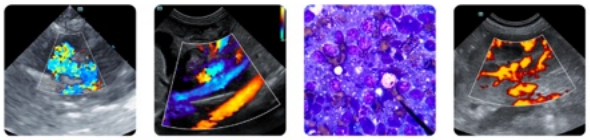


PATIENT

Oliver Butler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

10.34 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Lough

INVOICE

70342

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Patient presented for COHAT and AUS.
- The owner is here to discuss gastrointestinal (GI) issues that have been occurring for the last 6-8 weeks.
- Clinical signs reported include: New and frequent audible gut sounds (borborygmi). Passing odorous gas, which is a new behavior. Signs of nausea, such as lip licking and smacking. Occasional hiccupping. An increased frequency of vomiting. For the past two weeks, the patient has started vomiting water, typically overnight or in the early morning. Vomitus also contains bile and food in various states of digestion. Stools have become softer and wetter, but there is no frank diarrhea, blood, or mucus observed. The owner notes that prior to this change, there were some instances of
- defecating outside the litter box. The patient has experienced a decreased appetite, estimated to be consuming 50-75% of his normal amount. Soaking his food initially improved intake, but the decrease has persisted. His energy level and interest in playing remain normal. Current diet is Purina Pro Plan UR Urinary, which he has been on for over eight years. He occasionally receives a few kibbles of Hill's t/d.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring approximately 4.17×2.28 cm. Cortical thickness is approximately 0.38 cm in the sagittal plane.

Right kidney: Normal in shape and size, measuring approximately 4.24×2.47 cm. Cortical thickness is approximately 0.40 cm in the sagittal plane.

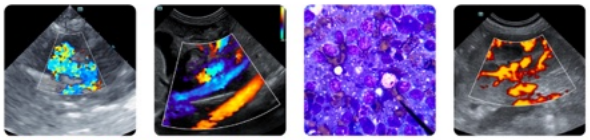
In both kidneys, the renal cortex is subjectively increased in echogenicity relative to the liver, with accentuated corticomedullary distinction. The corticomedullary ratio and corticomedullary definition remain preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

Adrenal Glands

The left adrenal gland measures approximately 0.26 cm. The right adrenal gland could not be reliably visualized.

Spleen

Splenic thickness measures approximately 0.93 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities identified. The splenic capsule is smooth and regular.



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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 a normal echotexture. No hepatic lymphadenopathy is observed.

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

Gastrointestinal

Stomach: The stomach is empty and folded, containing a mixture of fluid and gas. Mural thickness measures approximately 1.46–1.78 mm, with preserved wall layering. Pylorus: Wall thickness approximately 2.96 mm, with preserved layering.

Duodenum: Partially visualized; wall thickness 2.08 mm, with preserved layering.

Jejunum: Wall thickness 2.64 mm. Mucosa: 1.30 mm, Submucosa: 0.63 mm, Muscularis propria: 0.59 mm

Ileum: Wall thickness approximately 2.47–2.55 mm. Mucosa: 0.82 mm, Submucosa: 0.82 mm, Muscularis propria: 1.02 mm. Wall layering is preserved throughout the small intestine.

Ileocecal junction: Measures 3.75 mm, with a muscularis component measuring approximately 1.41 mm.

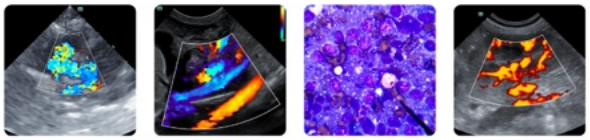
Colon: Ascending colon wall thickness approximately 0.98 mm, containing fecal material with marked distal acoustic shadowing. Transverse colon wall thickness approximately 1.12 mm. Descending colon wall thickness approximately 1.01 mm, with a small amount of soft fecal material.

Pancreas

The pancreas measures approximately 8.43 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 1.70 mm in diameter. No ultrasonographic evidence of active pancreatitis or focal pancreatic lesions is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes are not visualized. The ileocecal lymph nodes measure up to approximately 3.75 mm in thickness and have normal shape and echogenicity. The iliac trifurcation has a normal appearance.



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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild diffuse gastrointestinal changes with preserved wall layering and mild muscularis prominence, most notable in the ileum and ileocecal junction
- Fluid- and gas-filled stomach.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine shows preserved wall layering throughout, with mild muscularis prominence most notable in the ileum and ileocecal junction, while overall wall thickness remains within or near expected limits. This pattern, in combination with chronic hyporexia, borborygmi, nausea-associated behaviors, and soft stools, is most consistent with a chronic inflammatory enteropathy. In cats, this ultrasonographic appearance shows significant overlap between inflammatory bowel disease and small-cell lymphoma, and imaging alone cannot reliably differentiate between these entities.

There is no evidence of focal mass lesions, loss of wall layering, obstructive disease, or significant lymphadenopathy, findings that would raise concern for high-grade neoplasia. The absence of effusion and the presence of lymph nodes with normal size and architecture further support a low-grade process.

The stomach contains fluid and gas despite fasting, which may reflect gastric dysmotility, delayed gastric emptying, or chronic gastritis, consistent with the patient's clinical signs of nausea and early-morning bilious vomiting.

