



PATIENT

Gizmo Wiley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.1 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Russell

INVOICE

74205

DATE

4/6/26

PRESENTING CLINICAL SIGNS

- Chronic diarrhea. No significant improvement change to z/d or GI biome diets. Weight loss
- Normal CBC/Chem/TT4 Normal Texas GI panel negative stool sample OPG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.72×2.39 cm in the sagittal plane. Cortical thickness is 0.41 cm. The right kidney is normal in shape and size, measuring 4.06×2.39 cm in the sagittal plane. Cortical thickness is 0.43 cm. The cortex has normal echogenicity. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

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 0.26 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 0.87 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. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.15 mm and preserved layering. The pylorus measures 3.77 mm and contains a minimal amount of fluid. Ileum measures 1.88 mm with preserved wall layering. The ileocecal junction is not clearly visualized.



PATIENT

Gizmo Wiley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.1 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Russell

INVOICE

74205

DATE

4/6/26

No evidence of ileus or intraluminal foreign material is identified. Colon measures 1.09 mm, containing small amounts of fecal material.

A rounded, heterogeneous, vascularized mass measuring approximately 3.00 × 2.39 × 2.08 cm is identified arising eccentrically from the intestinal tract, most likely at the level of the colon or ileocecal junction, although the exact origin cannot be definitively determined.

Pancreas

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

Free Abdomen

A second heterogeneous mass measuring approximately 4.10×3.01 cm, with internal cavitory areas and vascularization, is identified within the cranial abdomen, located between the liver, spleen, and stomach. In some imaging planes, this lesion appears to arise from the ventral extremity of the spleen, although this cannot be confirmed with certainty.

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

PRIMARY FINDINGS

- Intestinal-associated mass eccentric, heterogeneous, vascularized.
- Cranial abdominal mass, heterogeneous with cavitory areas, possibly splenic in origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study identifies two distinct intra-abdominal masses, which are highly clinically significant and likely related.

The intestinal-associated mass, arising eccentrically from the bowel wall (most likely colon or ileocecal region), is characterized by heterogeneity and vascularization, supporting a neoplastic process rather than inflammatory disease. In cats, this appearance is most consistent with intestinal neoplasia, with primary differentials including lymphoma (particularly large-cell), adenocarcinoma, or less commonly other mesenchymal tumors. The eccentric growth pattern raises concern for a focal infiltrative or mass-forming lesion rather than diffuse enteropathy.

The second mass, located in the cranial abdomen with cavitory regions and internal vascularization, raises concern for a metastatic lesion or a second primary tumor, most likely of splenic origin. Although the spleen itself appears subjectively normal in its main body, focal splenic masses can arise from the extremities and may not significantly alter overall splenic appearance. Cavitory components raise concern for necrosis, hemorrhage, or aggressive biological behavior.



PATIENT

Gizmo Wiley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.1 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Russell

INVOICE

74205

DATE

4/6/26

The presence of two masses strongly supports a malignant process, either:

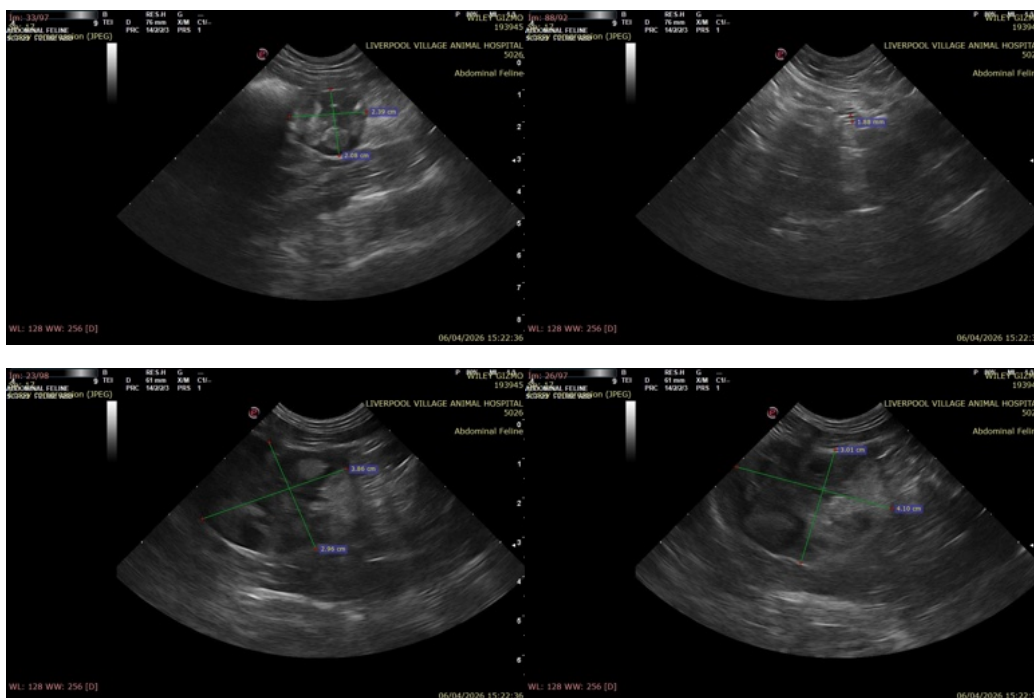
- A primary intestinal tumor with metastatic spread (to spleen or mesentery)
- Or less likely, two concurrent primary neoplasms

Importantly, the remainder of the gastrointestinal tract does not show features of diffuse chronic enteropathy, and the clinical history of chronic diarrhea with weight loss is now better explained by a focal neoplastic process rather than inflammatory disease. Overall, these findings are concerning malignancy; however, cytologic or histopathologic evaluation is required for definitive characterization.

Recommendations

- Ultrasound-guided fine-needle aspiration of both masses is strongly recommended to obtain cytologic diagnosis.
- If cytology is inconclusive, biopsy or surgical exploration should be considered.
- Thoracic imaging is recommended for staging.

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





PATIENT

Gizmo Wiley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

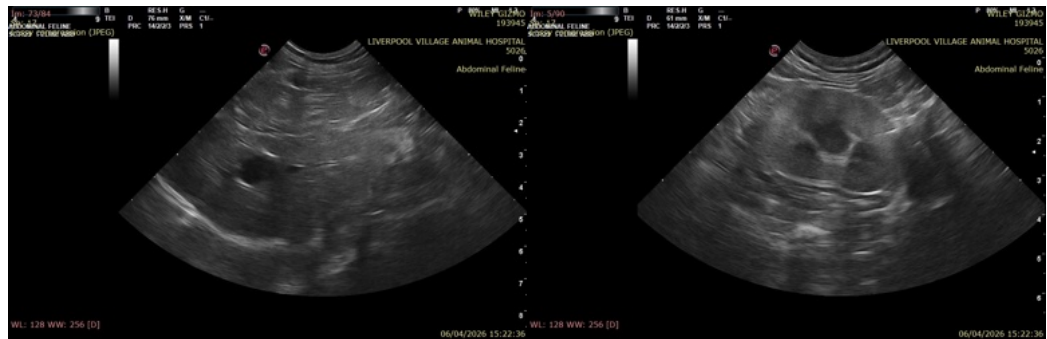
Dr. Russell

INVOICE

74205

DATE

4/6/26



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