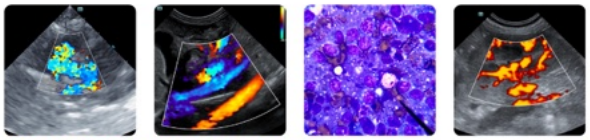


PATIENT

Milo Sacco

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

8.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Jones

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

INVOICE

69257

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Lethargic Intermittent inappetence for months Weight loss
Abnormal PE/Chem/CBC/UA Results: HCT 31.9 Elevated TP 9.9 Low Albumin 2.5 Elevated globulins 7.4 Elevated ProBNP 118

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. 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: 3.74x1.89 cm, and the thickness of the cortex is 0.34 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: 3.79x1.90 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.

Adrenal Glands

Not clearly visualized.

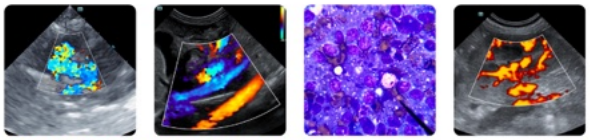
Spleen

Splenic evaluation was not observed in the provided videos.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. Hepatic lymphadenopathy measuring 0.9×1.53 cm and 0.45×1.13 cm is present.

The gallbladder lumen is normally distended. In the region of the gallbladder, a hypoechoic structure is visualized, resembling a hypoechoic nodule that may be displacing the gallbladder or preventing its normal distension, or it may represent an abnormal gallbladder itself; visualization is insufficient to determine this. The only identifiable structures are the cystic duct and common bile duct, which appear normal.



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Gastrointestinal

The stomach is empty and folded, with mural thickness 1.73 mm and preserved wall layering. The pylorus measures 2.38 mm, containing a small amount of fluid.

Duodenum: 1.19 mm. Jejunum: 1.49 mm. Ileum: 1.38 mm. Wall layering is normal. The ileocecal junction measures 2.03 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: 1.40 mm, mostly empty.

Pancreas

The visualized portions appear normal.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Gastric lymph nodes and ileocecal lymph nodes appear reactive.

A 2.11×1.49 cm hypoechoic heterogeneous nodule is present adjacent to the descending colon, between it and the urinary bladder. This may represent the left medial iliac lymph node; however, a relationship with the colonic wall cannot be entirely excluded. Additional smaller adjacent nodes are present, and the surrounding fat is increased in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hepatic lymphadenopathy.
- Gallbladder not normally identifiable; replaced or compressed by a hypoechoic nodular/solid structure.
- Gastric and ileocecal lymph nodes reactive.
- 2.11×1.49 cm hypoechoic heterogeneous mass/nodule adjacent to the descending colon.
- Multiple smaller adjacent hypoechoic nodes with hyperechoic surrounding fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound reveals marked abdominal lymphadenopathy involving at least one enlarged, heterogeneous left medial iliac lymph node with additional adjacent smaller nodes and increased surrounding fat echogenicity, a pattern consistent with severe reactive lymphadenitis or neoplastic infiltration (such as lymphoma or metastatic disease).

The gastric and ileocecal lymph nodes also appear reactive, further supporting a systemic or multifocal process, rather than a localized solitary lesion.

There is a hypoechoic nodular structure occupying the expected gallbladder fossa, with only the cystic duct and common bile duct identifiable. This appearance is concerning for:

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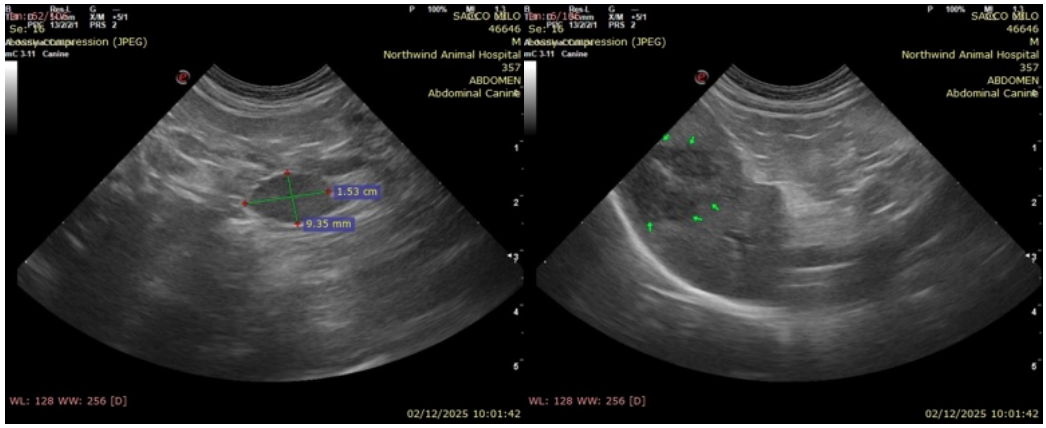
- Severe gallbladder collapse with adjacent inflammatory mass,
- Cholecystitis with mural compromise,
- Gallbladder neoplasia.
- A mass/nodule displacing or replacing the gallbladder.