The kidneys demonstrate mildly increased cortical echogenicity bilaterally, a common finding in older cats that may reflect early or age-related renal change, without associated structural abnormalities or evidence of obstruction.

Recommendations

- Correlation with laboratory findings (including GI panel).
- Initial medical management for chronic enteropathy may be considered, including dietary modification (novel protein or hydrolyzed diet), symptomatic therapy, and cobalamin supplementation if deficiency is documented.
- If clinical signs persist or progress, further diagnostic evaluation, including gastrointestinal biopsies may be considered to differentiate inflammatory bowel disease from early small-cell lymphoma.
- Clinical monitoring is advised, with repeat abdominal ultrasound considered if new clinical signs develop or if there is lack of response to therapy.

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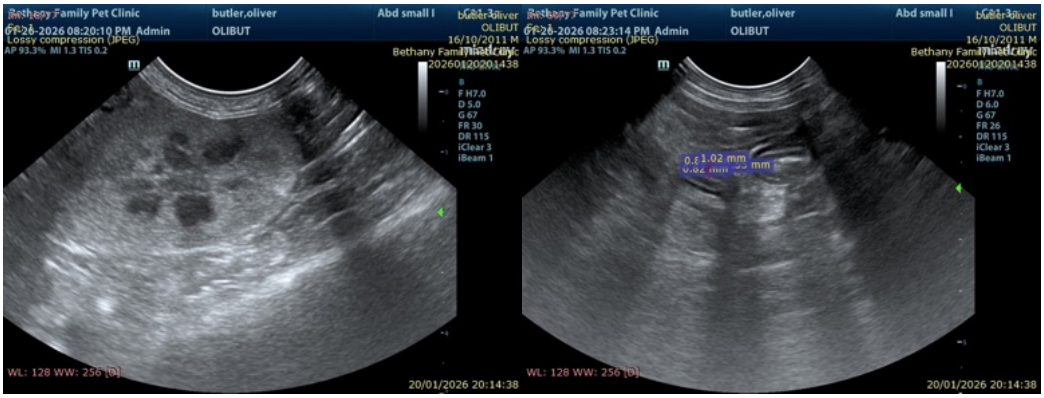

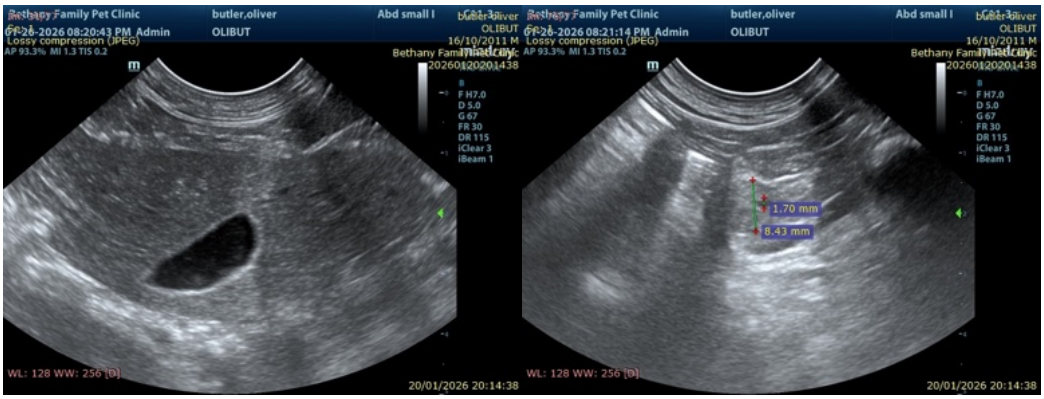

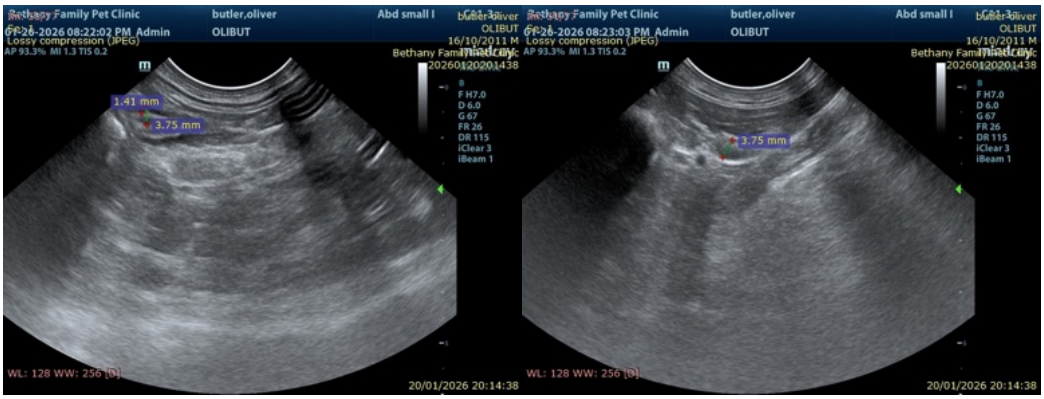

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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