



## PATIENT

Destiny Vargas

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Female

## AGE

10 years

## WEIGHT

9 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Kimberly Carrion Rivas

## HOSPITAL NAME

Consultorio  
Veterinario las Brisas

## REFERRING VET

Dr. Trautmann

## INVOICE

72186

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

- The patient is presenting some sneezing, mucus and shortness of breath.
- She went to another vet and they send her home with amoxicillin.
- Owner states that the medication did not help her.
- Since starting the medication she is without appetite, does not defecate, and urinates little.
- She has an mass on the exterior of the abdomen.
- Her CBC and chemistry showed normal values.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.54×2.18 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 3.67×2.06 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

### Adrenal Glands

The adrenal glands were not visualized.

### Spleen

Splenic thickness measures 0.81 cm. The splenic parenchyma demonstrates normal echogenicity and a 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 a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

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



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## Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.31 mm and preserved wall layering.

Evaluation of portions of the gastrointestinal tract and pancreas is limited due to technical factors and acoustic resolution. Differentiation of individual intestinal segments and detailed pancreatic assessment are therefore not possible on the submitted images. No overt intestinal mural thickening or mass lesions are identified in the visualized portions.

Colon: 1 mm, with formed feces in the descending segment.

## Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

A well-defined, homogeneous mass measuring 2.18×1.29 cm is identified. The margins appear smooth and well delineated. Vascularity could not be assessed on the submitted images. The lesion does not move synchronously with intra-abdominal organs during respiration, suggesting that it is most likely confined to the subcutaneous tissues rather than arising from the abdominal cavity.

## ULTRASONOGRAPHIC FINDINGS

- Subcutaneous abdominal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A well-defined subcutaneous mass is identified along the abdominal wall. The lesion appears solid and hypoechoic with smooth margins. The ultrasonographic appearance is nonspecific; however, subcutaneous masses in cats cannot be reliably characterized by ultrasound alone and neoplastic etiologies, including soft tissue sarcoma or mast cell tumor, should be considered. Cytologic evaluation is recommended for definitive characterization.

No overt abdominal masses, or lymphadenopathy are identified.

## Recommendations

- Fine needle aspiration of the subcutaneous mass may be considered to further characterize the lesion if clinically indicated. However, surgical excision of the mass with histopathologic evaluation is recommended for definitive diagnosis.
- If a malignant neoplasm is identified, staging diagnostics should be considered. These may include repeat abdominal ultrasound with a high-frequency transducer and/or cross-sectional imaging (such as CT) to better evaluate for possible metastatic disease, as the current examination has technical limitations that reduce sensitivity for detecting small lesions.
- If gastrointestinal or pancreatic disease remains a clinical concern, further evaluation may include a comprehensive feline gastrointestinal panel (including cobalamin, folate, and feline



