



PATIENT

Misty Eifert

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Tiffany Brady DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Schneider

INVOICE

70124

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Unexplained weight loss noted over past several months. Intermittant episodes of vomiting, lethargy and decreased appetite. Normal CBC/Chem/T4/UA in October. GI panel pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended. The bladder wall measures approximately 2.04 mm and is smooth and regular; due to underdistension, this measurement may be mildly overestimated. The urinary bladder lumen contains anechoic urine. The bladder neck and proximal urethra are unremarkable. There is no evidence of urolithiasis, mural irregularity, or sonographic features suggestive of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 3.72×2.52 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary definition and ratio are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.53×2.25 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary definition and ratio are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

A structure labeled as the left adrenal gland measures approximately 0.40 cm at the cranial pole and 0.42 cm at the caudal pole; however, differentiation from a small adjacent lymph node is uncertain. The right adrenal gland is not visualized.

Spleen

The spleen measures approximately 0.88 cm in thickness. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal lesions. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall is thin, and the luminal contents are predominantly anechoic. There is no sonographic evidence of dilation of the cystic duct or common bile duct.



PATIENT

Misty Eifert

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Tiffany Brady DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Schneider

INVOICE

70124

DATE

1/14/26

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and normal mural thickness.

- Pylorus: 2.39 mm, Duodenum: 2.26 mm

Jejunum: Total wall thickness up to 2.98 mm

- Mucosa: 1.13 mm, Submucosa: 0.52 mm, Muscularis propria: 1.06 mm.

The ileum measures up to 3.67 mm, with focal segments reaching 3.75 mm, where mural layers begin to appear mildly blurred.

- Mucosa: 1.16 mm, Submucosa: 0.66 mm, Muscularis propria: 1.86 mm

The ileocecal junction measures 5.42 mm, with a muscularis layer of 1.99 mm.

The colon demonstrates normal wall thickness:

- Ascending colon: 1.01 mm, Transverse colon: 0.97 mm, Descending colon: 0.80 mm. Formed fecal material is present within the descending colon.

Pancreas

The portions of the pancreas that were visualized do not demonstrate sonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed.

Multiple mesenteric lymph nodes are identified, measuring approximately 1.33×0.66 cm, 0.43×0.59 cm, and one with a thickness of 0.69–0.82 cm.

The ileocecal lymph nodes measure approximately 0.56×0.77 cm.

These lymph nodes are rounded and hypoechoic, with increased echogenicity of the surrounding perinodal fat.

The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate ileal wall thickening with focal blurring of wall layering and muscularis prominence.
- Thickened ileocecal junction.
- Rounded, hypoechoic mesenteric and ileocecal lymph nodes with hyperechoic perinodal fat.



PATIENT

Misty Eifert

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Tiffany Brady DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Schneider

INVOICE

70124

DATE

1/14/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

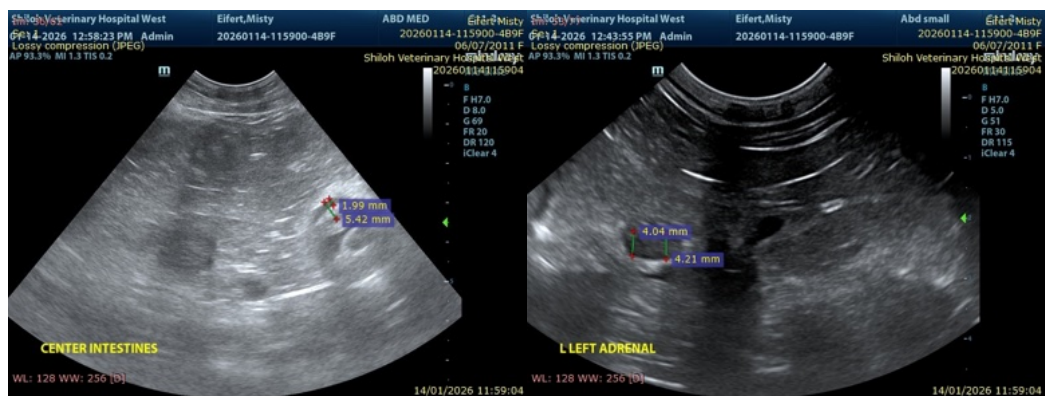
The ileum demonstrates mild to moderate mural thickening with focal loss of crisp wall layering and marked muscularis expansion, together with rounded, hypoechoic mesenteric and ileocecal lymphadenopathy accompanied by hyperechoic perinodal fat. In the context of this patient's age, clinical history, and the ileal-predominant distribution of disease, these findings are most suspicious for low-grade (small-cell) intestinal lymphoma.

