



## PATIENT

Inky Girgis

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Spayed female

## AGE

9 years

## WEIGHT

6.08 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Melinda Persson

## HOSPITAL NAME

At Home Veterinary

## REFERRING VET

Dr. Persson

## INVOICE

69284

## DATE

12/3/25

## PRESENTING CLINICAL SIGNS

History: \*Presumptive small cell GI lymphoma \*Treated with prednisolone \*Doing well \*Ultrasound for restaging

## 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 abundant floating echogenic material. There are no calculi and no evidence of inflammatory or neoplastic changes. Normal appearance of the proximal urethra and vesicoureteral junction.

The left kidney is normal in shape and size: 3.58x2.18 cm, and the cortical thickness is 0.33 cm in the sagittal plane. The right kidney is normal in shape and size: 3.53x2.33 cm, and the cortical thickness is 0.40 cm in the sagittal plane. Both kidneys have cortices that are isoechoic to the liver parenchyma. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. Mild medullary ring sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.22 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole.

### Spleen

Splenic thickness is 1.01 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

### 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. No hepatic lymphadenopathy is observed.

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 of 2.88 mm and preserved wall layering. Jejunum: 1.49 mm (Mucosa: 0.90 mm, Submucosa: 0.33 mm, Muscularis propria: 0.30 mm). Ileum: 1.17 mm (Mucosa: 0.41 mm, Submucosa: 0.56 mm, Muscularis propria: 0.23 mm). Normal wall layering is



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preserved. Ileocecal junction measures 2.02 mm (Mucosa: 0.62 mm, Submucosa: 1.09 mm, Muscularis propria: 0.46 mm). No signs of obstruction, ileus, or foreign material are identified. Colon: ascending 0.97 mm, transverse 0.83 mm, descending 0.81 mm, with formed feces in all segments.

### ***Pancreas***

Although the pancreas was not entirely visualized, no abnormalities were noted along its expected anatomical pathway.

### ***Peritoneal Cavity***

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes are not visualized, but surrounding regions appear unremarkable. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

- Turbid urine with abundant floating echogenic material.
- Mild medullary ring sign in both kidneys.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound does not demonstrate any signs of progression or relapse of small-cell gastrointestinal lymphoma. The gastrointestinal tract maintains normal wall thickness, normal mucosal-to-muscularis ratios, and intact wall layering across the stomach, jejunum, ileum, and ileocecal junction. No segment shows muscularis thickening, loss of layering, mural infiltrates, or obstructive patterns typically associated with lymphomatous involvement.

No lymphadenopathy or organ infiltration was detected.

Incidental findings:

- Turbid urine with echogenic debris (likely benign sediment/crystals).
- Mild medullary ring sign in kidneys.

Recommendations

- Continue current therapeutic plan if patient remains clinically stable.
- Monitor clinical signs (appetite, weight, stool quality, vomiting).
- Periodic recheck ultrasound for ongoing surveillance.
- Urinalysis for characterization of bladder sediment/crystalluria.



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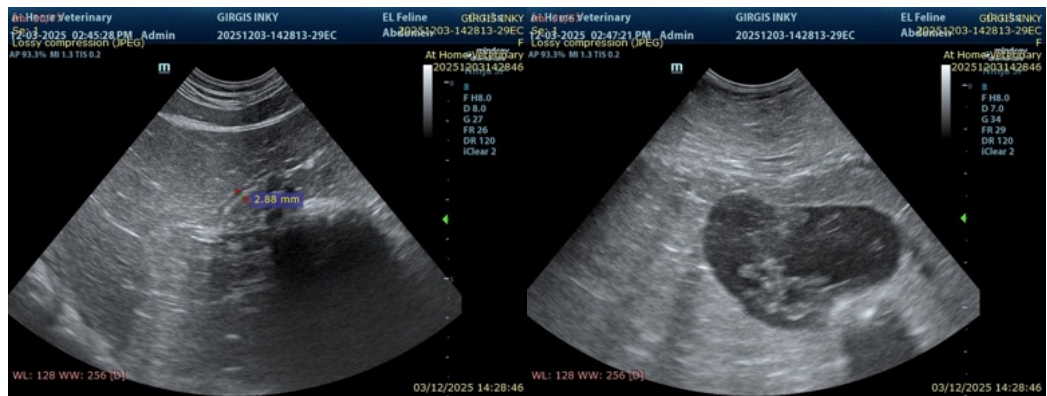
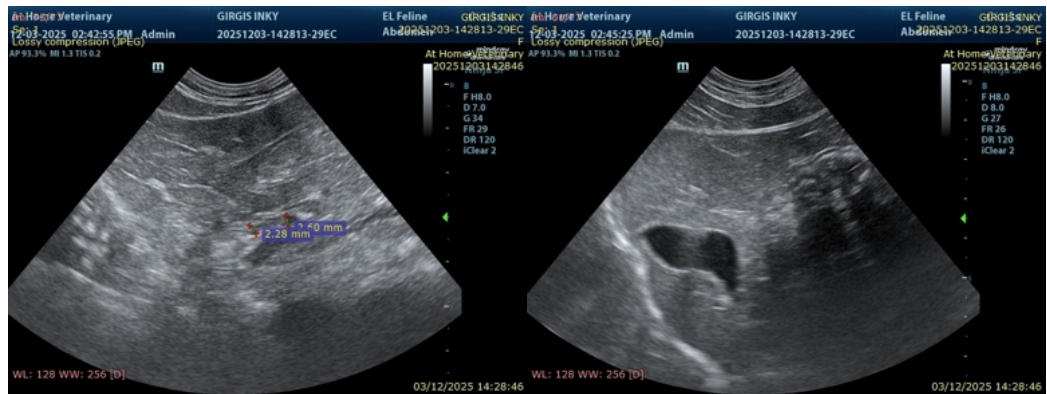
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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