



PATIENT

Fargo Pezzi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

20 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

69258

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Tuesday of last week started not eating and abdomen seems bloated. No vomiting and bm's seems small.

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 anechoic. There is a 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: 4.16 x 2.91 cm, and the cortical thickness is 0.35 cm in the sagittal plane. The cortex is isoechoic 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.

The right kidney is normal in shape and size: 4.45 x 2.63 cm, and the cortical thickness is 0.40 cm in the sagittal plane. The cortex is isoechoic 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

Not visualized.

Spleen

Splenic thickness is 0.75 cm. The parenchyma demonstrates normal echogenicity and a 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.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness (2.73 mm) and preserved wall layering. Jejunum: 2.07 mm. Ileum: 1.98 mm. The ileocecal junction was not visualized.



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Colon: 0.84 mm, with a small amount of formed feces in the descending segment.

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Pancreas

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Not visualized.

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Peritoneal Cavity

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Moderate abdominal effusion is observed. There is a large mass measuring at least 7x6 cm, although it is difficult to estimate its full size. It has no clear organ association and occupies most of the mid-abdomen. The margins are very irregular and appear invasive, and the mass is heterogeneous with internal calcified areas.

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Abdominal lymph nodes could not be clearly evaluated; therefore, possible metastatic involvement of the lymph nodes cannot be determined.

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ULTRASONOGRAPHIC FINDINGS

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- Large heterogeneous abdominal mass with irregular, invasive margins and internal mineralized/calcified areas, occupying the entire mid-abdomen, with no clearly identifiable organ of origin.
- Moderate abdominal effusion.

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Guerrero

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Renee Ziegler Post

The ultrasonographic findings are dominated by the presence of a large, aggressive-appearing abdominal mass occupying the mid-abdomen, with irregular and infiltrative margins and internal mineralization. Its size and invasive character suggest a malignant process, although the exact organ of origin cannot be determined sonographically. The appearance is most consistent with a high-grade soft tissue neoplasm, such as a sarcoma or carcinoma, with lymphoma also remaining a differential, particularly if arising from mesenteric structures, though the degree of mineralization makes epithelial or mesenchymal neoplasia more likely.

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The presence of moderate abdominal effusion further supports a significant intra-abdominal disease process and may reflect irritation, vascular involvement, or exfoliation from the mass. Due to incomplete assessment of the abdominal lymph nodes, metastatic involvement cannot be ruled out.

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Recommendations

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Overall, the constellation of findings indicates a severe and likely malignant abdominal process, with tissue sampling and advanced imaging (abdominal and thoracic) needed to define the origin, diagnosis, and extent of disease.

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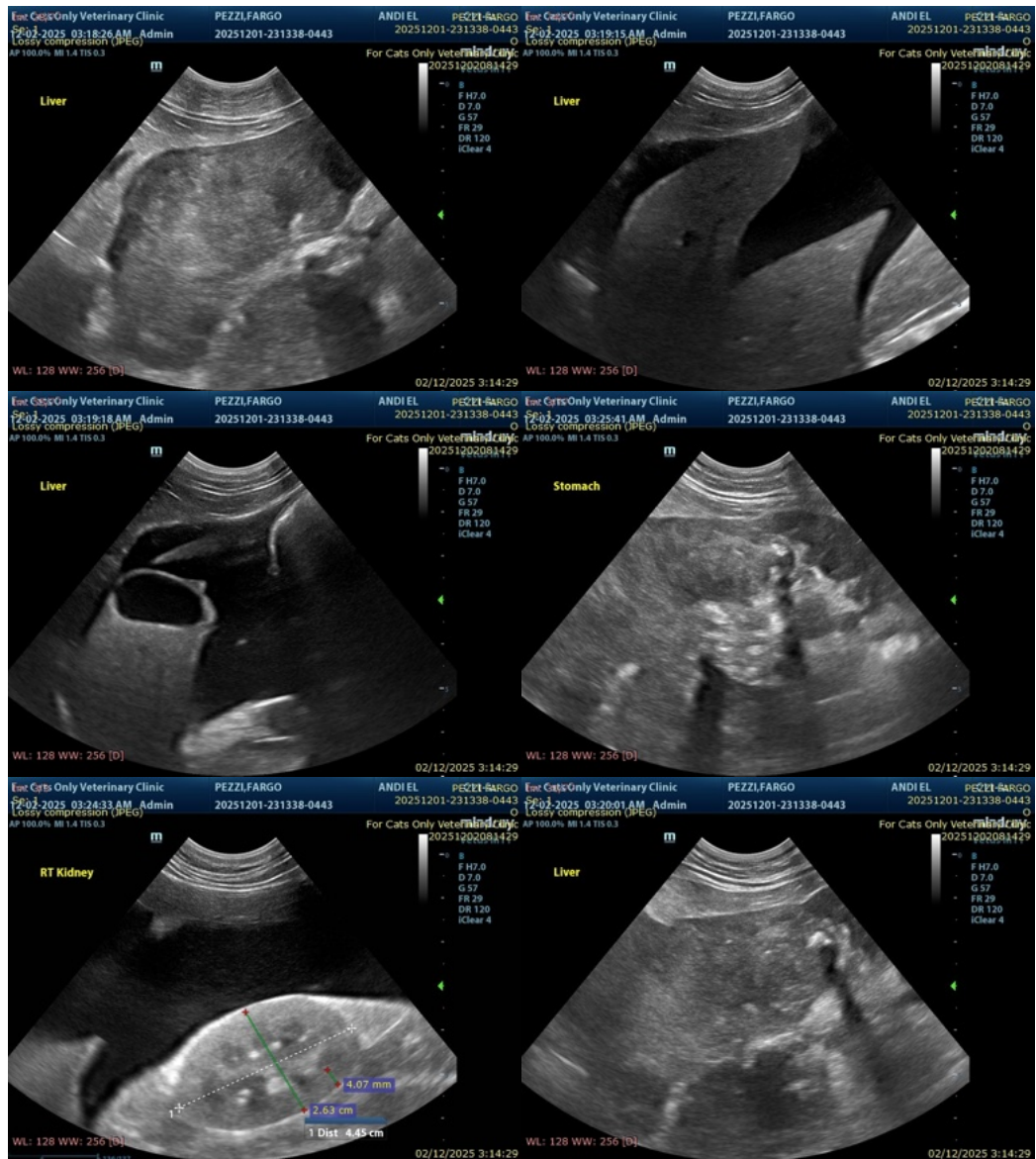
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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