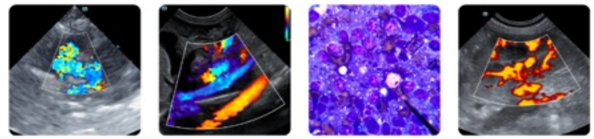


Clinical Sonography & Telecytology
Educational Teleconsultation Services™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Rocky Taylor

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

11.22 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

Dr. Fritz

INVOICE

70875

DATE

1/22/26

PRESENTING CLINICAL SIGNS

History of inappropriate urination and intermittent v/d and hyporexia. P was worked up for inappropriate urination 1-2 years ago & dx FLUTD. P did well on amitriptyline but o tapered p off last summer. P had been doing well but more recently having accidents outside the box. In addition, also hx of low TP and globulins on bw. More recently had episode of hyporexia and diarrhea. Has since resolved, but no known cause for p's intermittent GI signs.
CBC - wnl Chem - TP 6.1 (L), all else wnl T4 - 4.0 (high end normal) fT4 - 2.5 (high end normal) UA - USG 1.050, pH 7.0, protein 1+, all else wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is 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 bladder wall changes.

The left kidney is normal in shape and size (4.39×2.31 cm). Cortical thickness measures 0.36 cm in the sagittal plane. The right kidney is normal in shape and size (4.38×2.86 cm). Cortical thickness measures 0.40 cm in the sagittal plane. In both kidneys, the renal cortex is mildly increased in echogenicity, with accentuated corticomedullary distinction. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

Adrenal Glands

The adrenal glands are not clearly visualized, precluding accurate measurement and limiting adrenal assessment.

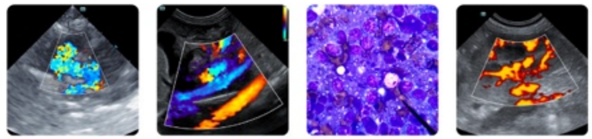
Spleen

Splenic thickness is 0.64 cm. The splenic parenchyma demonstrates normal overall echogenicity and fine homogeneous echotexture. Multiple small, well-defined hyperechoic nodules are present within the splenic parenchyma, the largest measuring approximately 2.13×1.90 mm, with an appearance most consistent with myelolipomas. 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 to falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. Luminal contents are primarily anechoic with a small amount of biliary sediment. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures approximately 1.80 mm, with preserved wall layering. The pylorus measures 3.90 mm. The duodenum measures 2.22 mm.

The jejunum measures approximately 2.42 mm, with preserved wall layering. Individual layers measure as follows: mucosa 1.46 mm, submucosa 0.49 mm, and muscularis propria 0.43 mm. The ileum measures approximately 2.13 mm, with preserved layering. Individual layers measure as follows: mucosa 0.55 mm, submucosa 0.96 mm, and muscularis propria 0.60 mm. The ileocecal junction measures approximately 3.63 mm, with the muscularis layer measuring 1.55 mm.

The colon measures 1.18 mm in the transverse colon, containing organized fecal material with distal acoustic shadowing, and 0.98 mm in the descending colon, with minimal fecal content.

Pancreas

The visualized pancreatic regions show no sonographic evidence of inflammation.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed.

Cranial mesenteric lymph nodes are not visualized despite appropriate regional evaluation, and the area appears unremarkable.

The ileocecal lymph nodes measure approximately 1.98 mm.

The pancreaticoduodenal lymph node measures approximately 4.52×7.42 mm. All visualized lymph nodes have normal shape and echogenicity.

The iliac trifurcation appears normal.

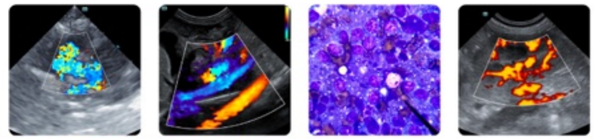
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral increase in renal cortical echogenicity with accentuated corticomedullary distinction.
- The ileocecal junction measures approximately 3.63 mm (reference values in cats: ≤3.5–4.0 mm) with the muscularis layer measuring 1.55 mm (normal values ≤0.5–0.7 mm).

SECONDARY FINDINGS

- Multiple small splenic hyperechoic nodules consistent with myelolipomas.
- Small amount of biliary sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is structurally normal, with no evidence of cystitis, urolithiasis, or mass lesions. In the context of a prior diagnosis of FLUTD and previous clinical response to amitriptyline, the absence of structural abnormalities supports a functional or idiopathic lower urinary tract disorder, rather than active inflammatory or obstructive disease at this time.

