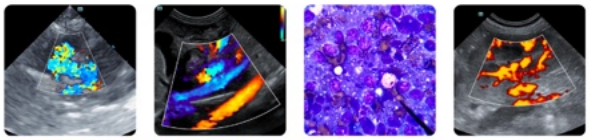


PATIENT

Harry Imholt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

-

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Xander Omoto

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Omoto

INVOICE

70071

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Presented 12/21/25 to OR for acute vomiting/nausea and lethargy as well as chronic soft stool/diarrhea. Started prednisolone taper on 12/22/25, and has been responding well with resolution of vomiting and improvement in stool quality/consistency - doesn't need appetite stimulant or antiemetic anymore. Will intermittently go 24 hours without defecating. Hx urinary blockage, has been on RC SO since.
12/21/25: MM pale pink and tacky. Bradycardic (160 bpm). Hypothermic (96.7 F). Mild normochromic normocytic nonregenerative anemia (5.55 M/27%) with mild eosinopenia, as well as slight hyperglycemia (182), and mild azotemia (crea 1.8). Urine inappropriately concentrated (USG 1.028) with trace protein. Mild proBNP elevation (163.9). 12/31/25: Mildly underconditioned with mild generalized muscle atrophy (MCS 3/4, BCS 4/9). Moderate gingivitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.96×2.19 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.56×2.70 cm, with a cortical thickness of 0.38 cm in the sagittal plane. In both kidneys, the renal cortex is diffusely hyperechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is noted bilaterally. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

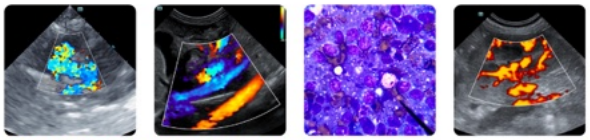
The left adrenal gland is not confidently visualized. The right adrenal gland is partially visualized, with a measured thickness of approximately 0.36 cm; complete evaluation is limited.

Spleen

Splenic thickness measures approximately 1.03 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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. A small, well-defined focal lesion with a cystic appearance measuring approximately 0.55 × 0.65 cm is identified. No hepatic lymphadenopathy is observed.



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

Gastrointestinal

The stomach is nearly empty, containing a small amount of partially digested ingesta. Gastric mural thickness measures approximately 1.58 mm, with preserved wall layering.

Duodenal wall thickness measures approximately 2.22–2.29 mm.
Jejunal wall thickness measures approximately 1.83–1.96 mm, with preserved layering.
Ileal wall thickness measures approximately 2.82–2.90 mm, with measured layers including a mucosa of approximately 0.93 mm, submucosa of approximately 0.76 mm, and muscularis propria of approximately 0.55 mm.

The ileocecal junction measures approximately 2.67 mm, with a muscularis thickness of approximately 0.85 mm. Wall layering is preserved throughout. No sonographic evidence of obstruction, ileus, or foreign material is identified.

The colonic wall measures approximately 1.54 mm, with a small amount of soft fecal material present in the descending colon.

Pancreas

The visualized pancreatic tissue measures approximately 7.04 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 1.98 mm in diameter. No sonographic evidence of active peripancreatic fat inflammation is identified.

Peritoneal Cavity

No abdominal effusion or sonographic signs of peritonitis are observed. Cranial mesenteric lymph nodes measure approximately 4.0–7.86 mm in thickness and maintain normal shape and echogenicity. Ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Diffuse bilateral renal cortical hyperechogenicity with preserved corticomedullary definition and bilateral medullary rim sign.
- Mild ileal and ileocecal junction wall thickening, with relative prominence of the muscularis layer and preserved wall layering.
- Mildly hypoechoic pancreatic parenchyma without peripancreatic inflammatory changes.
- Cranial mesenteric lymph nodes mildly enlarged.

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SECONDARY FINDINGS

- Small focal hepatic cystic lesion (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography demonstrates mild distal small intestinal changes characterized by ileal and ileocecal junction wall thickening, with preserved wall layering and relative muscularis prominence. This pattern is most commonly associated with chronic inflammatory enteropathy in cats, particularly lymphoplasmacytic inflammation. However, similar ultrasonographic findings may also be observed in early or low-grade small-cell intestinal lymphoma. Due to significant overlap in imaging appearance, definitive differentiation between chronic inflammatory enteropathy and early small-cell intestinal lymphoma is not possible based on ultrasonography alone. In addition, ongoing corticosteroid therapy may partially mask underlying disease severity.

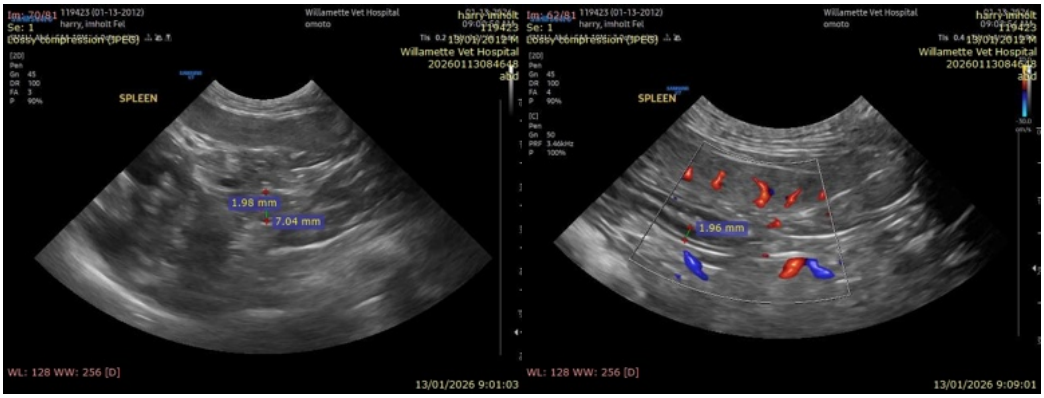
The absence of intestinal mass formation, loss of wall layering, marked lymphadenopathy, or abdominal effusion argues against advanced or high-grade alimentary lymphoma at this time.