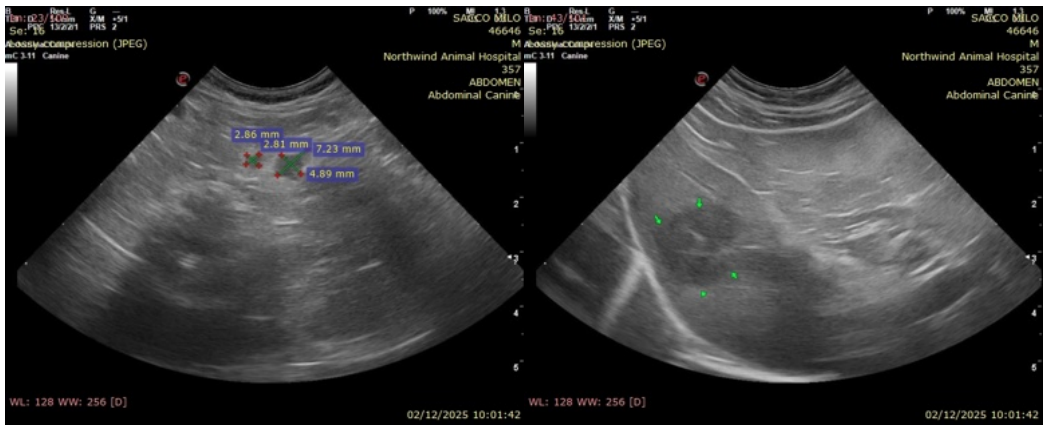
The liver shows two enlarged hepatic lymph nodes.

Overall, the constellation of findings raises substantial concern for inflammatory/infectious disease (including FIV-associated inflammatory syndromes), or neoplasia.

Recommendations

- Fine-needle aspiration or biopsy of the abnormal gallbladder-region structure and the enlarged medial iliac lymph node for a definitive diagnosis.
- Infectious disease testing, especially *Toxoplasma gondii* and FeLV recheck (FIV-positive cats are predisposed).
- Consider abdominal CT if gallbladder replacement/ displacement by a mass remains unclear.





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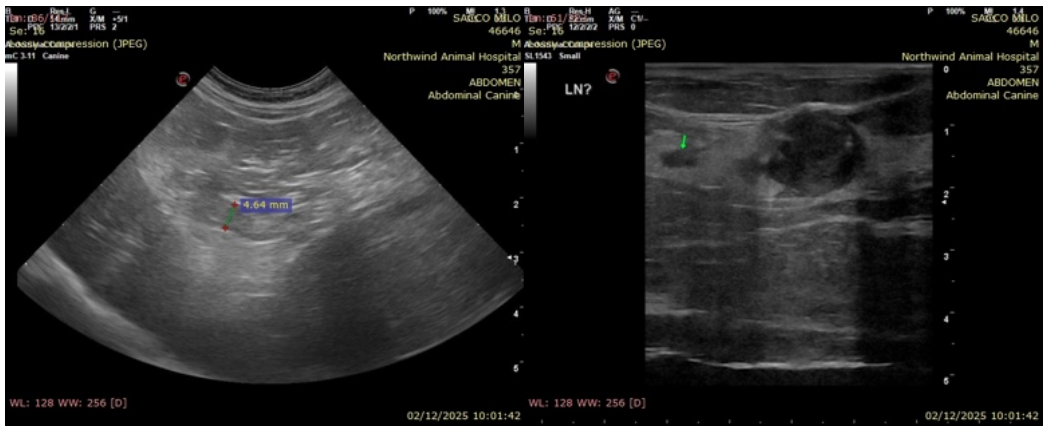

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com