



## PATIENT

Franklin Hinds

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

11 months

## WEIGHT

9.4 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Mario

## HOSPITAL NAME

TLC AH

## REFERRING VET

Dr. Ramirez

## INVOICE

70901

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

- P has 2 mo history of loose stools. Eating well and gaining weight. Normal Appetite. Normal/limited exams due to P being reactive. No response to deworming, probiotics or diet changes.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.88x2.24 cm, and the cortical thickness is 0.33 cm in the sagittal plane. The right kidney is normal in shape and size: 4.4x2.03 cm, and the cortical thickness is 0.32 cm in the sagittal plane. Both kidneys: The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### Adrenal Glands

The left adrenal gland is partially visualized, measuring 0.28 cm. The right adrenal gland is not visualized.

### Spleen

Splenic thickness is 0.66 cm. The parenchyma demonstrates normal echogenicity and a 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 appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately 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 mural thickness (2 mm) and preserved wall layering. The pylorus measures 2.51 mm with a small amount of fluid.



<b>PATIENT</b>	Duodenum: 2.26 mm. Jejunum: 1.92-2.10 mm. Mucosa: 1.14 mm. Submucosa: 0.56 mm. Muscularis propria: 0.21 mm. Ileum: 1.73 mm. The ileocecal junction/cecum is thickened and hypoechoic, with a wall thickness of 3.09-3.44 mm. No signs of obstruction, ileus, or foreign material are identified.
Franklin Hinds	
<b>SPECIES</b>	Colon: Ascending colon: 1.50 mm, filled with fluid and gas. Transverse colon 1.59 mm. Descending colon: 1.68-1.76 mm, wall layering preserved, very soft fecal material.
Feline	
<b>BREED</b>	<b><i>Pancreas</i></b>
Domestic Shorthair	The evaluated pancreatic areas do not show evidence of overt inflammation.
<b>SEX</b>	<b><i>Peritoneal Cavity</i></b>
Neutered male	No abdominal effusion or peritonitis is observed.
<b>AGE</b>	Cranial mesenteric lymph nodes are not visualized.
11 months	Ileocecal lymph nodes measure 3.28x5.15 mm, with normal shape and hypoechoic appearance.
<b>WEIGHT</b>	Caudal mesenteric lymph nodes measure 0.71x1.03 cm and have a thickness of 3.26-4.3 mm, homogeneous and mildly hypoechoic.
9.4 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Alicia Angosto Guerrero	<ul style="list-style-type: none"><li>• Mild to moderate thickening and hypoechogenicity of the ileocecal junction/cecum.</li><li>• Mild enlargement of ileocecal and caudal mesenteric lymph nodes, with reactive appearance.</li><li>• Liquid and gas-filled colon.</li></ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Mario	The stomach, duodenum, jejunum, and ileum demonstrate wall thicknesses and layering within acceptable limits, with no evidence of diffuse small intestinal disease. These findings are consistent with the patient's maintained appetite and body condition.
<b>HOSPITAL NAME</b>	In contrast, the ileocecal region/cecum appears mildly to moderately thickened (up to approximately 3.4 mm) and hypoechoic, with associated mild enlargement of ileocecal and caudal mesenteric lymph nodes, which retain normal shape and homogeneous echogenicity. Colonic wall thickness measurements are within accepted reference limits, with preserved mural layering.
TLC AH	Given the patient's young age, preserved appetite, weight gain, and the predominance of distal gastrointestinal findings, the changes affecting the ileocecal region and colon are most consistent with a large bowel-predominant enteropathy. In young cats, this pattern is most commonly associated with functional colitis or dysbiosis-related disease, followed by food-responsive colitis and early inflammatory bowel disease localized to the ileocecal region. The ileocecal junction represents a
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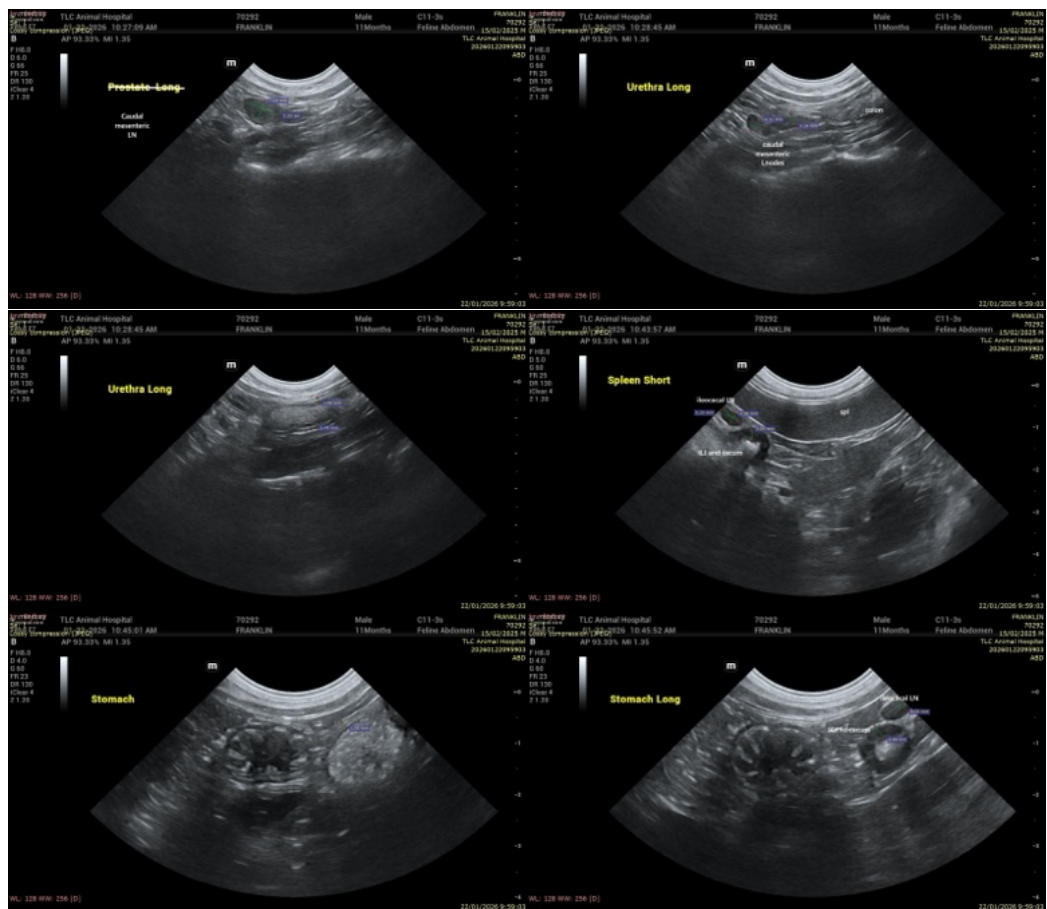
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recognized site of heightened immunologic activity and may be preferentially affected in early or mild inflammatory processes.

**Recommendations**

- In young cats with chronic large bowel diarrhea, targeted testing for *Tritrichomonas foetus* may be considered, particularly if clinical signs persist despite dietary modification and supportive management, as this organism preferentially affects the colon and ileocecal region and may not be consistently detected on routine fecal testing.
- In addition, there is no documented evidence of targeted fecal testing or confirmed treatment for protozoal infections such as *Giardia*. Although empirical deworming has been performed, the specific agents and protocols used may not have provided adequate coverage for protozoal infections.



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.



**PATIENT**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

Franklin Hinds

MV Esp Ultrasound in Domestic and Wild Animals

**SPECIES**

[info@SonoPath.com](mailto:info@SonoPath.com)

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