



PATIENT

Milo Saini

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.26 kg

INTERPRETED BY

Alicia Angosto
 Guerrero, DMV, PgDip,
 MSc.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Peel Animal Hospital

REFERRING VET

Dr. Wazir

INVOICE

13748

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Bloody stool every few days, going on for a few years now. Milo is on Y/D food - thyroid food for about 2 years now. we have done x rays and barium series but can't find the solution for the bloody stool. Milo is on parasite prevention, up to date on vaccines. blood in stool is bright red, and blood is always on back end, sometimes dripping blood- patient does not show any signs of discomfort or pain - blood work has come back normal. Doing ultrasound to see if there could be any tumors or lumps that can't be seen with a radiograph.

Abnormal PE/Chem/CBC/UA Results: labs and rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi or mural abnormalities are identified.

The left kidney measures 4.07×2.28 cm in the sagittal plane, with a cortical thickness of 0.37 cm. The right kidney measures 3.95×2.34 cm in the sagittal plane, with a cortical thickness of 0.40 cm.

In both kidneys, the cortex is isoechoic relative to the liver. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands are partially visualized.

The left adrenal gland measures 0.34 cm in dorsoventral thickness.

The right adrenal gland measures 0.31 cm in dorsoventral thickness.

These measurements are within normal feline reference ranges (generally ≤0.45 cm).

Spleen

Splenic thickness measures 0.91 cm. The parenchyma contains multiple small, well-defined, homogeneous hyperechoic foci measuring up to 3.37×4.29 mm, consistent with benign myelolipoma-like changes. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. The contents are anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is distended with ingesta. Gastric wall thickness measures 1.01 mm with preserved layering. The pylorus measures 2.66 mm.



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The duodenum measures 1.98 mm.

Milo Saini

The jejunum measures 1.68–1.76 mm. Wall layering is preserved.

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The ileum measures 2.08 mm with preserved layering.

Feline

The ileocecal junction measures 3.65 mm, with muscularis measuring 1.18 mm.

No obstruction, mural mass, or intraluminal foreign material is identified.

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The colon measures:

DLH

- Ascending: 1.25 mm

SEX

- Transverse: 1.24 mm

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- Descending: 1.08–1.37 mm

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All segments contain formed feces and demonstrate preserved wall layering.

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Pancreas

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The evaluated pancreatic regions do not show evidence of overt inflammation or focal mass.

5.26 kg

Free Abdomen

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No abdominal effusion or peritonitis is observed.

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 Guerrero, DMV, PgDip,
 MSc.

Cranial mesenteric lymph nodes are unremarkable.

One ileocecal lymph node measures 5.70×5.75 mm with normal shape and echogenicity.

Caudal mesenteric (colic) lymph nodes measure 5.76×7.64 mm (normal echogenicity) and 7.38×9.60 mm (mildly hypoechoic but maintaining normal shape).

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The iliac trifurcation region is unremarkable.

Kelly Reschny

PRIMARY FINDINGS

- Very mild prominence of the ileocecal junction.
- Mildly reactive caudal mesenteric lymph nodes.

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SECONDARY FINDINGS

- Incidental splenic hyperechoic nodules.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

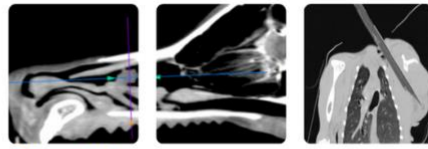
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Abdominal ultrasound does not identify a discrete abdominal mass or structural lesion to explain chronic intermittent hematochezia. The colon demonstrates normal wall thickness and preserved layering throughout all evaluated segments. There is no evidence of focal mural mass, infiltrative lesion, or transmural thickening suggestive of neoplasia. Caudal mesenteric lymph nodes are visible and mildly enlarged compared to what is often seen in normal cats; one node is mildly hypoechoic. However, overall architecture is preserved. In the context of chronic hematochezia and peripheral eosinophilia, these findings are most consistent with chronic distal colonic or rectal inflammatory stimulation rather than metastatic or primary neoplastic disease.

