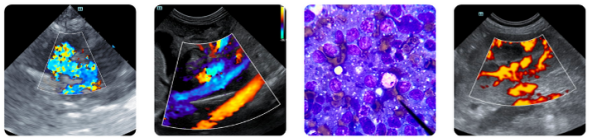


PATIENT

Jackson Ross

SPECIES

Feline

BREED

Domestic Longhair

SEX

MN

AGE

10 years

WEIGHT

13.40 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Morgan Busby

INVOICE

11099

DATE

1/13/2026

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Jackson presents for an abdominal ultrasound. The rDVM noted "ropey" and thickened intestines on a recent radiograph and recommended an ultrasound for further diagnosis. The owner reports drastic weight loss of about 4 lbs over the last 2 years. Jackson is an 11-year-old MC. He is reportedly in good spirits. History of vomiting. He was seen at an emergency veterinarian on December 1st for vomiting with a red tinge. He was diagnosed with constipation, given an enema, and sent home with a laxative, anti-nausea medication, and a painkiller. This helped for a little while, but the vomiting returned, which prompted the visit to the rDVM. The rDVM changed his food to Royal Canin Fiber Plus. Since the food change, he has been experiencing diarrhea. He has a good appetite and has never lost it. He is an indoor-only cat. MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: Per RDVM, CBC/ Chem/ T4 WNL.

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 predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. There is no evidence of urolithiasis, inflammatory changes, or neoplastic lesions.

The left kidney is normal in shape and size, measuring 4.26×2.27 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.48×2.66 cm. The renal cortex is isoechoic relative to the liver parenchyma, with preserved corticomedullary ratio and definition. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

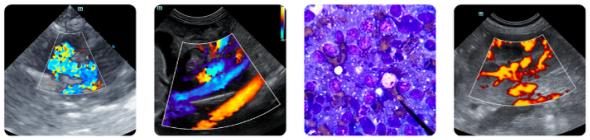
Both adrenal glands have normal shape and echogenicity.
The left adrenal gland measures 0.49 cm at the cranial pole and 0.45 cm at the caudal pole.
The right adrenal gland measures 0.30 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

Splenic thickness measures 0.87 cm. The splenic 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 margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic. The common bile duct measures 1.86–2.28 mm in diameter.

Gastrointestinal

The stomach is empty and mildly folded, with a mural thickness of 2.43 mm and preserved wall layering. The pylorus measures 3.95 mm.

The duodenum measures 2.20 mm and appears within normal limits.
The jejunum measures 2.97 mm, with mural layer measurements as follows: mucosa 1.70 mm, submucosa 0.69 mm, and muscularis propria 0.48 mm.
The ileum measures 3.32 mm, with mural layer measurements of mucosa 1.15 mm, submucosa 1.11 mm, and muscularis propria 1.00 mm, with preserved wall layering.

The ileocecal junction was not visualized.

The colon measures 0.90 mm in the transverse segment and 0.86 mm in the descending segment, with formed feces present in the descending colon.

Pancreas

The pancreas measures 6.74 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.62 mm in diameter. No sonographic evidence of active inflammation or neoplastic disease is identified.

Free Abdomen

No abdominal effusion or evidence of peritonitis is observed. The cranial mesenteric lymph nodes measure 5.82–7.28 mm, are elongated in shape, and mildly hypoechoic. Ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild ileal wall thickening with preserved layering and relative muscularis prominence.
- Mild enlargement of cranial mesenteric lymph nodes elongated and hypoechoic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ileal wall thickness is mildly increased, with disproportionate thickening of the muscularis layer, a pattern commonly reported in cats with chronic inflammatory enteropathy, particularly lymphoplasmacytic inflammation. However, similar muscularis-predominant changes may also be observed in early or low-grade small-cell intestinal lymphoma, and definitive differentiation between these entities cannot be achieved based on ultrasonography alone due to significant overlap in imaging appearance.

The cranial mesenteric lymph nodes are mildly enlarged and elongated with homogeneous echogenicity, a pattern that may be seen with reactive or inflammatory lymphadenopathy but may also be encountered in early or low-grade lymphomatous involvement.

Recommendations

- If not already performed, consider a complete feline gastrointestinal panel to further assess intestinal and pancreatic function.

