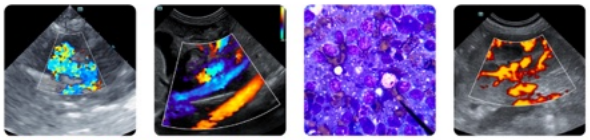


PATIENT

Alex Ross

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

9.48 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Lathrop

INVOICE

68519

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Presented for irritation to pinna with transdermal fluoxetine administration. Had lost significant weight and found to have abdominal mass- confirmed on radiographs.
Hypercalcemia- 13.0 Abdominal mass on PE, otherwise normal

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 contains a small amount of mineral sediment. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.01x2.14 cm, and the thickness of the cortex is 0.32 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 3.83x2.68 cm, and the thickness of the cortex is 0.45 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland is partially visualized (0.26 cm). The right adrenal gland is visualized but measurements were not recorded; visible portions appear within normal limits.

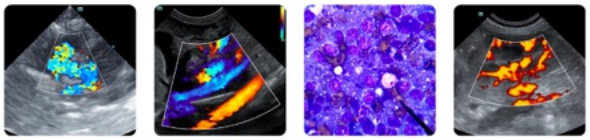
Spleen

Splenic thickness is 0.91 cm. The parenchyma demonstrates normal echogenicity and 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 liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is very distended. The wall is thin, and the contents show a moderate amount of biliary sludge. No evident 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 of 1.97 mm and preserved wall layering. Pylorus: 3.30 mm

Duodenum: 2.95 mm

Jejunum: 2.90 mm (Mucosa: 1.47 mm; Submucosa: 0.67 mm; Muscularis propria: 0.84 mm)

Ileum: 2.53 mm (Mucosa: 1.10 mm; Submucosa: 0.68 mm; Muscularis propria: 0.40 mm)
Normal wall layering is maintained throughout.
The ileocecal junction measures 3.29 mm (Muscularis: 1.49 mm). No signs of obstruction, ileus, or foreign material are identified.
The colon measures 0.78 mm and is relatively empty.

Pancreas

The pancreatic parenchyma measures 6.40 mm and is isoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 1.30 mm. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.
In the mid-abdomen, there is a heterogeneous, markedly hypoechoic, irregular mass measuring at least 7×4 cm, without clear organ dependency. Due to its proximity to the aorta and the cranial mesenteric artery, it could represent a severely abnormal mesenteric lymph node (mesenteric lymphadenopathy or lymphoid neoplasia cannot be ruled out).

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Abdominal mass (markedly hypoechoic, irregular, and heterogeneous) adjacent to the aorta and cranial mesenteric artery.
- Small intestine: Mild diffuse wall thickening with slightly increased muscularis-to-mucosa ratio.

SECONDARY FINDINGS

- Urinary bladder: Contains mild mineral sediment, but wall and lumen otherwise normal.
- Gallbladder: Very distended with moderate biliary sludge; wall remains thin and regular.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography confirms the presence of a large, irregular, markedly hypoechoic mass in the mid-abdomen, with heterogeneous echotexture and no clear organ of origin. Its anatomic position adjacent to the aorta and cranial mesenteric artery makes a neoplastic process of mesenteric lymph node origin (lymphoma) the most likely diagnosis.

Mild, diffuse thickening of the small intestinal wall (duodenum 2.95 mm, jejunum 2.90 mm, ileum 2.53 mm, ileocecal junction 3.29 mm) is noted. The muscularis layer appears mildly prominent in some segments, particularly the jejunum and ileocecal region, resulting in a mildly increased muscularis-to-mucosa ratio. These findings may reflect mild chronic enteritis or early infiltrative intestinal disease (lymphoma).