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The ileocecal junction is mildly prominent with muscularis measuring 1.18 mm. While this is slightly accentuated, mural layering is preserved and there is no associated mass or nodal enlargement suggestive of lymphoma.

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Feline

The spleen contains small hyperechoic nodules consistent with benign myelolipomatous change, an incidental and common finding in older cats.

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Given the chronicity, normal radiographs, preserved colon architecture, and eosinophilia on laboratory testing, chronic inflammatory colonic disease (including eosinophilic colitis or proctitis) remains the most likely etiology. Importantly, distal rectal mucosal disease or inflammatory polyps cannot be excluded by transabdominal ultrasound, as this region is often incompletely evaluated with standard abdominal imaging.

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Recommendations

- Fecal PCR panel (including *Tritrichomonas foetus* if not previously tested) may be considered if not already performed.
- Colonoscopy with rectal and colonic mucosal biopsies is strongly recommended to evaluate for inflammatory colitis, eosinophilic disease, or distal mucosal lesions (including inflammatory polyps).
- A therapeutic dietary trial with a novel or hydrolyzed protein diet may be considered if inflammatory disease is suspected and biopsy is declined and provided that comprehensive fecal testing has yielded negative results.

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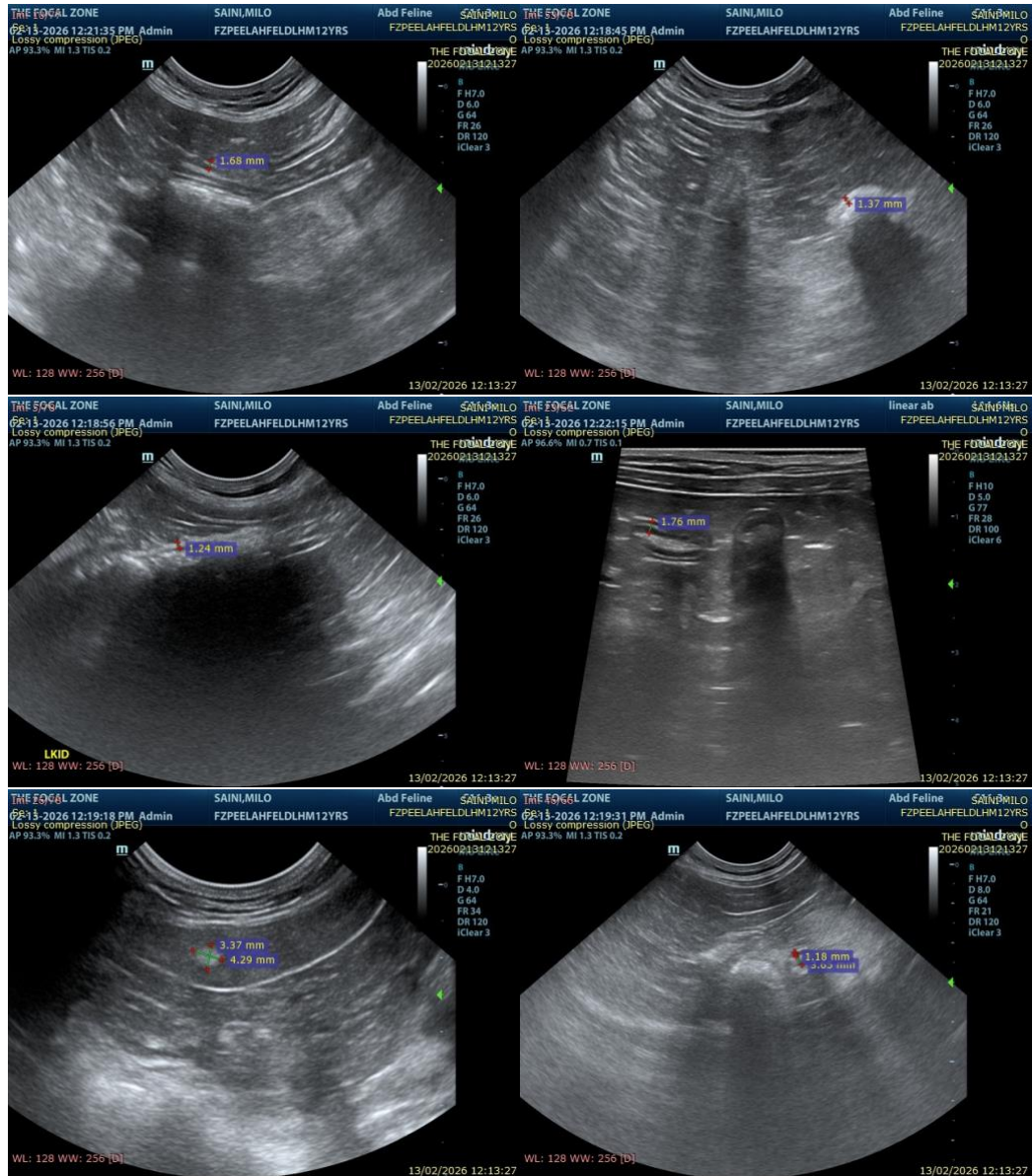
Dr. Wazir

