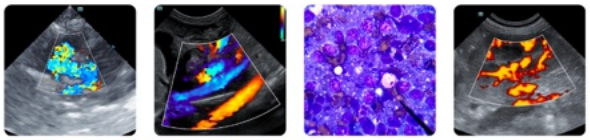


PATIENT

Kitty Girl Noriega

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

6 years

WEIGHT

7.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary Medical Group

REFERRING VET

Dr. Schroer

INVOICE

74658

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Fractious cat. Reduced appetite and lethargy since 4/9; also had episode of vomiting and lethargy in Oct 2025; weight loss 1.7 lb in the last year
Abnormal PE/Chem/CBC/UA Results: P.E.today with sedation- palpably firm, enlarged spleen, firm, irregular dmall intestinal mass cranial abdomen. Lab abnormalities on 4/14/26: Mild non-regenerative anemia (Hct 29%) Hypoalbuminemia (alb=2.2) Mild elevation of AST (153), ALP (68) and bilirubin (0.4) spec fPL=6.4 USG=1.048 with 3+ proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.94×2.44 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.02×2.87 cm, with a cortical thickness of 0.37 cm.

In both kidneys, the cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Not confidently visualized.

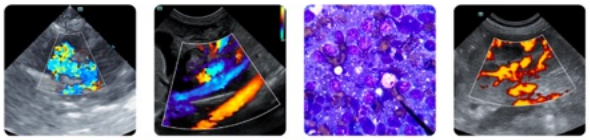
Spleen

Splenic thickness is 1.55 cm. The spleen shows rounded, mildly irregular margins. The parenchyma is mildly decreased in echogenicity with a relatively homogeneous but slightly coarse echotexture.

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 moderately distended. The wall is thin and the contents are primarily anechoic with a very small amount of biliary sludge. The common bile duct measures 2.23 mm, which is within normal limits for a cat (<3 mm).



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Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid, with a mural thickness of 1.70 mm and preserved wall layering. The duodenum measures 1.85 mm. The jejunum measures 2.30 mm, with mucosa 0.92 mm, submucosa 0.31 mm, and muscularis propria 0.43 mm; wall layering is preserved. The ileum measures 1.29 mm, with some mildly thickened segments but preserved layering.

A heterogeneous mass measuring 3.14×2.56 cm is identified arising from a segment of small intestine, with loss of normal wall layering and associated mass effect.

The colon measures 0.84 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures approximately 7 mm in thickness. The parenchyma is mildly hypoechoic relative to adjacent omental fat. No peripancreatic fat changes are identified.

Free Abdomen

Within the middle abdomen, a second irregular mass measuring 2.59×1.69 cm is identified adjacent to the intestinal lesion, most consistent with an enlarged cranial mesenteric lymph node.

Additionally, a hypoechoic nodule measuring 1.04×0.54 cm is identified adjacent to the aorta, caudal to the expected location of the left adrenal gland, most consistent with a sublumbar (aortic) lymph node rather than adrenal tissue based on location and morphology. A splenic lymph node measuring 6.07 mm is identified, rounded and hypoechoic. No abdominal effusion or peritonitis is observed.

PRIMARY FINDINGS

- Heterogeneous small intestinal mass (3.14×2.56 cm) with loss of wall layering.
- Enlarged cranial mesenteric lymph node.
- Enlarged sublumbar (aortic) lymph node and splenic lymph node.
- Splenomegaly with decreased echogenicity and coarse echotexture.

SECONDARY FINDINGS

- Mild pancreatic hypoechogenicity.
- Medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant finding is a large, heterogeneous small intestinal mass with loss of normal wall layering, which is highly consistent with infiltrative intestinal neoplasia. In a cat, this appearance strongly favors lymphoma, and the marked focal mass effect with transmural involvement is more suggestive of a high-grade (large cell) form rather than low-grade disease, although definitive classification requires cytologic or histopathologic confirmation. Other neoplastic processes (carcinoma) remain differential considerations.