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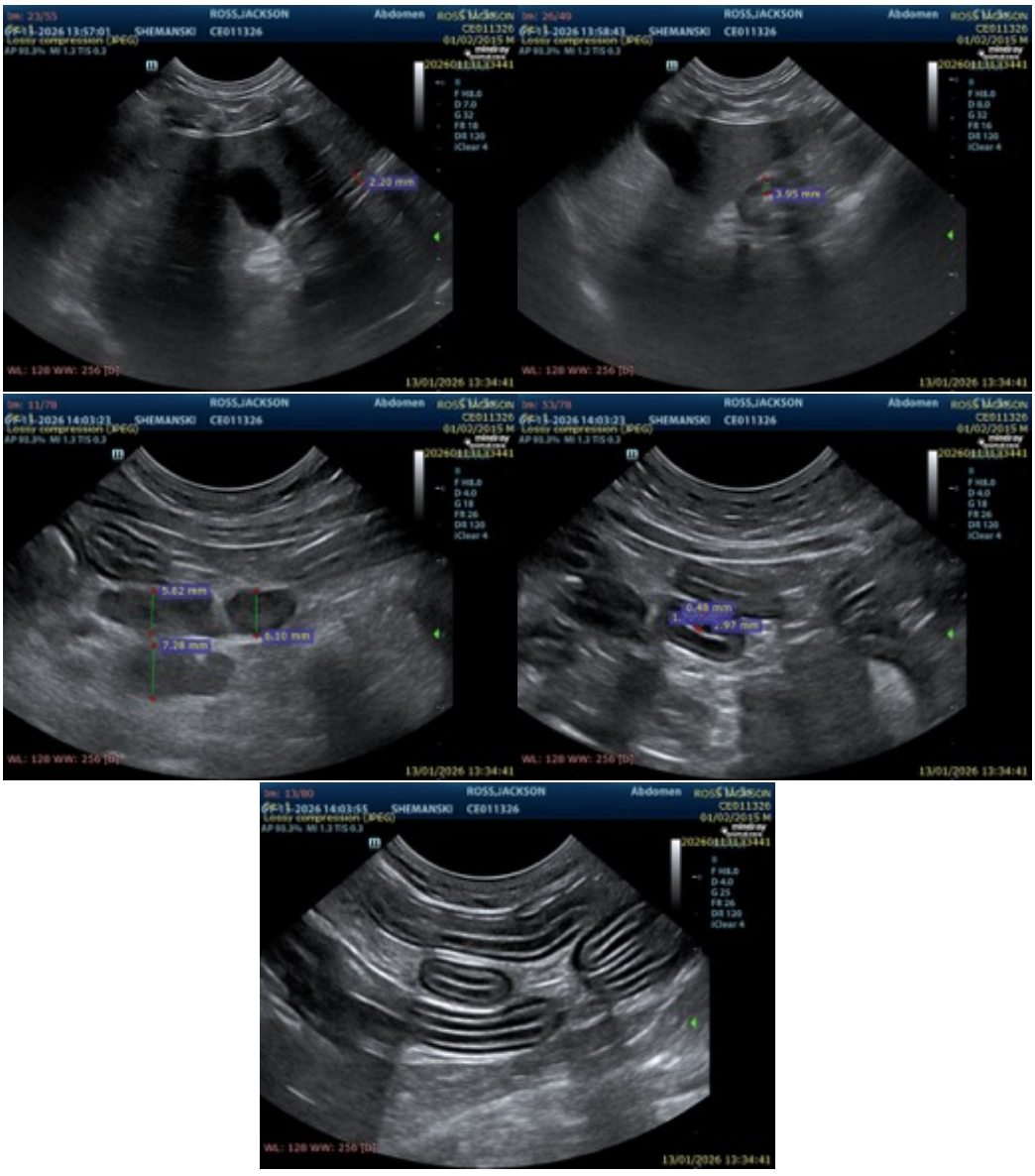
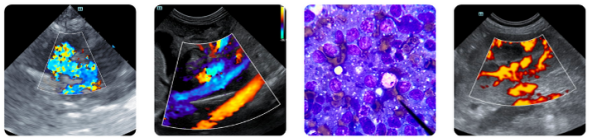
- Intestinal biopsies (endoscopic or full-thickness) are necessary to definitively differentiate chronic inflammatory enteropathy from early small-cell intestinal lymphoma.
- Empirical management for chronic enteropathy (dietary modification, cobalamin supplementation ± anti-inflammatory therapy) may be appropriate given the mild nature of the findings.
- Serial abdominal ultrasonography may be useful for monitoring progression, particularly the ileum and mesenteric lymph nodes.



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



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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