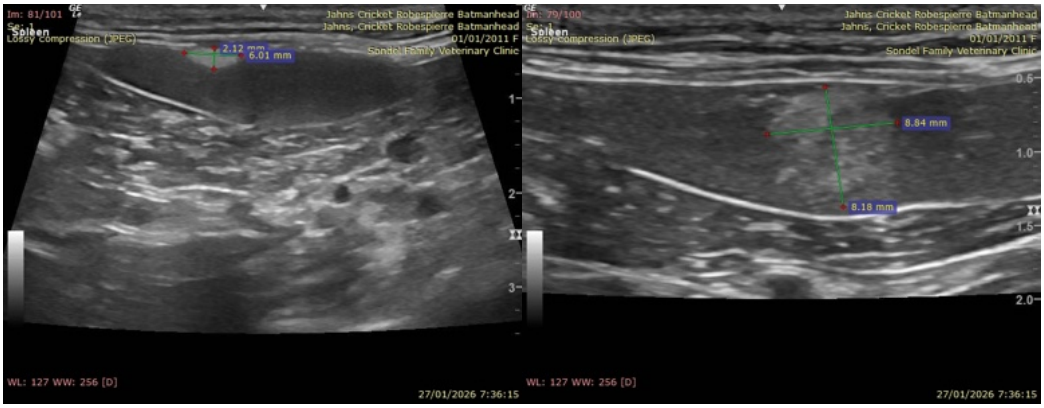
Additional findings include small hyperechoic splenic lesions and multifocal hepatic hyperechoic foci, as well as a small multicystic lesion within the caudate lobe. These changes are nonspecific and may represent benign and incidental findings; such as nodular hyperplasia, focal fatty infiltration, mild fibrotic change, small cystic changes, or age-related parenchymal alterations.

The left kidney is mildly reduced in size and irregular in contour, consistent with chronic change, while the right kidney appears normal. These renal findings are incidental and not considered contributory to the current gastrointestinal presentation.

Overall, the ultrasonographic findings are dominated by a clinically significant colonic mass, with imaging features most consistent with neoplasia. Cytologic evaluation of the mass, already performed, is critical for definitive characterization and will guide prognosis and therapeutic planning.

Recommendations

- Interpret pending cytologic results of the colonic mass as the primary next diagnostic step.
- If cytology is nondiagnostic or equivocal, histopathologic sampling or surgical exploration should be considered, given the size and infiltrative nature of the lesion.



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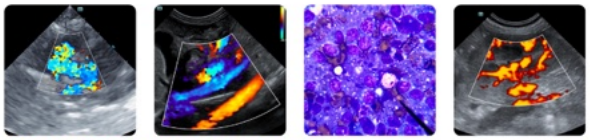

Clinical Sonography & Telecytology
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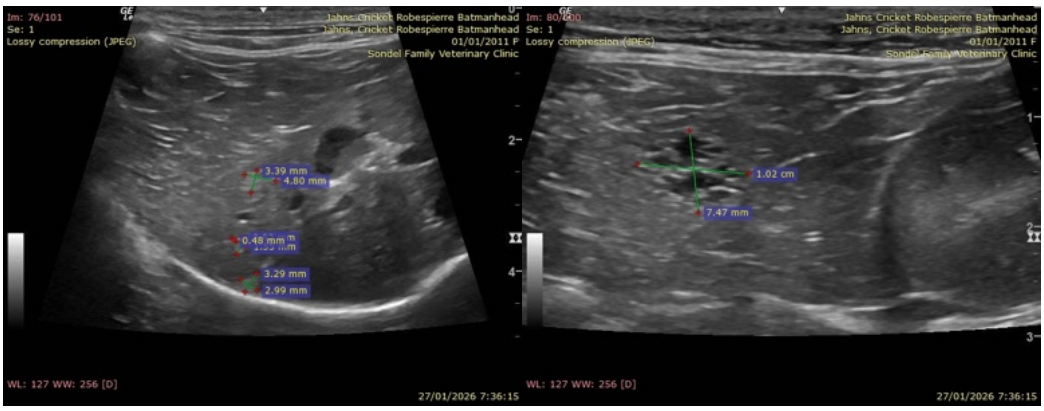

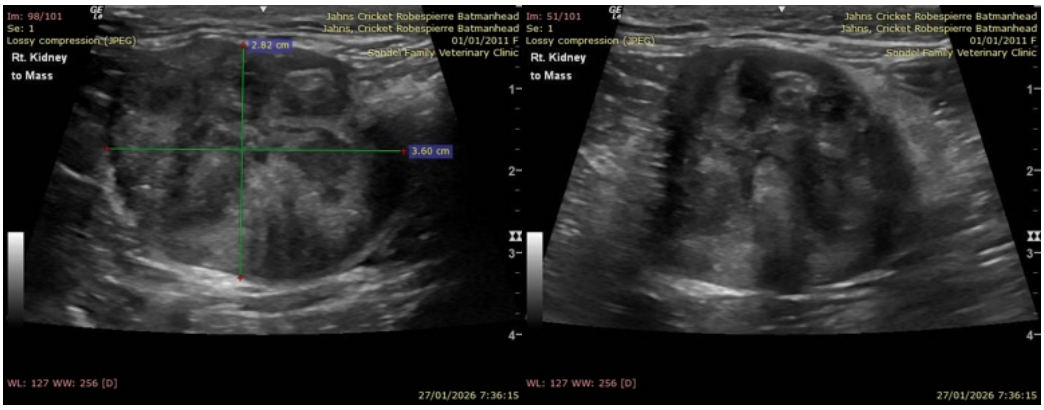

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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