



## PATIENT

Lucky Torres

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

11 years

## WEIGHT

7.8 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Hesham Elakbawy

## HOSPITAL NAME

Lincoln Avenue Cat and  
Dog Hospital

## REFERRING VET

Dr. Hall

## INVOICE

68916

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: Pt presented on 11/14/25 for a 3 day history of vomiting, hyporexia and decreased urination/defecation. Pt on presentation was mildly hyperthermic, tachypneic and a hard irregular mass was palpated on ventral midline of the abdomen. Radiographs showed no clear evidence of mass effect and no evidence of ascites. An enema was administered to empty the colon which appeared full with fecal material. An AFAST scan showed irregular tissue in the abdomen caudal to the left kidney and spanned the width of the abdomen. A full abdominal ultrasound was elected and Cerenia, Mirataz, lactulose and Gabapentin was given in the meantime. The patient showed mild improvement with medication but has been vomiting for the past several days after medications were stopped. Abnormal PE/Chem/CBC/UA Results: SDMA 15 ug/dL (H) TP 6.0 g/dL (L) ALT 15 U/L (L) WBC 21.2 K/uL (H)

## 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 turbid, with floating hyperechoic echoes. 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: 4.36×2.89 cm, and the thickness of the cortex is 0.43 cm in the sagittal plane. The right kidney is normal in shape and size: 4.60×3.00 cm, and the thickness of the cortex is 0.46 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### *Adrenal Glands*

The adrenal glands were not visualized.

### *Spleen*

Splenic thickness is 0.80 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 appears uniform and is isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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

### *Gastrointestinal*



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The stomach contains remnants of digested food, with mural thickness (1.9–2.11 mm) and preserved wall layering.

Jejunum: 3.66 mm. Mucosa: 0.74 mm. Submucosa: 1.09 mm. Muscularis propria: 1.31 mm.

Ileum: 3.07 mm. Mucosa: 1.57 mm. Submucosa: 0.72 mm. Muscularis propria: 1.32 mm.

Normal wall layering. An intestinal loop is identified with a mass measuring 3.5 cm and a wall thickness of 1.49 cm. The affected segment measures more than 6 cm in length. Adjacent peritoneum is reactive and hyperechoic.

Colon: transverse 0.97 mm, descending 0.62 mm, with very hard/impacted feces producing intense acoustic shadowing.

### ***Pancreas***

The pancreas was not clearly visualized, although no obvious abnormalities were seen in the region.

### ***Peritoneal Cavity***

No abdominal effusion is observed.

Cranial mesenteric lymph nodes: length 6.25–4.91 cm, height 2.79–2.15 cm, thickness 2.36–1.49 cm. Increased echogenicity of the perinodal fat.

The iliac trifurcation is normal.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS**

- Markedly abnormal intestinal loop (3.5 cm diameter, 1.49 cm wall, >6 cm length) with adjacent reactive peritoneum.
- Severely enlarged cranial mesenteric lymph nodes with perinodal fat changes.

### **SECONDARY FINDINGS**

- Turbid urine with hyperechoic floating echoes.
- Bilateral renal cortical hyperechogenicity.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Diffuse intestinal thickening with predominance of the muscularis layer. In addition, a markedly abnormal intestinal segment is present, characterized by a mass-like thickened loop measuring 3.5 cm in diameter, with 1.49 cm wall thickness and extending more than 6 cm in length. The adjacent peritoneum is hyperechoic and reactive, indicating significant local inflammation or infiltrative involvement of surrounding tissues.



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The cranial mesenteric lymph nodes are markedly enlarged, hypoechoic and mildly heterogeneous, with pronounced hyperechoic perinodal fat, consistent with metastatic lymphadenopathy.

Differentials include:

- Intestinal lymphoma (most likely).
- Intestinal adenocarcinoma with metastasis to adjacent lymph nodes.

The kidneys show diffusely increased cortical echogenicity, which may indicate chronic kidney disease, early interstitial nephritis, or age-related degenerative change.

