



PATIENT

Camara Vincent

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.9 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Jordan

INVOICE

69379

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Chronic weight loss and decreased appetite. History of mammary adenocarcinomas. Had 1 removed March 2024, another removed March 2025.

Abnormal PE/Chem/CBC/UA Results: Normal CBC Chem TT4 Grade III/VI parasternal heart murmur, historic/chronic/unchanged

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. No calculi or evidence of inflammatory or neoplastic changes are observed.

The left kidney is normal in shape and size: 3.56 x 2.01 cm, with a cortical thickness of 0.27 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. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size: 3.51 x 2.06 cm, with a cortical thickness of 0.26 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. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.38 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.37 cm at the cranial pole and 0.40 cm at the caudal pole.

Spleen

Splenic thickness is 0.68 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 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.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.84 mm and preserved wall layering. The pylorus measures 2.79 mm. Duodenum: 2.61 mm. Jejunum: 1.86 mm (mucosa: 0.87 mm, submucosa: 0.40 mm, muscularis propria: 0.25 mm). Ileum: 1.79 mm (mucosa: 0.61 mm, submucosa: 0.79 mm, muscularis propria: 0.26 mm), with normal wall layering. The ileocecal junction measures 3.13 mm (muscularis: 0.85 mm). No signs of obstruction, ileus, or foreign material are identified.

Colon: transverse colon 0.91 mm, descending segment: 0.95 mm, with small amounts of fecal material in the lumen.

Pancreas

The pancreas measures 5.98-6.36 mm. The parenchyma is mildly hypoechoic compared to the adjacent omental fat. The pancreatic duct measures 0.80 mm. No signs of active inflammation of the peripancreatic fat are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable. At the iliac trifurcation, a 6.01 x 6.85 mm rounded hypoechoic medial iliac lymph node is observed.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Rounded, hypoechoic medial iliac lymph node.

SECONDARY FINDINGS

- Mildly hypoechoic pancreatic parenchyma without evidence of acute inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A rounded, hypoechoic medial iliac lymph node measuring 6.01x6.85 mm is noted. This finding is clinically significant in the context of this patient's history. Feline mammary adenocarcinoma is an aggressive malignancy with a high metastatic potential, and lymphatic spread is common. Although the node is not massively enlarged, its shape (rounded), echogenicity (hypoechoic), and regional relevance raise concern for possible early metastasis. Reactive hyperplasia remains a differential, but metastatic disease cannot be excluded based on ultrasound alone.

The pancreas may reflect chronic pancreatitis or age-related change but is unlikely to be the primary cause of clinical signs.

Abdominal ultrasound reveals generally normal findings throughout the rest of the organs, including the gastrointestinal tract.



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Recommendations

- Thoracic Imaging: A three-view thoracic radiographic study or thoracic CT is recommended to evaluate possible metastatic disease associated with the prior mammary adenocarcinomas.
- Thyroid Evaluation: Although the TT4 value is reported as normal, early or masked hyperthyroidism cannot be excluded in a geriatric cat with chronic weight loss and a systolic heart murmur.
 - Repeat TT4 in 4–6 weeks.
 - Or perform a more specific thyroid panel, including free T4 by equilibrium dialysis and feline TSH to better assess thyroid function.
- Fine-needle aspiration of the medial iliac lymph node.
- Additional gastrointestinal and pancreatic testing (Optional/as needed): Although abdominal ultrasonography does not reveal structural evidence of significant gastrointestinal or pancreatic disease, the patient's chronic weight loss may justify:
 - Spec fPL (feline pancreatic lipase).

GI panel (cobalamin, folate, TLI).

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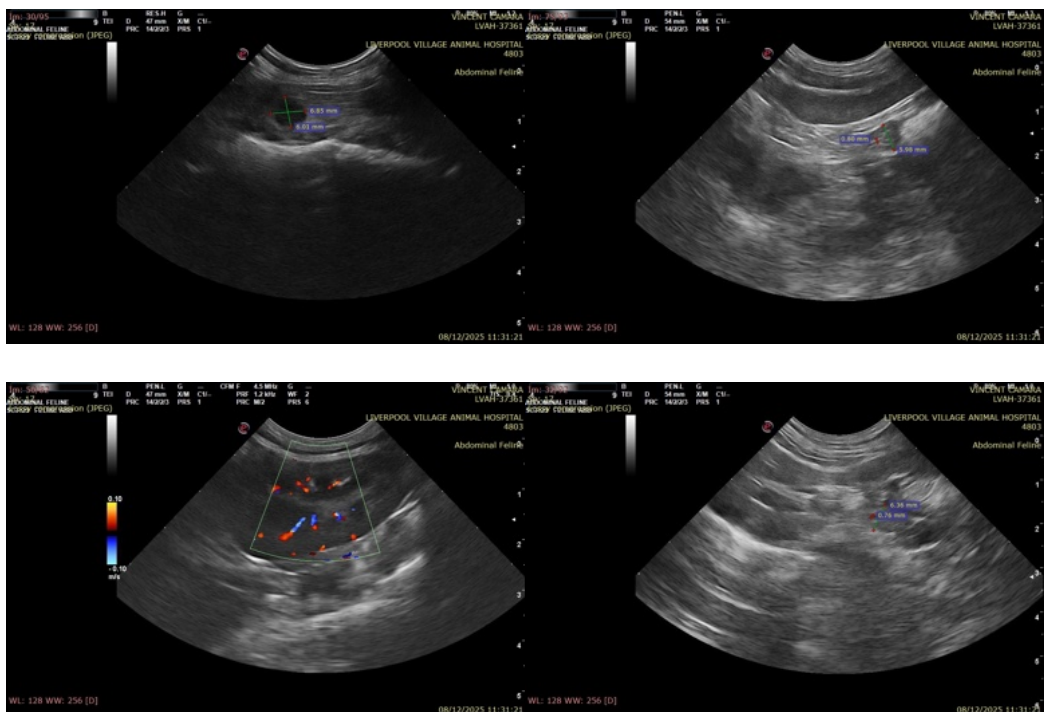
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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