



PATIENT

Jinx Seiler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.04 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jocelyn Smith, CVT

HOSPITAL NAME

Annville Cleona
Veterinary Associates

REFERRING VET

Dr. Bruce Keck

INVOICE

69076

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Exam: 11/24/25: Presenting complaint = lethargy, anorexia and vomiting. Palpable mass felt in abdomen. 1.8 lbs weight loss in 2 months.

Abnormal PE/Chem/CBC/UA Results: anemia, HCT=23 neutrophilia high total bilirubin=1.3.

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 mildly turbid. 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: 6.14×3.33 cm, and the cortical thickness is 0.41 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. A hypoechoic peripheral halo ("perirenal hypoechoic rim") is present. Pyelectasia of 2.80 mm is noted, with no nephroliths. Color Doppler evaluation shows increased and disorganized parenchymal vascularity with loss of the normal corticomedullary vascular pattern.

The right kidney is normal in shape and size: 4.54×2.31 cm, and the cortical thickness is 0.28 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is increased. Color Doppler evaluation also shows increased parenchymal vascularity.

Adrenal Glands

Not visualized.

Spleen

Small: splenic thickness is 0.49 cm. The parenchyma demonstrates decreased echogenicity and a fine homogeneous echotexture. The splenic capsule is smooth and regular.

Liver

The liver is subjectively increased in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and is isoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. The common bile duct is 1.70–1.80 mm.



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Gastrointestinal

The stomach is severely distended with a large amount of fluid, with mural thickness of 2.22 mm and preserved wall layering.

Jejunum: 2.28 mm. Mucosa: 1.33 mm. Submucosa: 0.75 mm. Muscularis propria: 0.34 mm. Ileum: 2.91 mm. Mucosa: 0.90 mm. Submucosa: 0.59 mm. Muscularis propria: 1.11 mm. In some areas of the ileum the muscularis reaches up to 1.92 mm; another ileal segment ranges from 0.70 to 1.20 cm, with loss of normal wall layer definition. The ileocecal junction measures 2.37 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: a mass of at least 5 × 2.5 cm is present in the descending colon. Wall thickness is 0.9 cm; previously 0.59 mm. Accumulated formed–dehydrated feces are present in the descending segment.

Pancreas

The pancreas measured 8.95 mm. The parenchyma of the pancreas is slightly hypoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 1.01 mm.

Peritoneal Cavity

Abdominal effusion is observed. The peritoneum appears thickened and hyperechoic. Cranial mesenteric lymph nodes measure 7.49 mm in thickness. Ileocecal lymph nodes are not visualized. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large colonic mass and multifocal ileal muscularis thickening with loss of layering.
- Renal abnormalities with cortical hyperechogenicity, asymmetric size, perirenal hypoechoic rim, pyelectasia, and abnormal vascularity.
- Abdominal effusion with thickened echogenic peritoneum.
- Enlarged cranial mesenteric lymph node.

SECONDARY FINDINGS

- Functional gastric and intestinal ileus secondary to systemic disease.
- Secondary cholestasis, possible intrahepatic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is significantly fluid-distended without wall thickening, suggesting functional ileus secondary to systemic illness or pain. The ileum shows marked muscularis thickening with loss of layering in some segments, which is highly suspicious for neoplastic infiltration, most strongly intestinal lymphoma. The descending colon contains a large mass measuring at least 5×2.5 cm, with wall thickness



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up to 0.9 cm and partial loss of architecture. This is overwhelmingly suspicious for colonic neoplasia, most likely colonic lymphoma.

The left kidney is markedly abnormal, showing reduced size, cortical hyperechogenicity, loss of normal architecture, a perirenal hypoechoic rim, pyelectasia, and increased, disorganized parenchymal vascularity on Doppler. These features raise strong concern for renal lymphoma.

The spleen is small and hypoechoic, which together with anemia and neutrophilia may indicate consumption, poor perfusion, or early infiltration.