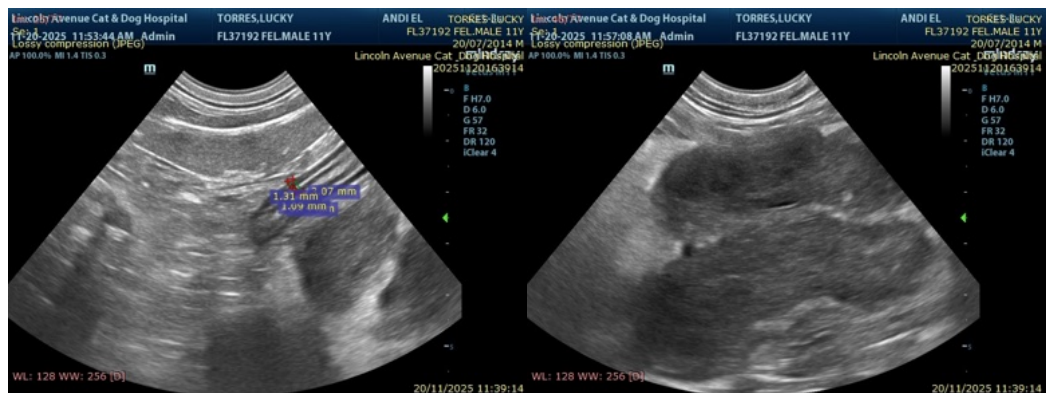
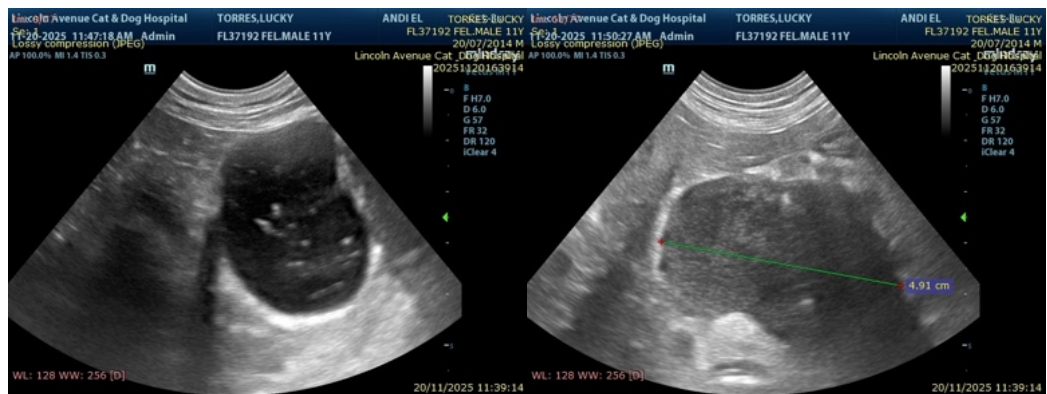
Recommendations

Fine-needle aspiration of:

- The abnormal intestinal segment.
- The cranial mesenteric lymph nodes.

Staging

- Thoracic radiographs or CT to assess metastatic disease.





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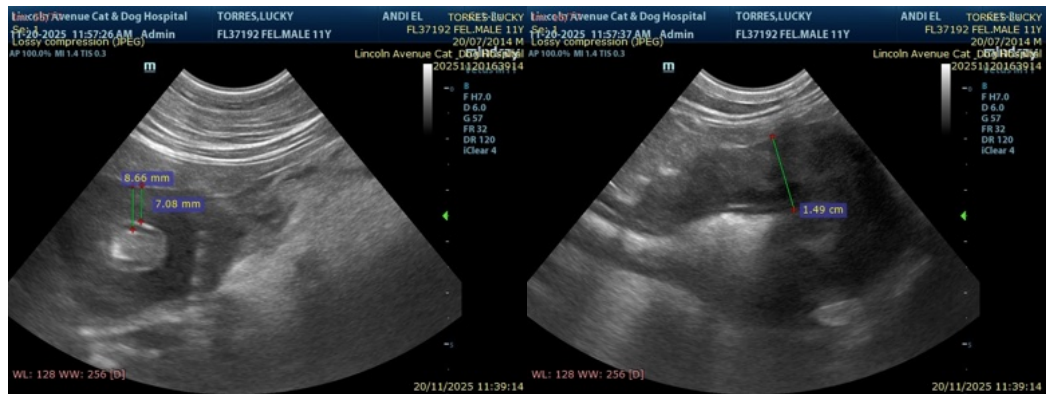
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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