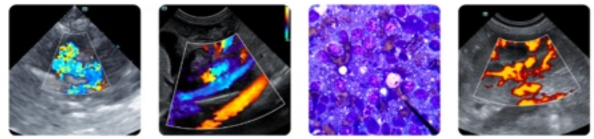
Both kidneys demonstrate mildly increased cortical echogenicity, findings that may be compatible with early or mild chronic renal change or age-related alteration, particularly in a cat with persistently concentrated urine and mild proteinuria. There is no sonographic evidence of pyelonephritis or urinary obstruction.

The gastrointestinal tract shows overall wall thicknesses within acceptable limits and preserved wall layering throughout. At the ileocecal junction, the total wall thickness remains within the upper limits of normal for cats; however, the muscularis layer appears disproportionately thickened relative to expected feline reference values. This pattern is most consistent with chronic or functional change, such a focal muscular hypertrophy maybe related to a mild chronic inflammatory disease. No obstructive features, loss of layering, or associated significant lymphadenopathy are identified.

The spleen contains multiple small hyperechoic nodules consistent with myelolipomas, which are common incidental findings in cats and are considered clinically insignificant.

Recommendations

- Manage lower urinary tract signs as functional FLUTD, guided by clinical response, given the absence of structural abnormalities on ultrasound.
- Monitor renal parameters and urinalysis.
- Given the history of intermittent gastrointestinal signs, low total protein, and the presence of early, disproportionate muscularis thickening at the ileocecal junction, initiation of a dietary trial is reasonable at this stage, even in the absence of overt ultrasonographic gastrointestinal disease. A highly digestible, novel protein or hydrolyzed diet may be considered, with clinical response guiding further management.
- Periodic follow-up abdominal ultrasound examinations, spaced appropriately over time, is recommended to monitor for progression or stability of this finding. The ileocecal region is a recognized site of early involvement in feline chronic enteropathies and alimentary lymphoma, and early changes may precede more overt ultrasonographic abnormalities.
- If gastrointestinal clinical signs recur or progress, further diagnostic evaluation (gastrointestinal panel, intestinal biopsies) may be considered, recognizing that early inflammatory bowel disease or functional enteropathy may show only subtle or evolving ultrasonographic changes.



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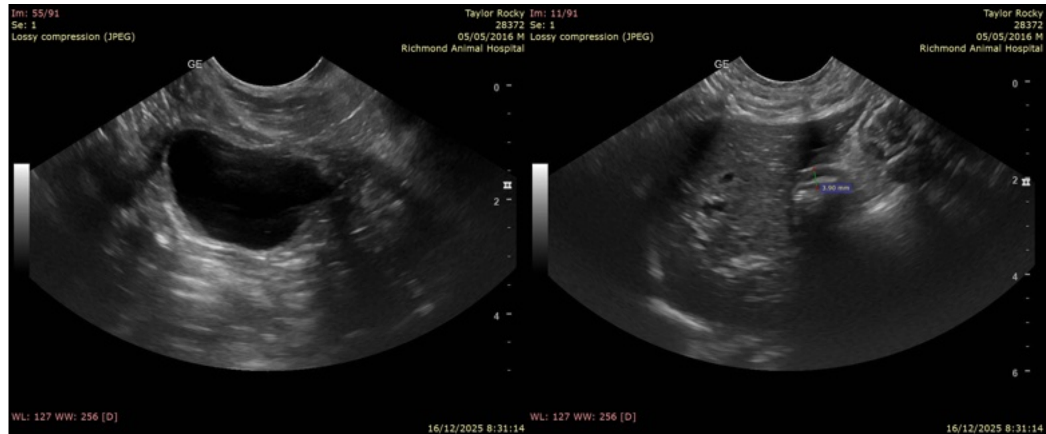