Diffuse renal cortical hyperechogenicity with preserved corticomedullary definition, in combination with a bilateral medullary rim sign, suggests underlying chronic renal parenchymal change. While the medullary rim sign may be nonspecific when isolated, its presence alongside increased cortical echogenicity supports early or chronic kidney disease in this clinical context, correlating with the patient's mild azotemia and inappropriately concentrated urine.

Mild pancreatic parenchymal hypoechogenicity without peripancreatic fat reaction may be compatible with low-grade or chronic pancreatitis in the appropriate clinical context, supporting a component of feline triaditis.

Recommendations

- Given the mild ultrasonographic findings and the patient's positive clinical response to corticosteroid therapy, invasive diagnostics such as intestinal biopsy are not recommended at this time. A complete gastrointestinal panel, including serum cobalamin, folate, and feline-specific pancreatic lipase, is recommended prior to transitioning to budesonide to further characterize gastrointestinal function and guide ongoing medical management.



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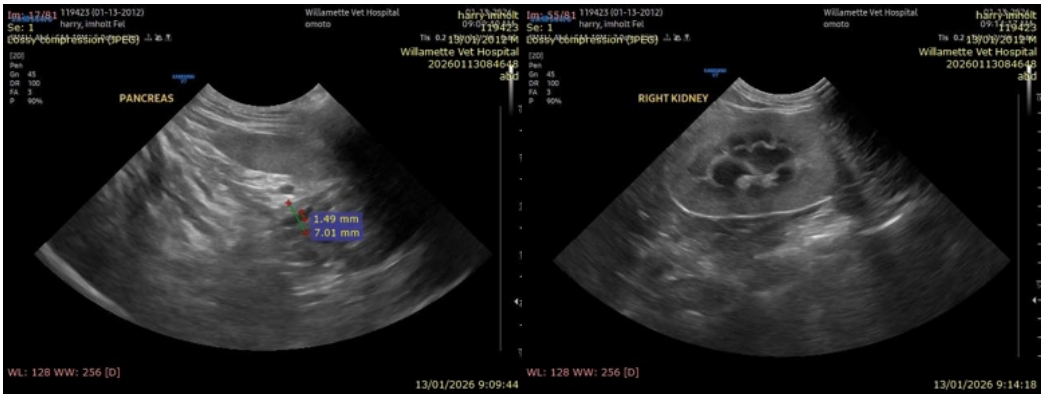

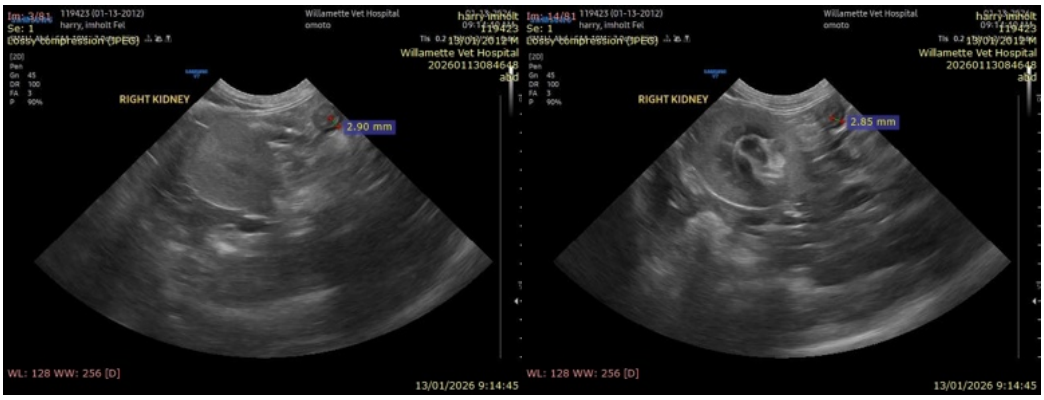

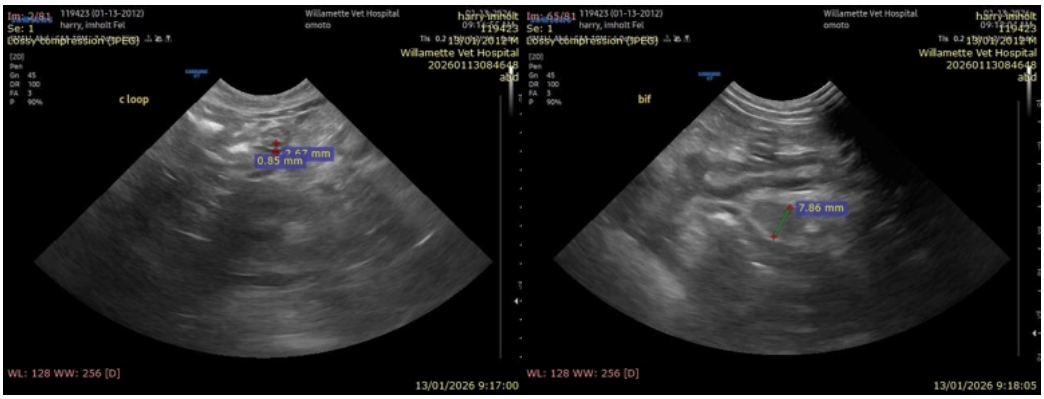

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com