



PATIENT

Latife Acotsa

SPECIES

Feline

BREED

American Shorthair
Mix

SEX

Spayed female

AGE

5 years

WEIGHT

5.74 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

71698

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Full left chain mastectomy in mid-December 2025 for mammary carcinoma
- Abdominal ultrasound for staging purposes

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 with mild turbidity and scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.75×2.54 cm, and the thickness of the cortex is 0.42 cm in the sagittal plane. Renal length is within normal limits for an adult cat (approximately 3.0–4.5 cm). The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 3.64×2.04 cm, and the thickness of the cortex is 0.39 cm in the sagittal plane. Renal dimensions are within normal limits. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.25 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.32 cm at the caudal pole. These measurements are within normal limits for a cat (≤ 0.45 cm).

Spleen

Splenic thickness is 0.55 cm. The parenchyma demonstrates normal echogenicity, with a few small hyperechoic foci consistent with benign splenic mineralization. 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 focal hepatic lesions or hepatic lymphadenopathy are observed.



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

Gastrointestinal

The stomach is largely empty, containing minimal ingesta, with mural thickness measuring 1.54 mm and preserved wall layering. This measurement is within normal limits for a non-distended feline stomach. The pylorus measures 2.93 mm.

Duodenum: 1.44 mm. Jejunum: 1.96 mm. Ileum: 1.38 mm. The ileocecal junction measures 2.25 mm, with muscularis thickness of 0.56 mm. Wall layering is preserved throughout. No ultrasonographic signs of inflammation are identified. The intestines demonstrate a prominent mucosal pattern and mildly increased peristalsis, compatible with active digestion; correlation with fasting status is recommended.

Colon: 0.58 mm, with formed feces producing marked acoustic shadowing.

Pancreas

Pancreatic thickness is 4.94 mm, which is within normal limits for an adult cat (approximately 4–6 mm). The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 1.0 mm. No ultrasonographic evidence of active inflammation or focal mass lesion is identified.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. Two medial iliac lymph nodes are identified at the level of the iliac trifurcation measuring 1.03×0.39 cm and 0.51×0.32 cm, respectively, with normal shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Small incidental hyperechoic splenic foci consistent with benign mineralization (gamma bodies/myelolipomas).
- No ultrasonographic findings suspicious for metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver shows no focal nodules, mass lesions, or parenchymal heterogeneity suggestive of metastatic spread. The spleen contains few small hyperechoic foci consistent with benign mineralization (gamma bodies/myelolipomas), which are common incidental findings and are not suggestive of metastasis.

The medial iliac lymph nodes are visualized and are normal in size, shape, and echogenicity. There is no ultrasonographic evidence of regional lymphadenopathy. Cranial mesenteric and ileocecal lymph nodes



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are not visualized but there are no secondary changes in the surrounding mesentery to suggest nodal enlargement.

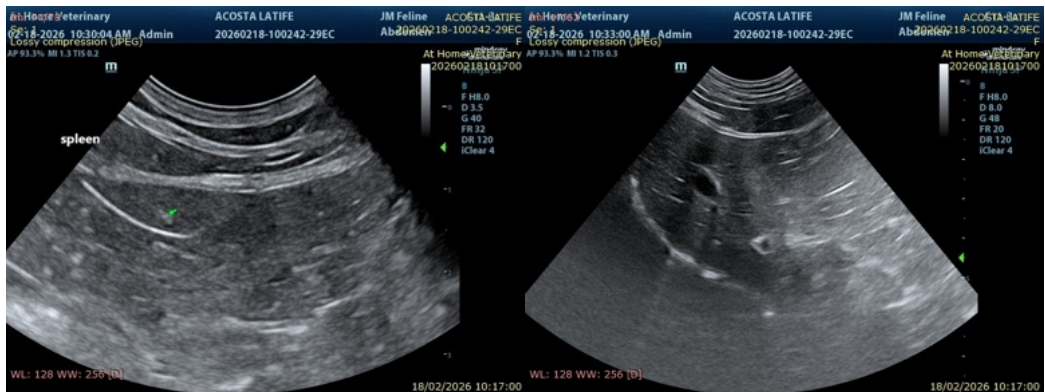
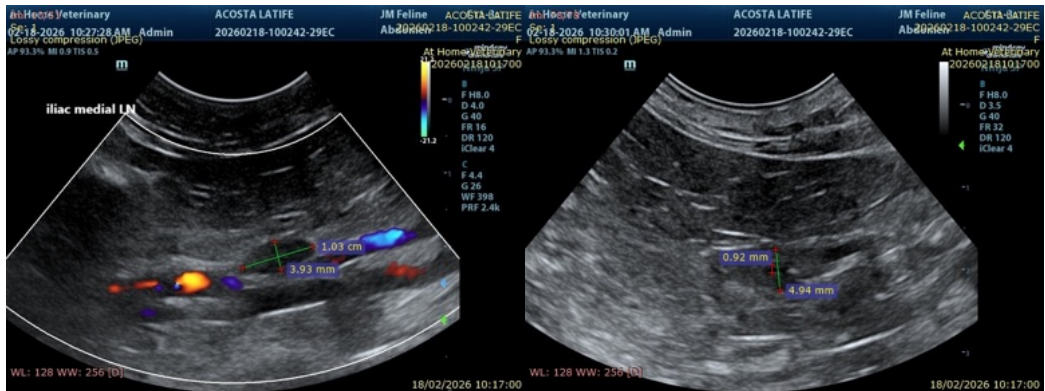
No peritoneal effusion, omental nodularity, or mesenteric changes are identified.

