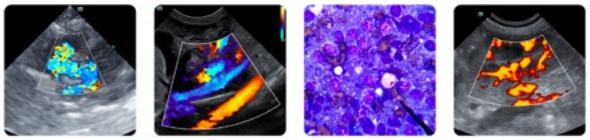


PATIENT

Sebastian Stobaugh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

13.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Devon Papa CVT

HOSPITAL NAME

Valley Veterinary Services

REFERRING VET

Dr. Zayas

INVOICE

71607

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Losing weight over the past month. Will only eat when food is brought to him. Otherwise, normal.
- Radiographs show soft tissue opacity mass present in mid abdomen causing small intestinal displacement.
- RDW 28.4 (15.0-27.0) NEU 12.16 (2.30-10.29) GLOB 5.7 (2.8-5.1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.78×2.32cm in the sagittal plane. Cortical thickness is 0.39cm. The right kidney is normal in shape and size, measuring 4.14×2.28cm in the sagittal plane. Cortical thickness is 0.40cm. The renal cortices are mildly hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color flow appears normal.

Adrenal Glands

Adrenal glands were not reliably visualized.

Spleen

Splenic thickness is 0.62cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

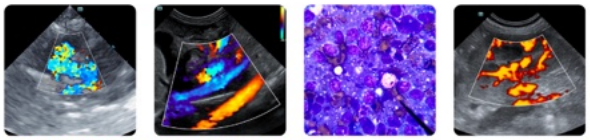
The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin. The contents are anechoic. The common bile duct measures 2.52–2.16mm, which is within normal limits for an adult cat (≤3–4mm).

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.94mm and preserved wall layering.

Duodenum: 1.49mm. Jejunum: 1.80mm. Ileum: 1.37–1.61mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No ultrasonographic evidence of inflammation, ileus, or



PATIENT

Sebastian Stobaugh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

13.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Devon Papa CVT

HOSPITAL NAME

Valley Veterinary Services

REFERRING VET

Dr. Zayas

INVOICE

71607

DATE

2/16/26

foreign material is identified. For feline small intestine, total wall thickness ≤2.5–3.0mm is considered within normal limits; all measured segments fall within reference range.

Colon measures 1.06mm, with formed feces in the descending segment.

Pancreas

The pancreatic parenchyma is isoechoic relative to adjacent omental fat. The pancreatic duct diameter was not measured. No ultrasonographic evidence of active pancreatitis or mass lesion is identified.

Peritoneal Cavity

Anechoic abdominal effusion is present within the rectovesical recess, the splenorenal recess, and between hepatic lobes.

Additionally, a heterogeneously echogenic mass-like structure measuring at least 5×7cm is identified within the mid-abdomen, approximately at the level of the mesenteric root. The mass does not demonstrate a clear organ of origin. Its location and appearance raise concern for marked mesenteric lymphadenopathy, although a primary mass arising from the gastrointestinal tract cannot be definitively excluded based on this examination.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large heterogeneous mass (≥5×7cm) at the mesenteric root.
- Mild abdominal effusion.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study identifies a large intra-abdominal mass centered at the level of the mesenteric root, with no clear organ of origin, accompanied by mild anechoic abdominal effusion. The gastrointestinal tract appears structurally normal, with wall thickness measurements within accepted feline reference ranges and preserved layering.

The size and location of the mass strongly suggest severe mesenteric lymphadenopathy. In a cat, a mass of this magnitude at the mesenteric root is most consistent with lymphoid neoplasia (particularly high-grade lymphoma). Other differentials include a primary mesenteric soft tissue tumor or a granulomatous inflammation. A primary intestinal mass is less suspected given the absence of mural thickening or loss of wall layering, although it cannot be definitively excluded.

The small volume of free abdominal fluid may be reactive or secondary to neoplastic or inflammatory processes.

