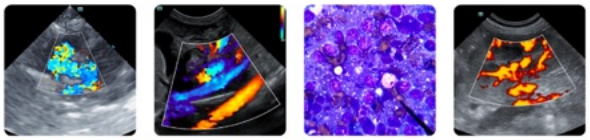


PATIENT

Apollo Perry

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

11 years

WEIGHT

11.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Allison Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Maxey

INVOICE

69831

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Intermittent GI signs (vomiting, diarrhea, hematochezia) for 3-4 months. Pet has also lost ~2lbs in that timeframe.
Mild decreased TP (6.0 g/dl) with borderline low albumin (2.6 g/dl). Remainder of labwork including FeLV/FIV and total T4 unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears 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 sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.53×1.87 cm, with a cortical thickness of 0.27 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.82×2.14 cm, with a cortical thickness of 0.28 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands are not clearly visualized.

Spleen

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

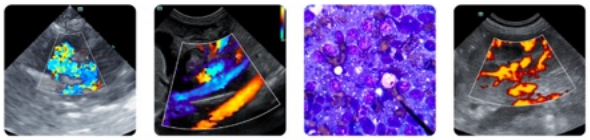
Liver

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

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

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 2.17 mm and preserved wall layering. The pylorus measures 3.35 mm. The duodenum measures 2.40 mm.



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The jejunum measures approximately 2.49 mm, with preserved wall layering. Measured layers include a mucosa of 0.90 mm, submucosa of 0.56 mm, and muscularis propria of 1.13 mm. The ileum measures approximately 2.33 mm, with preserved wall layering. Measured layers include a mucosa of 0.53 mm, submucosa of 0.51 mm, and muscularis propria of 1.28 mm. The ileocecal junction is not clearly visualized. Some small intestinal loops contain a small amount of luminal fluid. No discrete ileus, obstructive pattern, or foreign material is identified.

The colon measures approximately 2.43 mm and is empty in the segments evaluated, with wall layering appearing preserved.

Pancreas

The right limb, body, and left limb of the pancreas are visualized and measure approximately 6.17 mm in thickness. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 0.91 mm. No sonographic evidence of peripancreatic fat inflammation is identified.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed.
Cranial mesenteric lymph nodes are enlarged, measuring up to 6.22 mm in thickness, with preserved shape and echogenicity.

Caudal mesenteric lymph nodes measure approximately 2.64–3.0 mm and appear otherwise unremarkable. Ileocecal lymph nodes are not visualized.

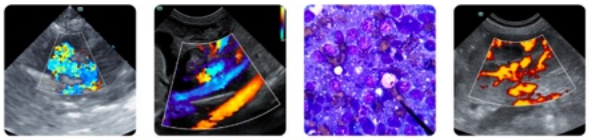
The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal muscularis thickening with increased muscularis-to-mucosa ratios (jejunum and ileum), with preserved wall layering.
- Colon subjectively thickened, with preserved wall layering.
- Enlarged cranial and caudal mesenteric lymph nodes with preserved shape and echogenicity.
- Mild luminal fluid within some small intestinal loops.
- Mild pancreatic parenchymal hypoechogenicity without secondary inflammatory changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The muscularis-to-mucosa ratios are increased, measuring approximately 1.26 in the jejunum and 2.4 in the ileum. In cats, this pattern is strongly suggestive of chronic inflammatory enteropathy, most commonly lymphoplasmacytic enteritis. However, low-grade alimentary lymphoma remains a key



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differential diagnosis, as it may present with an identical ultrasonographic pattern, particularly when muscularis thickening predominates and wall layering is preserved. Mild luminal fluid within some intestinal loops is nonspecific and most consistent with altered motility or inflammatory change rather than mechanical obstruction. The mild decrease in total protein and borderline hypoalbuminemia correlate well with a chronic enteropathy potentially involving protein loss.

The colon appears subjectively thickened, measuring approximately 2.43 mm, which is increased for a feline patient, despite being largely empty at the time of examination. Although wall layering is preserved, this degree of colonic wall thickening is abnormal and clinically relevant in the context of reported hematochezia. These findings are most consistent with concurrent large intestinal inflammatory disease. The presence of mildly enlarged caudal mesenteric lymph nodes with preserved shape and echogenicity further supports a reactive inflammatory process affecting the distal gastrointestinal tract.

The cranial mesenteric lymph nodes are enlarged but maintain normal shape and echogenicity, supporting a reactive or inflammatory process, though early neoplastic infiltration cannot be excluded based on imaging alone.

While nonspecific, pancreatic findings may reflect mild chronic or subclinical pancreatic change, which can be age-related or secondary to chronic gastrointestinal inflammation. In cats, pancreatic involvement may coexist with chronic enteropathy even in the absence of overt ultrasonographic signs of active pancreatitis.