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The presence of multiple enlarged abdominal lymph nodes, including a markedly enlarged cranial mesenteric node and additional sublumbar and splenic nodes, supports regional and likely systemic involvement. This distribution is most consistent with multicentric or disseminated disease, rather than a solitary lesion.

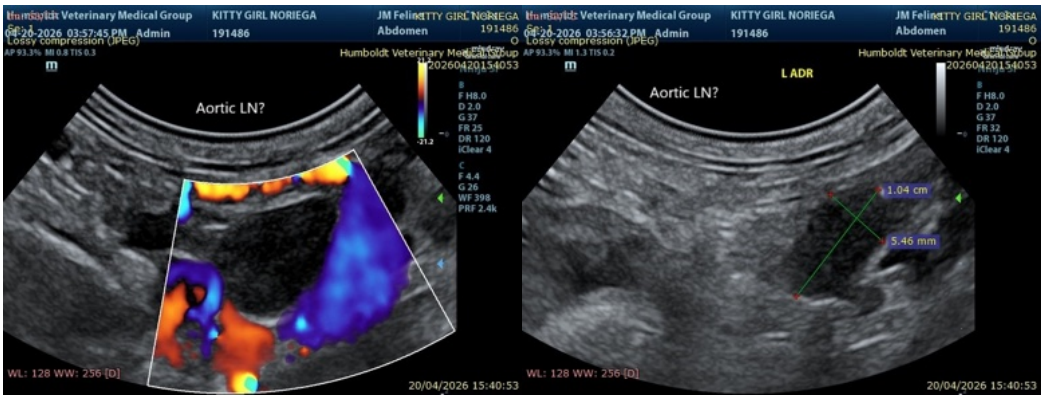
The splenic changes (enlargement, decreased echogenicity, coarse echotexture) further support possible infiltration, which is commonly seen with round cell neoplasia such as lymphoma.

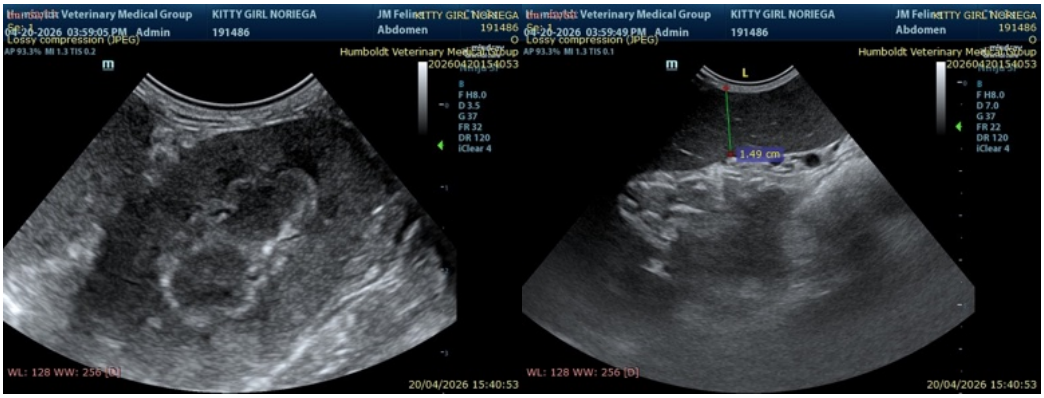
Mild pancreatic hypoechogenicity is noted but is nonspecific and may represent reactive or incidental (age-related) change; in cats, pancreatic changes are often subtle and may overlap with chronic or secondary processes.

Recommendations

- Awaiting cytology results from the intestinal mass and spleen, which are likely to provide a definitive diagnosis in this context.
- Consider staging workup (thoracic imaging, additional lymph node assessment) depending on results.