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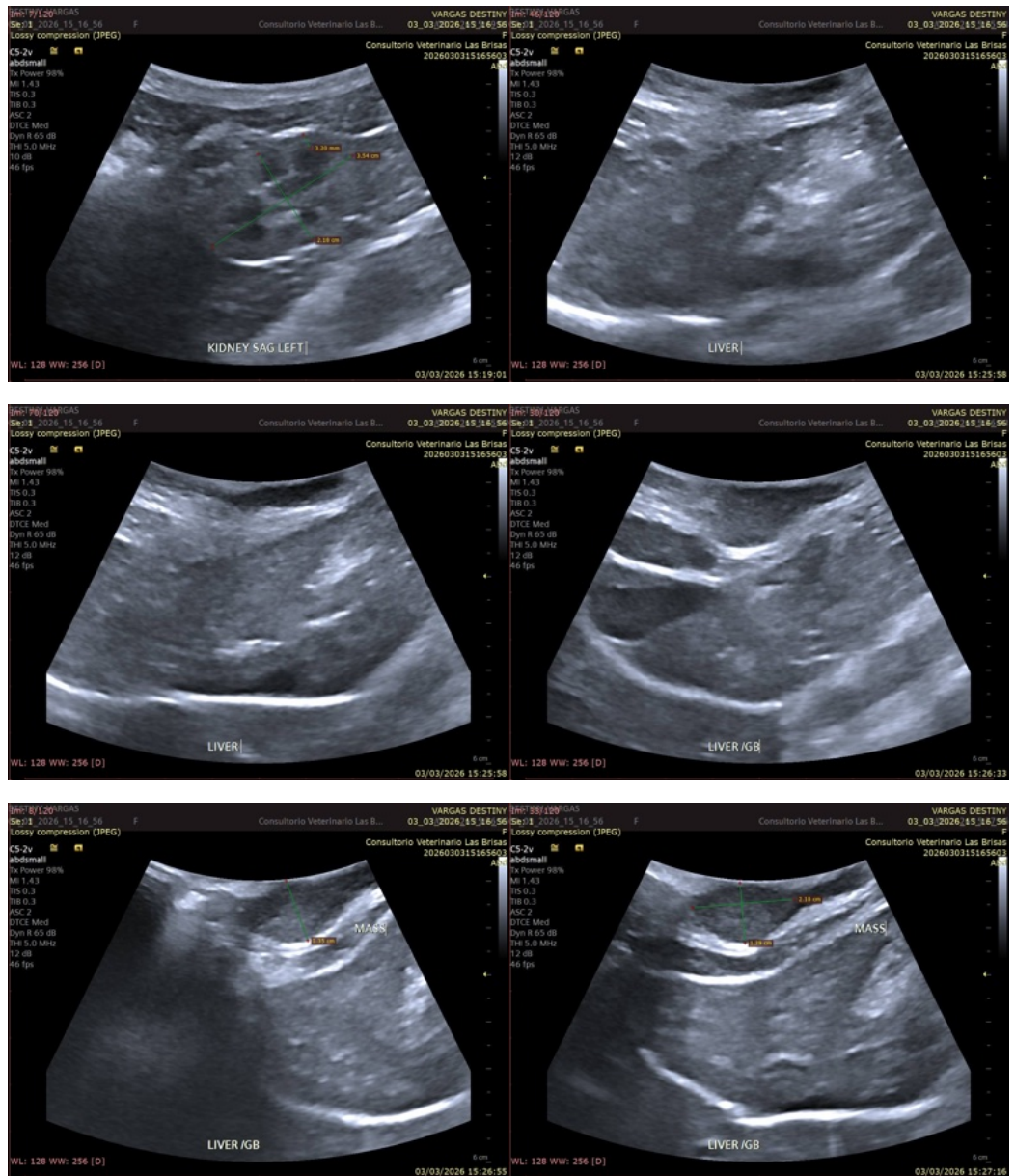
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pancreatic lipase immunoreactivity). Alternatively, repeat abdominal ultrasound using a high-frequency transducer may allow more detailed assessment of the gastrointestinal tract and pancreas.





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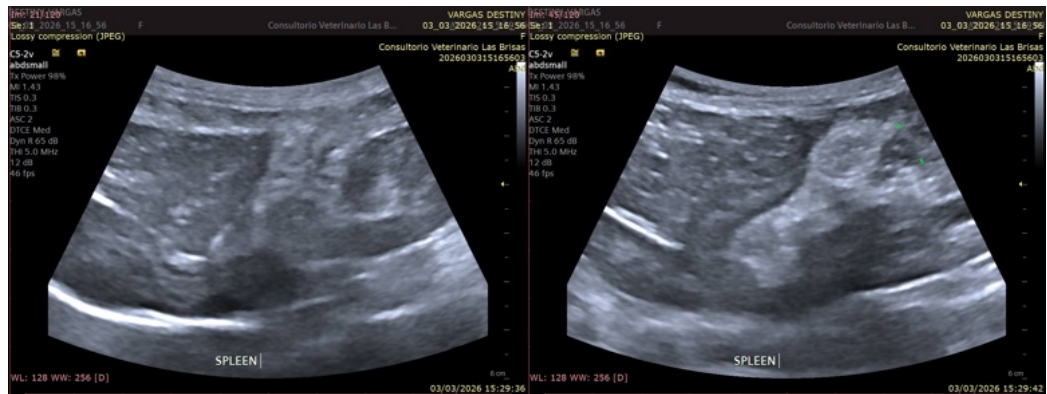
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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