Recommendations

- Complete gastrointestinal panel testing, including fPL.
- Strict dietary trial, utilizing a truly novel protein or hydrolyzed diet with absolute dietary compliance, given the absence of ultrasonographic features of obstructive or mass-forming disease.
- Cobalamin supplementation if serum levels are low or borderline, regardless of clinical response, due to its frequent involvement in feline chronic enteropathies.
- Full-thickness intestinal biopsies would provide a definitive diagnosis, particularly in cases of muscularis-predominant disease, and would allow differentiation between chronic inflammatory enteropathy and low-grade lymphoma.
- Clinical and laboratory monitoring, including body weight, serum proteins, and gastrointestinal signs, to assess response to medical and dietary management.

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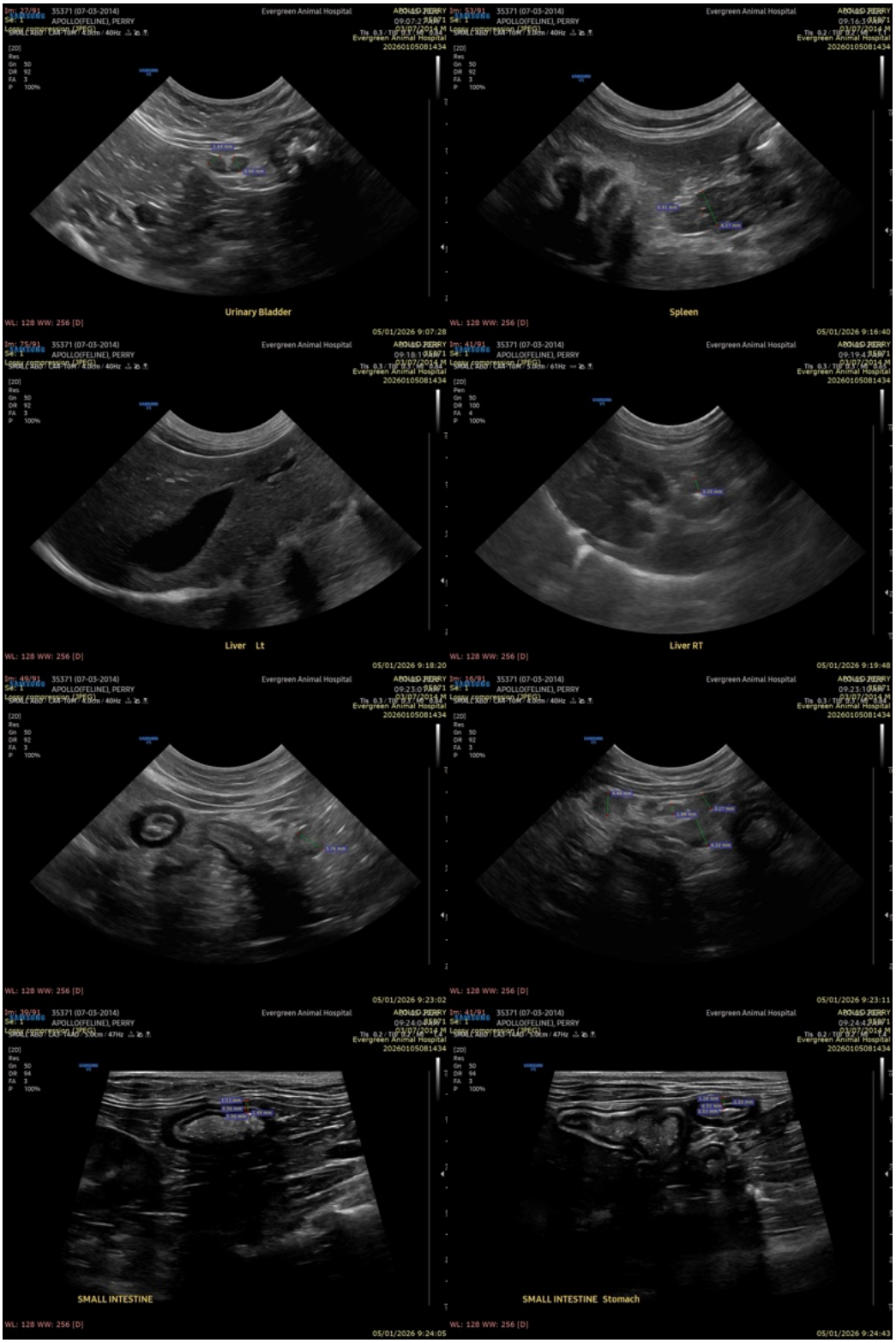

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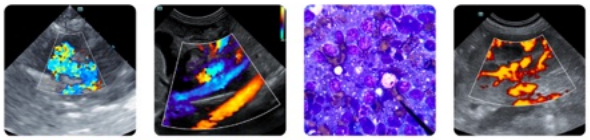

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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