



## PATIENT

Lady Grey Wiley

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

9 years

## WEIGHT

7.1 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Julie Kang

## HOSPITAL NAME

Sabino VC

## REFERRING VET

Dr. Cortez

## INVOICE

71177

## DATE

2/3/26

## PRESENTING CLINICAL SIGNS

- Hx: Inappetence and sig., rapid wt loss. Previously food-motivated; now hyporexic.
- Tx: Pred trial → initial ↑ appetite/activity, but poor overall intake; subsequent diarrhea.
- Current: Shows interest in food but refuses to eat; possible hyposmia—will only eat strong-smelling foods (e.g., salmon).
- Labs (11/2025): CBC: Marked leukocytosis (WBC 27K) w/ neutrophilia (18.6K) and monocytosis (1.9K). RBC: Mod anemia (HCT 31.9%, Hgb 8.6) w/ reticulocytosis (13.8) → regenerative; hypochromasia (MCHC 27). Chem: Hypocalcemia (Ca 7.6), hypoproteinemia (TP 5.5) w/ hypoalbuminemia (Alb 2.1). PE: 12/8/2025 - Firm, mobile, tubular structure was palpated in the mid-abdomen. PE: 2/3/2026 - Firm, moveable, caudal abdominal mass (approx 1.5 x 2.5 inches) palpated.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is underdistended. The bladder wall appears thickened and irregular; however, due to underdistension, wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 3.34×1.89 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.70×1.76 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

### Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.30 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.41 cm at the cranial pole and 0.37 cm at the caudal pole.

### Spleen

Splenic thickness is 0.48 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. No focal parenchymal abnormalities are identified. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



<b>PATIENT</b>	<b>Liver</b>
Lady Grey Wiley	The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.
<b>SPECIES</b>	
Feline	The gallbladder is normally distended. The wall is thin. The lumen is primarily anechoic with a small amount of biliary sludge. The common bile duct measures 1.75 mm proximally, tapering to 1.72 mm, 1.43 mm, and 1.33 mm distally.
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	<b>Gastrointestinal</b>
Spayed female	The stomach is empty and folded. Gastric wall thickness measures 2.20 mm, with preserved wall layering. The pyloric wall measures 2.79 mm, with a small amount of luminal fluid.
<b>AGE</b>	The duodenum measures 1.52 mm in wall thickness.
9 years	The jejunum measures 2.52 mm, with mural layers as follows:
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>Mucosa: 0.82 mm, submucosa: 0.69 mm, muscularis propria: 1.32 mm</li></ul>
7.1 lbs	The ileum measures 2.52 mm, with preserved wall layering.
<b>INTERPRETED BY</b>	The ileocecal junction measures 3.82 mm, with a muscularis layer measuring 1.46 mm.
Dr. Alicia Angosto Guerrero	A large intestinal mass measuring approximately 6×2.7 cm is identified involving the small intestine, most likely the jejunum, although definitive segmental origin cannot be confirmed. The mass demonstrates marked intraluminal invasion, resulting in severe luminal narrowing. Although a complete obstructive pattern is not present at the time of examination, the degree of luminal compromise is consistent with at least partial obstruction, which may be intermittently alleviated by vomiting.
<b>IMAGING PERFORMED BY</b>	The colon measures 1.41 mm in wall thickness and is largely empty.
Julie Kang	
<b>HOSPITAL NAME</b>	<b>Pancreas</b>
Sabino VC	The pancreas measures 5.88 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures up to 1.54 mm in diameter. No ultrasonographic evidence of active pancreatitis or peripancreatic fat inflammation is identified.
<b>REFERRING VET</b>	
Dr. Cortez	
<b>INVOICE</b>	<b>Peritoneal Cavity</b>
71177	No abdominal effusion or ultrasonographic evidence of peritonitis is observed.
<b>DATE</b>	Cranial mesenteric lymph nodes are identified, measuring 6.22–7.06 mm in thickness, and appear mildly hypoechoic. Ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.
2/3/26	



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## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Large infiltrative small intestinal mass (approximately 6×2.7 cm) with marked intraluminal invasion and severe luminal narrowing.
- Jejunal muscularis propria thickening with muscularis-to-mucosal ratio >1.
- Mild to moderate cranial mesenteric lymphadenopathy with mild hypoechoogenicity.

### SECONDARY FINDINGS

- Underdistended urinary bladder with apparent wall thickening (likely artifactual)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound identifies a large infiltrative small intestinal mass with marked intraluminal involvement, most consistent with a clinically significant intestinal neoplastic process. The size of the lesion, degree of luminal invasion, and associated cranial mesenteric lymphadenopathy strongly support a mechanical explanation for the patient's rapid weight loss, hyporexia, and vomiting, with imaging features most compatible with partial small intestinal obstruction.

The marked thickening of the jejunal muscularis propria, with muscularis-to-mucosal ratios exceeding unity, supports a chronic, infiltrative intestinal. In this clinical context, intestinal lymphoma is considered the leading differential diagnosis, with other considerations including adenocarcinoma or, less likely, severe granulomatous enteritis. Ultrasonographic overlap among these entities is acknowledged, and definitive differentiation cannot be achieved without tissue sampling.

The presence of reactive to possibly infiltrative cranial mesenteric lymphadenopathy, along with systemic inflammatory changes (leukocytosis, monocytosis), regenerative anemia, and hypoproteinemia, further supports a clinically aggressive intestinal disease process.

### Recommendations

- Based on the ultrasonographic findings alone, the presence of a large infiltrative intestinal mass with marked intraluminal compromise raises concern for mechanical obstruction.
- From an imaging perspective, surgical exploration with intestinal resection and anastomosis may be considered to relieve luminal compromise and to obtain a definitive diagnosis.
- The ultimate diagnostic and therapeutic plan should be determined by the primary clinician, integrating the patient's overall clinical status, laboratory findings, and owner considerations.





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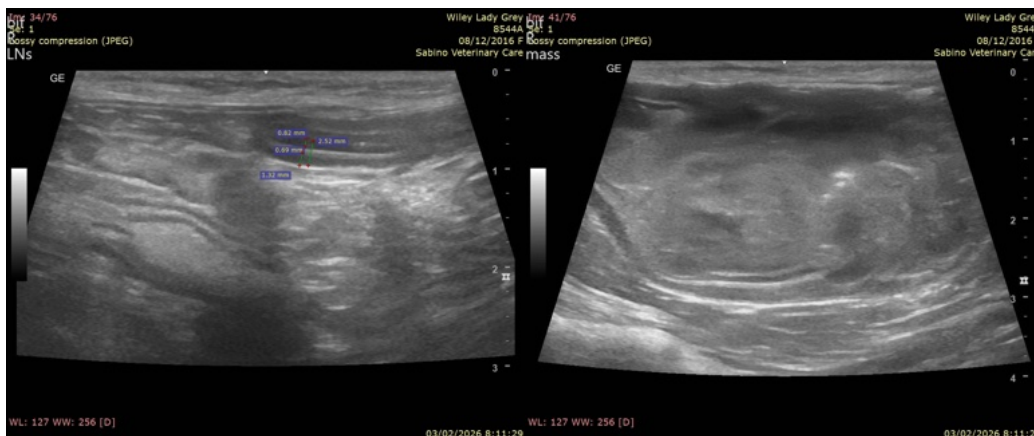
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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