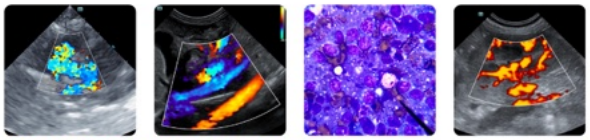


PATIENT

Trilby Snyder

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

7.44 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Leslie Buggi, DVM

HOSPITAL NAME

Akin Hills Pet Hospital

REFERRING VET

Dr. Buggi

INVOICE

7106

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Decreased appetite, will only eat 1 type of canned food.
- Weight loss (was 12.2 lbs ~ 1 year ago)
- CBC - plts a bit low but clumped Chem - NSF T4- wnl (2.7) fecal - NSATT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.64×1.97 cm. Cortical thickness is 0.26 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

The right kidney is normal in shape and size, measuring 3.75×2.16 cm. Cortical thickness is 0.34 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.23 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.22 cm at the cranial pole and 0.25 cm at the caudal pole.

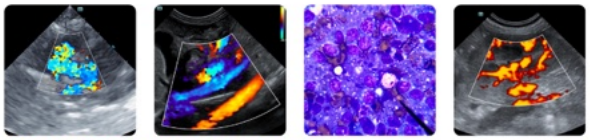
Spleen

Splenic thickness measures 0.69 cm. The splenic parenchyma has normal echogenicity and a fine homogeneous echotexture, without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat. A small focal hyperechoic lesion measuring 4.22×5.24 mm is noted. No hepatic lymphadenopathy is identified.

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



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.07 mm. The pylorus measures 3.07 mm.

Duodenal wall thickness measures 2.37 mm. Jejunal wall thickness measures 1.84 mm. Ileal wall thickness measures 2.74 mm. In several intestinal segments, wall thickness reaches up to 2.78–2.99 mm, with partial loss of clear mural layer differentiation.

Layer measurements demonstrate preserved layering overall, although focal segments show reduced mural definition.

The colonic wall measures 0.86 mm, with formed fecal material present within the descending colon.

Pancreas

Pancreatic thickness measures 5.91 mm. The pancreatic parenchyma is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct measures 0.77 mm. No peripancreatic fat inflammation is identified.

Peritoneal Cavity

A small amount of abdominal effusion is noted between the hepatic lobes. Cranial mesenteric lymph nodes measure 5.93–6.87 mm in thickness and appear heterogeneous, with surrounding hyperechoic perinodal fat. Ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Segmental small intestinal wall thickening with focal loss of clear mural layer differentiation.
- Markedly abnormal cranial mesenteric lymph nodes, heterogeneous with hyperechoic perinodal fat.
- Small volume perihepatic abdominal effusion.

SECONDARY FINDINGS

- Mild pancreatic parenchymal hypoechogenicity with mild pancreatic duct dilation.
- Small focal hyperechoic hepatic lesion, likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Several segments of the small intestine demonstrate increased wall thickness at the upper limits of normal to mildly increased, with loss of clear mural layer differentiation. In addition, marked cranial

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mesenteric lymphadenopathy is present, characterized by heterogeneous echotexture and increased perinodal fat echogenicity. This lymph node appearance is considered clinically significant and is not typical of incidental or reactive lymph node changes in cats.

The combination of weight loss, selective appetite, intestinal wall abnormalities, and abnormal mesenteric lymph nodes is most consistent with chronic enteropathy, with small cell (low-grade) intestinal lymphoma and inflammatory bowel disease being the primary differential considerations. Ultrasonography alone cannot reliably distinguish between these entities, and histopathologic or cytologic evaluation is required for definitive differentiation.

