



PATIENT

Marley MacCollum

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

12.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Schrank

INVOICE

73710

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Chronic intermittent vomiting
- possible gastric wall thickening on radiographs
- Tense on abdominal palpation, overweight, but otherwise normal PE Mild neutrophilia and monocytosis on CBC

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. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.67×2.01 cm, and the thickness of the cortex is 0.34 cm in the sagittal plane. The right kidney is normal in shape and size: 3.49×2.01 cm, and the thickness of the cortex is 0.30 cm in the sagittal plane. In both kidneys, the cortex is mildly hyperechoic 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 evaluation is unremarkable.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.22 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland is partially visualized and measures 0.29 cm.

Spleen

Splenic thickness is 0.70 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 looks 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. The common bile duct measures 2.02–2.75 mm.



PATIENT

Marley MacCollum

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

12.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Schrank

INVOICE

73710

DATE

3/23/26

Gastrointestinal

The stomach is empty and folded, with mural thickness (1.79 mm) and preserved wall layering. The pylorus measures 3.89 mm.

Duodenum: 2.21 mm. Jejunum: 1.72 mm (mucosa: 0.90 mm; submucosa: 0.75 mm; muscularis propria: 0.15 mm). Ileum: 2.26 mm (mucosa: 0.40 mm; submucosa: 0.88 mm; muscularis propria: 0.28 mm), with preserved wall layering. The ileocecal junction is not visualized. A 5.67×4.42 cm mass is identified, likely of intestinal origin; however, the exact segment cannot be definitively determined, although the ileocecal region is suspected.

Colon: 0.83 cm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion is observed. Mild regional hyperechogenicity of the mesenteric fat adjacent to the mass is noted, consistent with localized inflammatory change. Regional lymphadenopathy is present adjacent to the mass. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Large intestinal mass (5.67×4.42 cm).
- Regional lymphadenopathy.
- Mild localized mesenteric inflammatory changes adjacent to the mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large intestinal mass is identified, with associated regional lymphadenopathy and localized mesenteric inflammatory changes. These findings are highly suggestive of a primary intestinal neoplasm. In this location and signalment, differentials include high-grade (large cell) lymphoma and intestinal carcinoma, among others; ultrasound cannot reliably differentiate between these entities.

The remainder of the gastrointestinal tract shows preserved wall layering and normal thicknesses, with no evidence of diffuse infiltrative disease.

Recommendations

- Tissue diagnosis is strongly recommended:
 - Fine-needle aspiration (if feasible) or biopsy.
 - Although no overt obstructive pattern is identified on today's examination, the marked luminal narrowing associated with the mass may result in partial or intermittent obstruction. If clinical signs (persistent vomiting) are significant, surgical exploration and resection may be considered for both therapeutic and diagnostic purposes.
- Full staging workup (CBC, biochemistry, and thoracic imaging).



PATIENT

Marley MacCollum

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

12.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Schrank

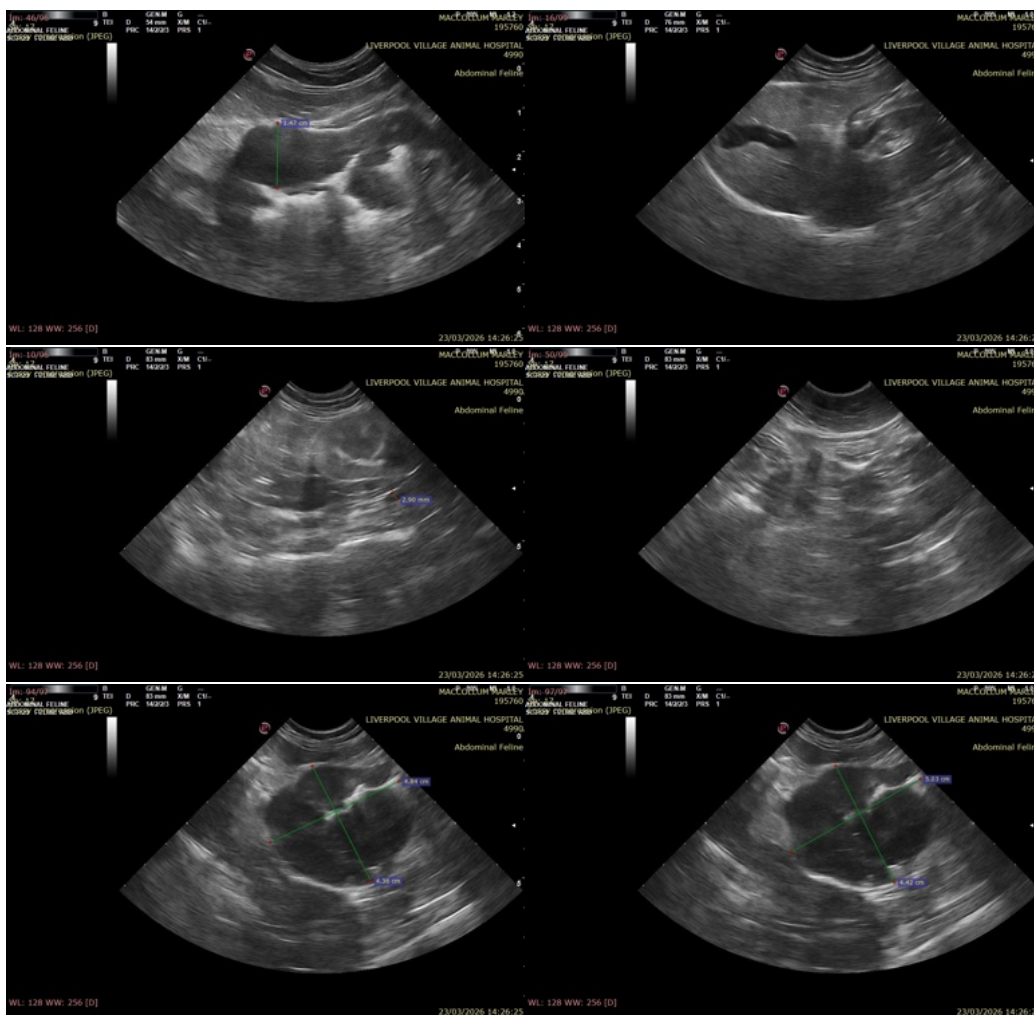
INVOICE

73710

DATE

3/23/26

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status and ongoing response to treatment.



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