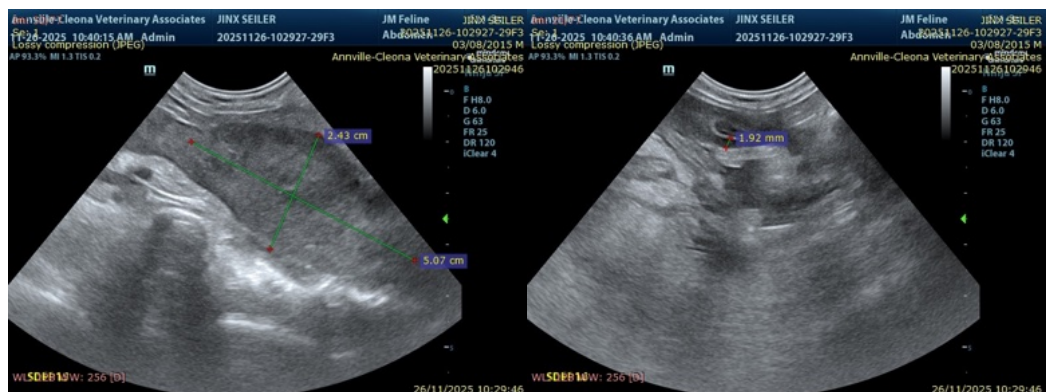
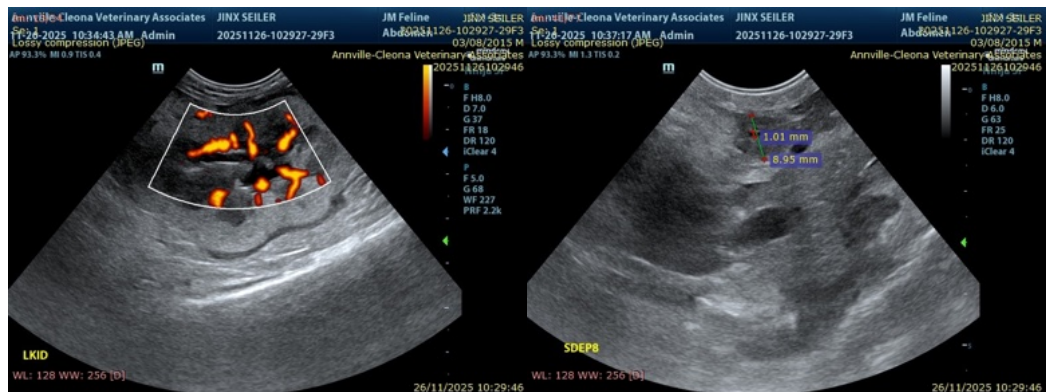
Diffuse hepatic infiltration cannot be excluded, and the biochemical findings may reflect intrahepatic cholestasis rather than primary biliary obstruction.

Free abdominal effusion with hyperechoic thickened peritoneum indicates peritonitis, most likely inflammatory/neoplastic rather than septic. The cranial mesenteric lymph node is consistent with early lymphoid involvement.

The pancreas is mildly thickened and slightly hypoechoic; however, these findings may be secondary to systemic illness rather than primary pancreatitis.

Recommendations

- Abdominocentesis.
- Pursue cytologic (or histopathologic sampling) of the intestinal masses, liver, and left kidney.
- Perform thoracic imaging (radiographs or CT) for metastatic staging.





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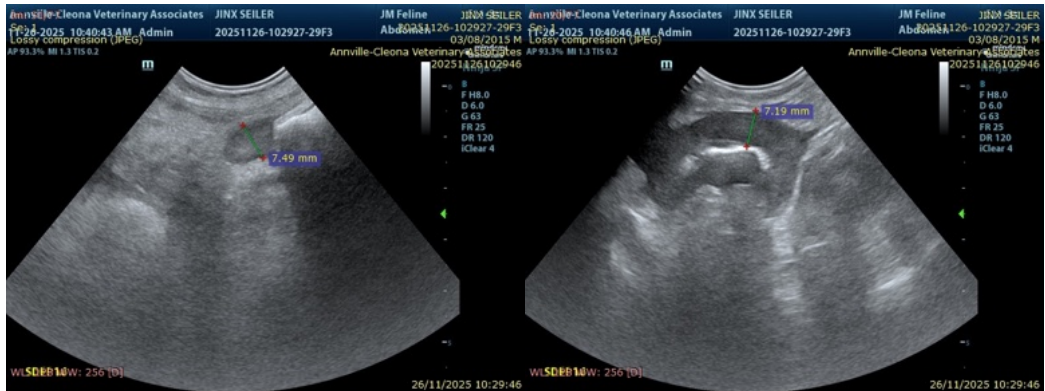
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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