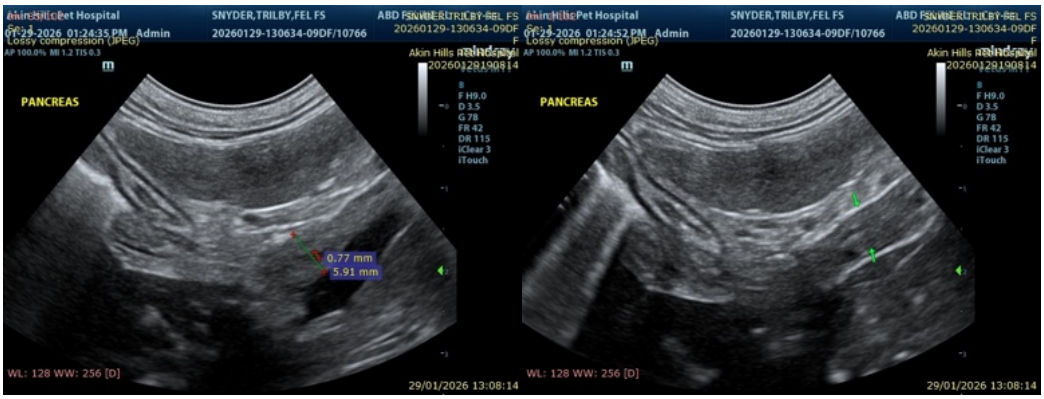
The liver appears structurally normal, aside from a small focal hyperechoic lesion, which is most consistent with an incidental benign change such as focal fat deposition, hiperplasia or fibrosis.

Pancreatic changes can be age-related or compatible with chronic pancreatic involvement, potentially associated with chronic gastrointestinal disease.

The small volume of perihepatic effusion, in combination with mesenteric lymph node changes, further supports the presence of active abdominal disease, although the effusion volume is currently minimal.

Recommendations

- Image-guided fine-needle aspiration of cranial mesenteric lymph nodes (if feasible).
- Intestinal biopsies should be considered to differentiate inflammatory bowel disease from low-grade lymphoma.
- Gastrointestinal panel: Measurement of cobalamin, folate, and pancreatic lipase is recommended to further characterize chronic enteropathy and guide medical management.
- Pending definitive diagnosis, careful nutritional management and monitoring of weight and appetite are advised.



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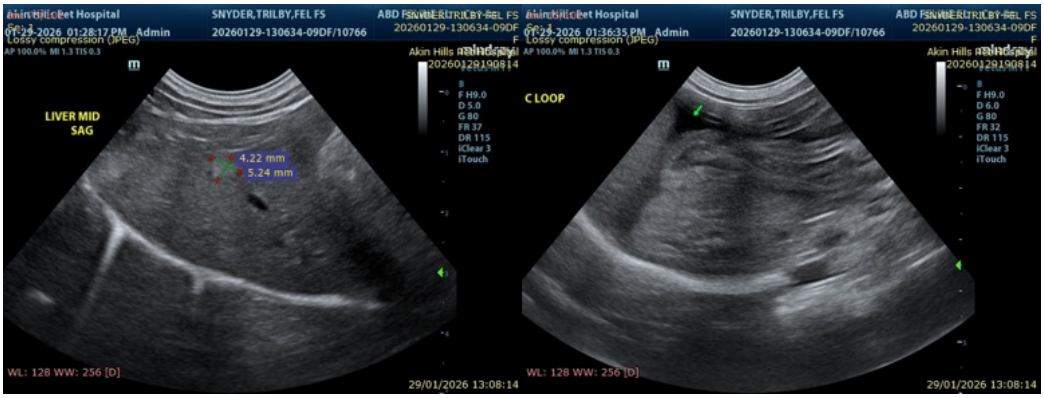

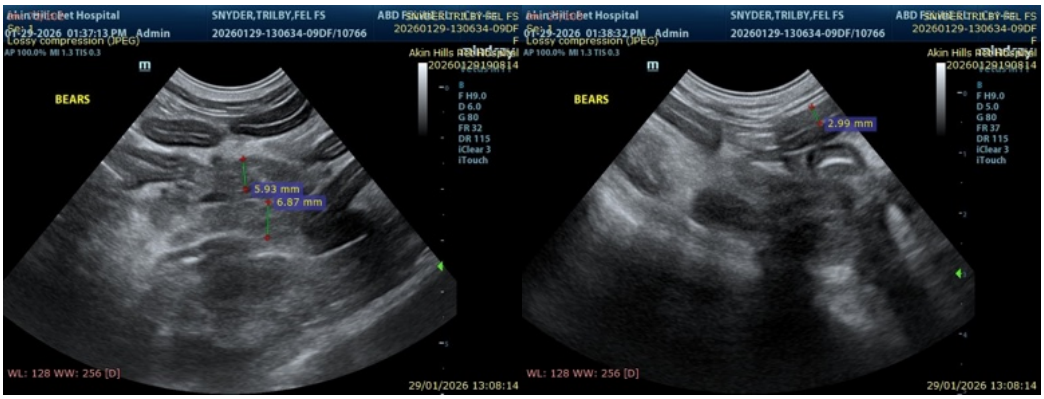

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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