The pancreas, kidneys, and adrenal glands show no focal lesions suggestive of metastatic disease.

Overall, within the limits of abdominal ultrasonography, there is no imaging evidence of detectable metastatic spread at this time.

Recommendations

- Thoracic imaging (three-view thoracic radiographs or CT if available) is recommended for complete staging, as pulmonary metastasis is common in feline mammary carcinoma.
- Histopathologic review of the excised mammary tissue (including margin status, tumor grade, lymphatic invasion) should guide prognostic assessment and further staging decisions.
- Periodic abdominal re-evaluation may be considered for surveillance.
- Fine needle aspiration of abdominal organs or lymph nodes is not indicated at this time given the absence of suspicious ultrasonographic lesions; however, continued clinical and imaging monitoring is recommended as part of routine oncologic follow-up.





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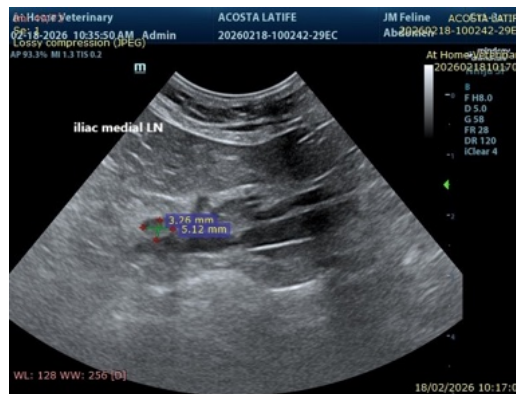
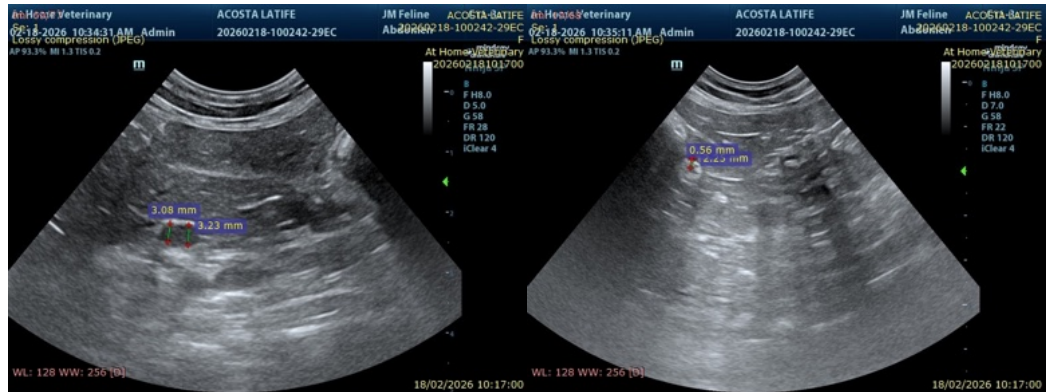
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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