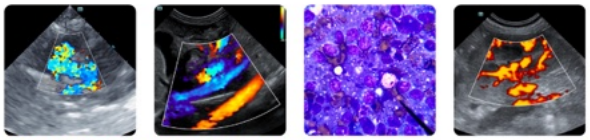


PATIENT

Holly King

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

8.76 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Kristi Whitten

HOSPITAL NAME

North Fork VC

REFERRING VET

Dr. Marrs

INVOICE

68752

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: History: Hx of intermittent vomiting for years. Seen on 11/4/25 for geriatric exam and lab work. Physical exam wnl aside from dental disease. Pt presented for recheck exam on 11/17/25 because she started vomiting daily (in the evenings only) a couple of days prior. Vomiting in the AM on 11/17 but still acting like she's interested in eating. O reports no known diarrhea. No known fb/toxin ingestion. Pt indoor only. Small amount of weight loss (8.44 lb on 11/17 compared to 8.76 lb on 11/4/25); exam on 11/17 unchanged from 11/4/25.
Abnormal PE/Chem/CBC/UA Results: Sr screen with reflex UPC and spec fPL performed on 11/4/25 was wnl aside from grey zone T4 (2.6). Abdo rads taken on 11/17/25 showed diffuse mild intestinal dilation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is slightly turbid but without evident sediment. The proximal urethra and vesicoureteral junction show a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.71×2.24 cm, and the cortical thickness is 0.33 cm in the sagittal plane. The right kidney is normal in shape and size: 4.01×2.13 cm, and the cortical thickness is 0.33 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. Mild medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

The adrenal glands are not visualized.

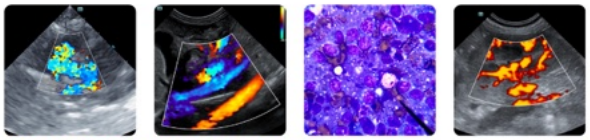
Spleen

Splenic thickness is 0.83 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 is uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed (2.63–1.80 mm).



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.59–2.73 mm and preserved wall layering. Duodenum: 2.22 mm.

Jejunum: 2.62 mm (mucosa: 1.23 mm; submucosa: 0.56 mm; muscularis propria: 0.56 mm). Ileum: 3.20 mm (mucosa: 0.62 mm; submucosa: 0.93 mm; muscularis propria: 1.53 mm). The ileocecal junction measures 3.81 mm (muscularis: 1.64 mm). No signs of obstruction, ileus, or foreign material are identified.

Colon: ascending 0.97 mm with a small amount of fluid; transverse 0.85 mm; descending 0.82 mm with a small amount of soft feces.

Pancreas

The pancreatic regions examined did not show any evident signs of inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes were not visualized. The ileocecal lymph nodes measure 2.99–3.4 mm in thickness and are hypoechoic. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Intestinal wall measurements in this cat are globally increased, with a disproportionate thickening of the muscularis layer, particularly in the ileum and ileocecal junction.
- Ileocecal lymph nodes mildly enlarged (2.99–3.4 mm) and hypoechoic.

SECONDARY FINDINGS

- Slightly turbid urine (without visible sediment).
- Mild medullary rim sign in both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jejunal wall thickness (2.62 mm) is mildly increased, with a muscularis-to-mucosa ratio of approximately 0.46. In contrast, the ileal wall is markedly thickened (3.20 mm), and the muscularis-to-mucosa ratio is severely increased (~2.5), indicating a muscular layer more than twice as thick as the mucosa. At the ileocecal junction, total wall thickness reaches 3.81 mm, with a muscularis contributing about 43% of the wall (wall-to-muscular ratio ~2.3). These findings are consistent with a generalized small intestinal thickening with pronounced muscularis hypertrophy.