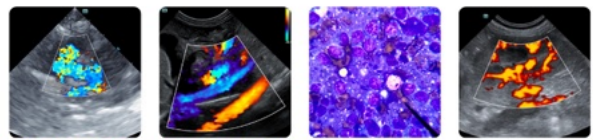
While chronic inflammatory enteropathy remains a valid differential diagnosis, several features in this case—including the patient's advanced age, progressive weight loss, focal ileal involvement with partial loss of wall definition, thickening of the ileocecal junction, and the morphology of the associated lymph nodes—collectively shift the level of concern toward an infiltrative neoplastic process. It is well recognized that small-cell lymphoma and inflammatory bowel disease show substantial ultrasonographic overlap in cats; however, the overall pattern in this patient is considered more suggestive of small-cell lymphoma than primary inflammatory disease, acknowledging that definitive differentiation cannot be achieved on the basis of imaging alone.

The remainder of the abdominal examination is largely unremarkable and does not provide an alternative explanation for the clinical signs. The equivocal left adrenal structure is of uncertain clinical relevance and may represent either a small adrenal gland or an adjacent lymph node.

Recommendations

- Correlate with pending GI panel results, as hypcobalaminemia is common in ileal disease and may warrant supplementation regardless of etiology.
- Gastrointestinal biopsy should be discussed as the next diagnostic step to differentiate inflammatory enteropathy from small-cell lymphoma.
- Pending diagnostic decisions, cobalamin supplementation may be initiated empirically if deficiency is documented or strongly suspected.
- If empirical medical therapy is contemplated, careful consideration should be given to the timing of corticosteroid administration, ideally after tissue sampling if lymphoma remains a concern.





PATIENT

Misty Eifert

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

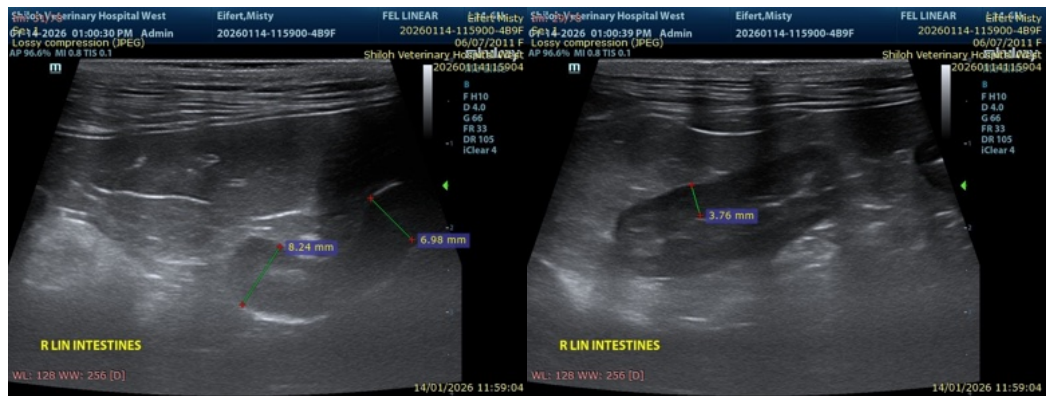
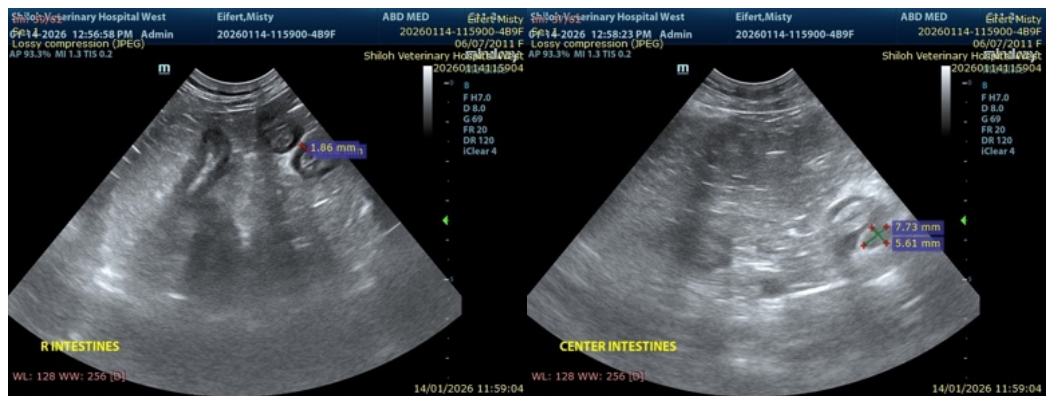
Tiffany Brady DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Schneider



INVOICE

70124

DATE

1/14/26

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.

MV Esp Ultrasound in Domestic and Wild Animals



PATIENT

info@SonoPath.com

Misty Eifert

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

**IMAGING
PERFORMED BY**

Tiffany Brady DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Schneider

INVOICE

70124

DATE

1/14/26