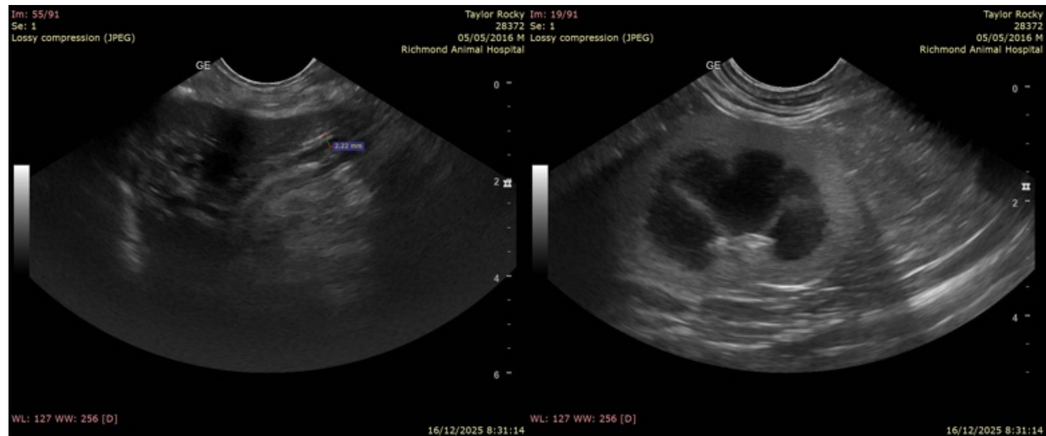

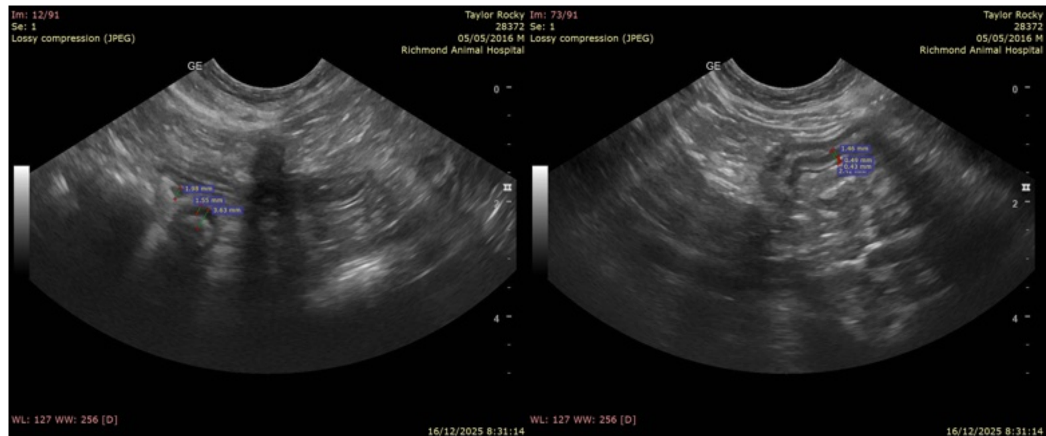

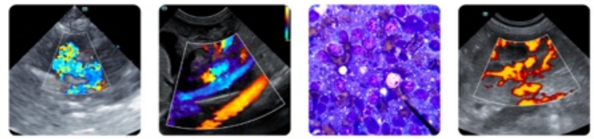

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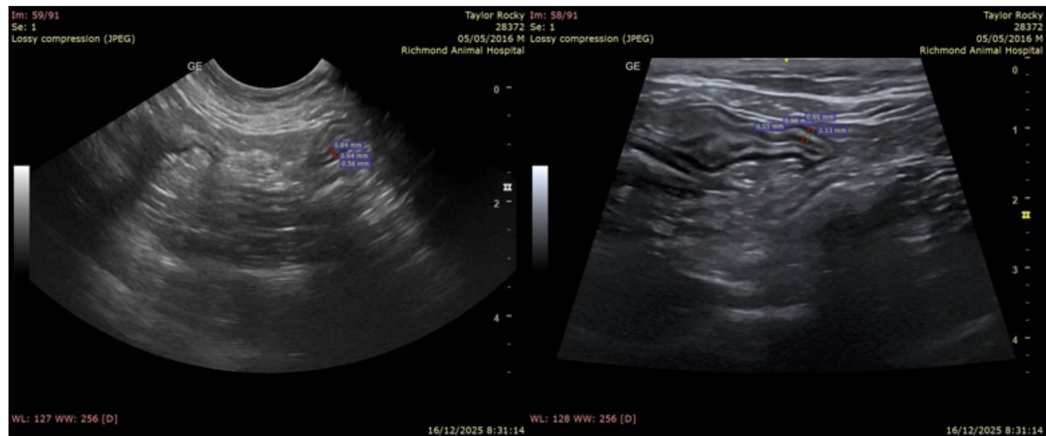

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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