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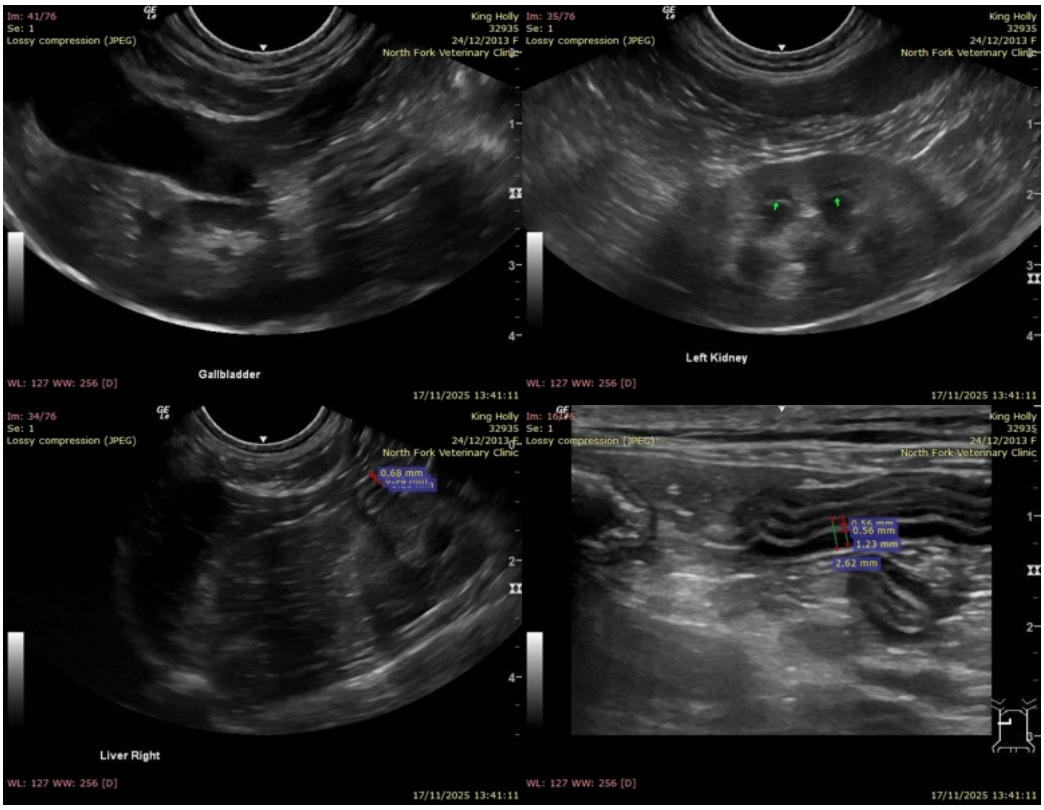
Such a pattern is most commonly associated with chronic enteropathy, including inflammatory enteritis (lymphoplasmacytic or eosinophilic), intestinal muscular hypertrophy, or early infiltrative disease. Small-cell lymphoma remains a strong differential diagnosis.

Ileocecal lymph nodes are mildly enlarged and hypoechoic, which is consistent with reactive change secondary to intestinal inflammation, though early lymphoproliferative disease remains a differential consideration.

The urinary system shows normal renal size, architecture, and corticomedullary definition, with a mild medullary rim sign, a nonspecific finding that may be associated with dehydration, early renal insufficiency, or mineral accumulation but it is not specific and also described in cats with no renal disease. The bladder contains slightly turbid urine without visible sediment, which may reflect lipiduria, mild inflammation, or concentrated cellular debris, but is not specific.

Recommendations

- A GI panel (cobalamin, folate, TLI) is essential to evaluate malabsorption, and exocrine pancreatic insufficiency.
- Cobalamin supplementation may be indicated depending on results.
- A dietary trial (novel protein or hydrolyzed diet).
- Intestinal biopsy for a definitive diagnosis.



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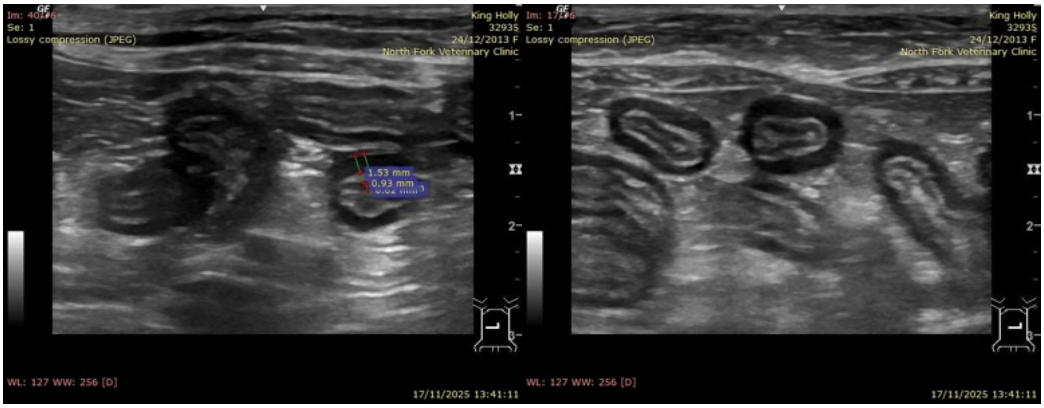

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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