PATIENT

Sebastian Stobaugh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

13.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Devon Papa CVT

HOSPITAL NAME

Valley Veterinary Services

REFERRING VET

Dr. Zayas

INVOICE

71607

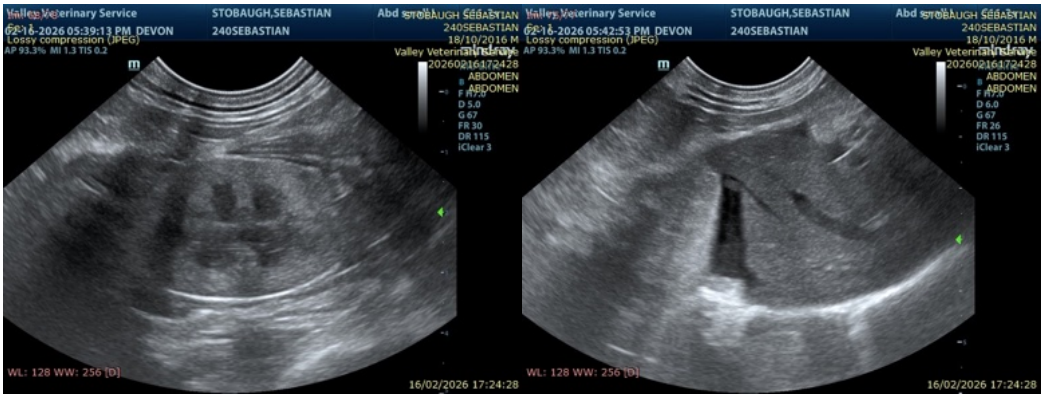
DATE

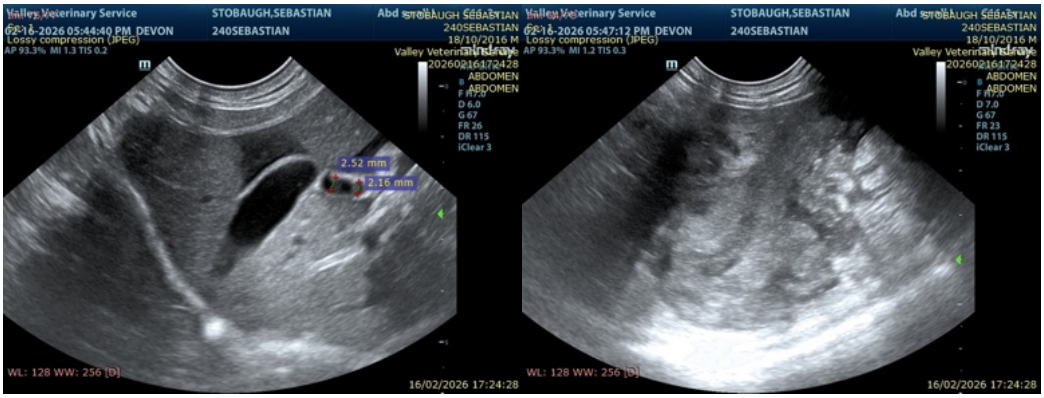
2/16/26

Renal cortical mild hyperechogenicity is noted bilaterally but with preserved architecture and normal size, which does not indicate overt structural renal disease at this time.

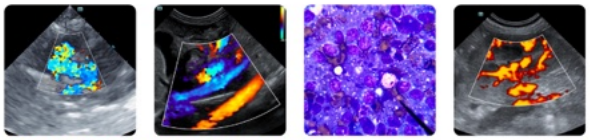
Recommendations

- Ultrasound-guided fine needle aspiration of the mesenteric mass for cytology.
- If cytology is nondiagnostic, consider core biopsy.
- Thoracic imaging to assess for metastatic or multicentric involvement.
- Complete staging bloodwork including CBC, chemistry, and FeLV/FIV status if not recently performed.





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Sebastian Stobaugh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

13.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Devon Papa CVT

HOSPITAL NAME

Valley Veterinary Services

REFERRING VET

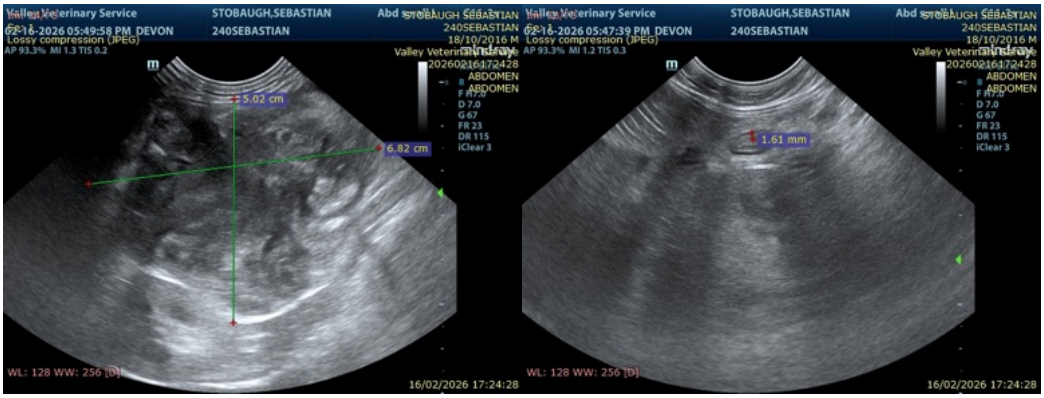
Dr. Zayas

INVOICE

71607

DATE

2/16/26



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