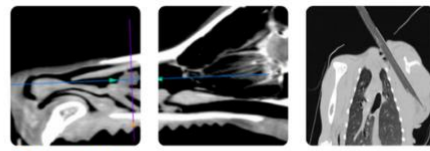
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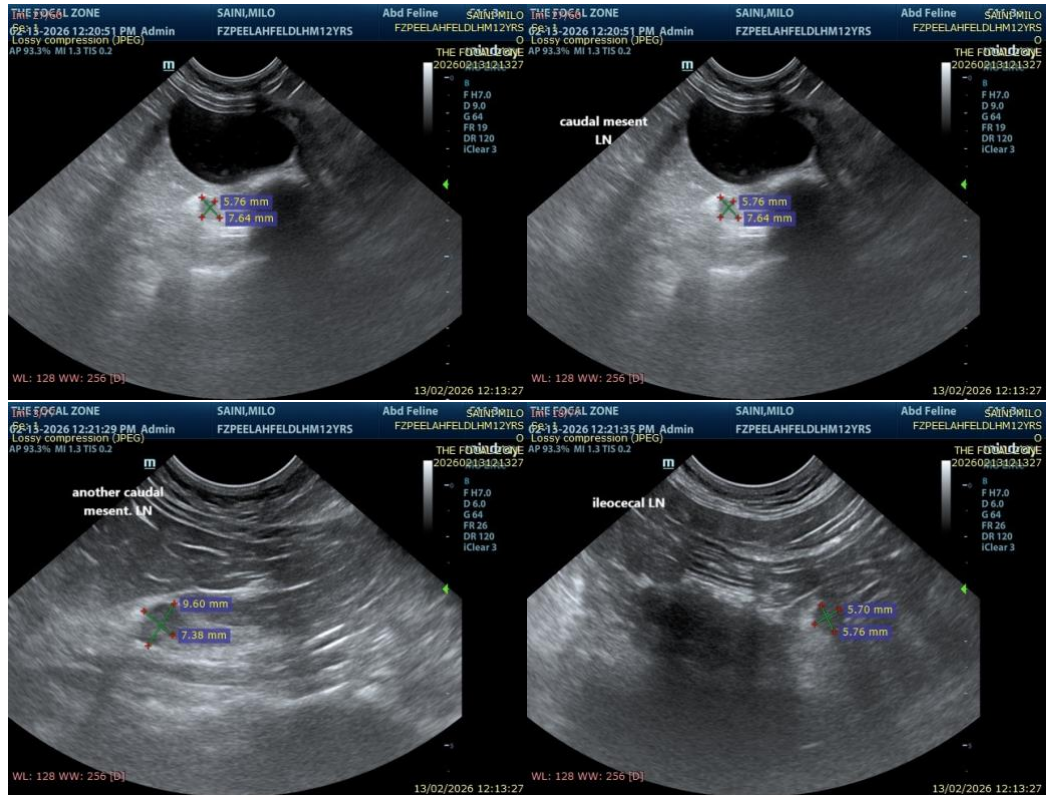
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com