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





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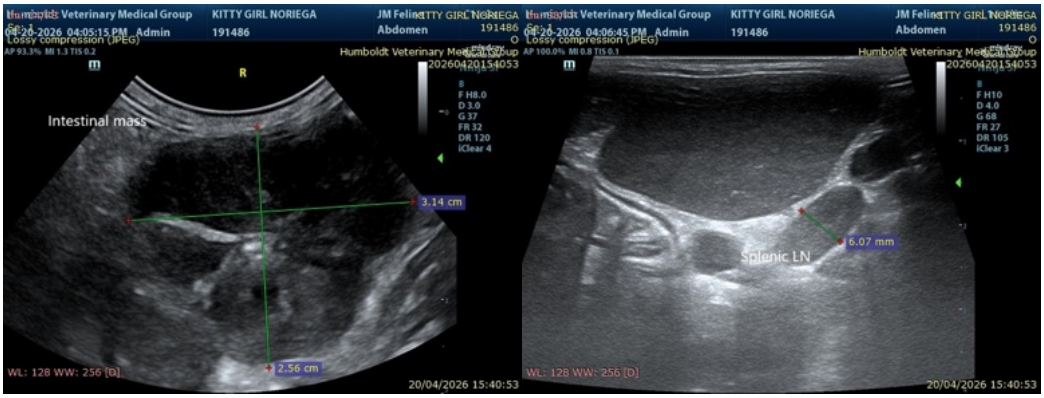

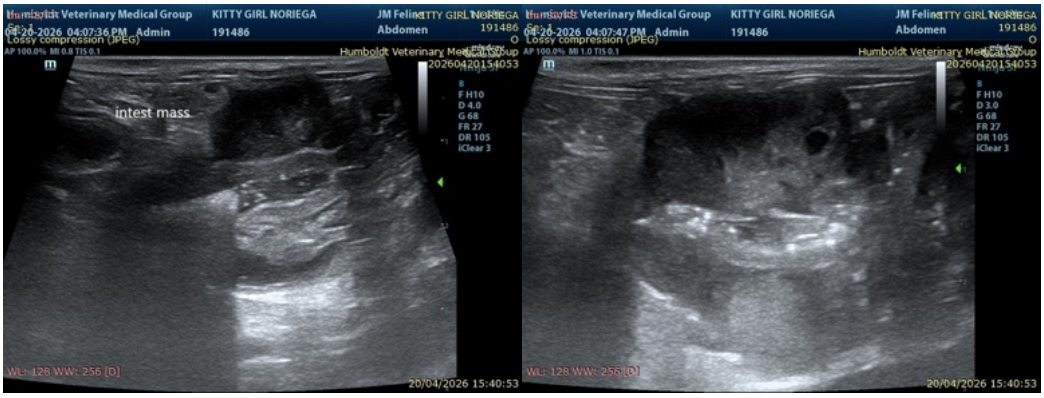

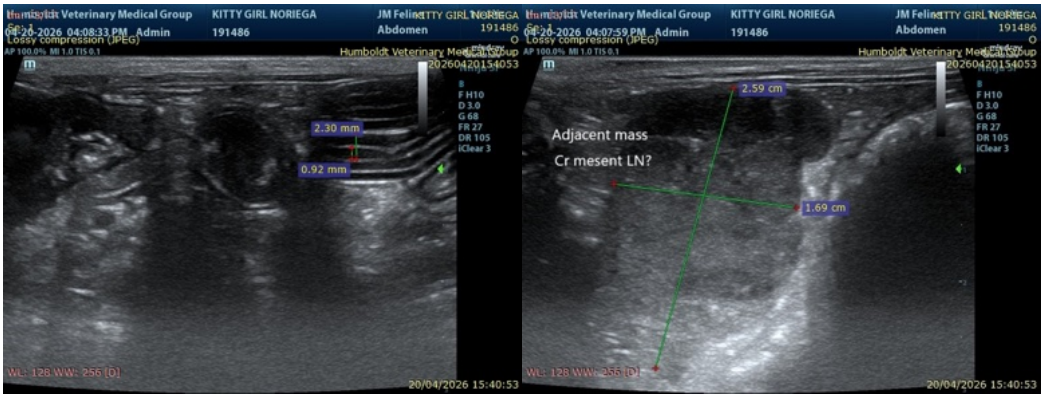

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com