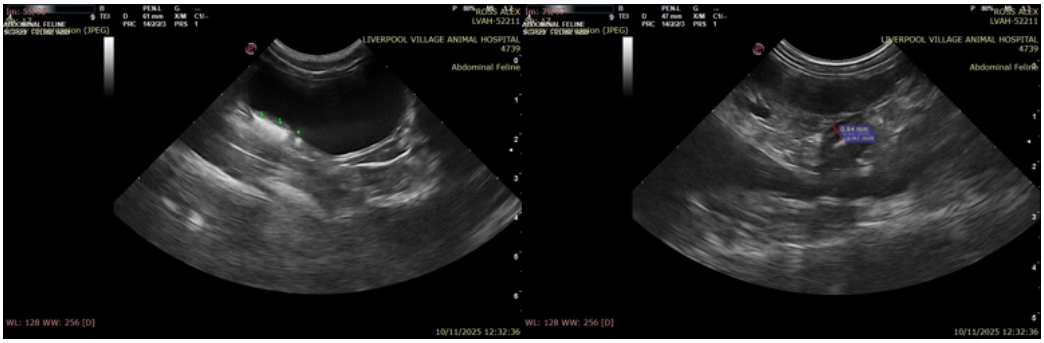
The hypercalcemia is clinically significant and may be paraneoplastic (PTHrP-producing lymphoma or carcinoma).

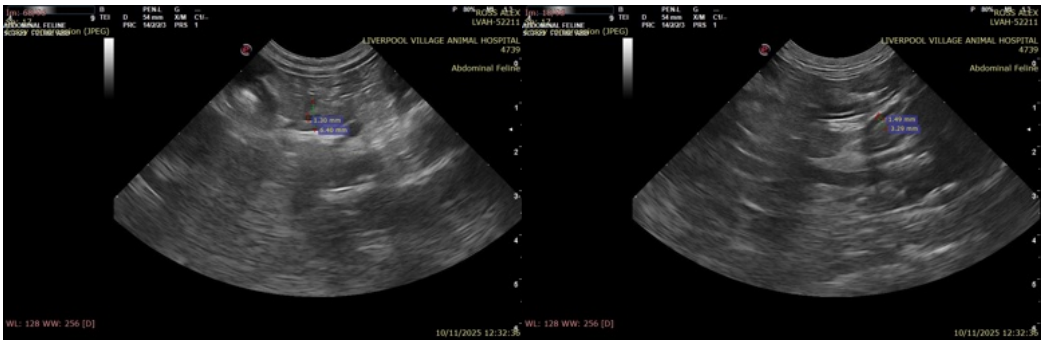
The gallbladder distension with biliary sludge is considered incidental and likely non-obstructive, given the absence of wall thickening or biliary dilation.

The urinary bladder sediment is mild and probably of no clinical consequence at this stage.

Recommendations

- Fine needle aspiration or biopsy of the mass.
- Three-view thoracic radiographs or CT to rule out pulmonary or mediastinal involvement (especially if multicentric lymphoma suspected).





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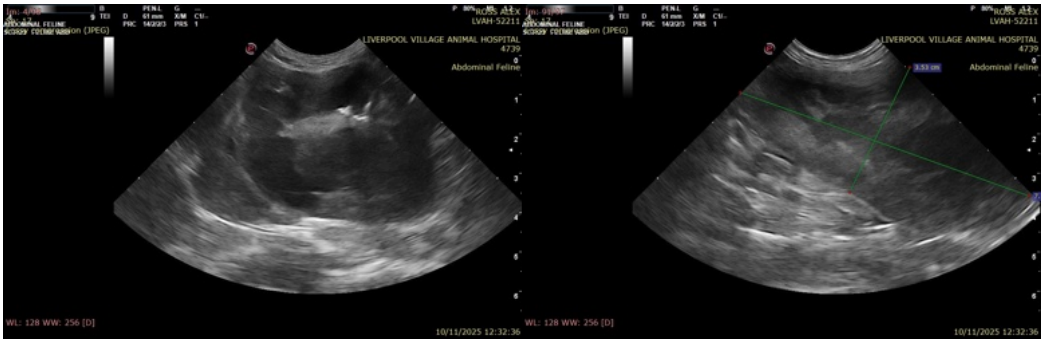

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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