



## PATIENT

Tommy Talley

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

16 years

## WEIGHT

8.9 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Jessy Butcher

## HOSPITAL NAME

Healing Paws

## REFERRING VET

Dr. Klickman

## INVOICE

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## DATE

11/18/25

## PRESENTING CLINICAL SIGNS

History: Seen at ER for congestion and inappetence, diagnosed with URI, treated with ABs and signs resolved. During visit bloodwork done which identified mild anemia. Repeat testing has found level to be unchanged or mildly improved but not back to where he was earlier this year. Hx hyperthyroid, managed with transdermal methimazole, at least check T4 upper end of normal with weight loss so increasing methimazole dose.

Abnormal PE/Chem/CBC/UA Results: Currently no clinical signs, PE unremarkable. AAVEC 10/01/2025- Chem- TP 10.5 (5.7-8.9), Glob 7.8 (2.8-5.1), BUN 45 (16-36); CBC RBC 7.92 (6.5-12.2), HGB 9.1 (9.8-16.2), HCT 26.8 (30.3-52.3), Lymph 1.36 (0.92-10.29) Superchem 10/14/2025 (recheck from ER)- Chem- TP 9.1 (5.2-8.8), Glob 6.2 (2.3-5.3), BUN 38 (14-36), Amyl 2245 (100-1200), rest WNL/NSF; CBC RBC 6.6 (5.9-9.9), HGB 7.6 (9.3-15.9), HCT 26 (29-48) (was 34 in 05/2025), Lymph 767 (1200-8000); T4 3.2 (0.8-4); UA USG 1.029, rest WNL; Hemoplasma PCR neg; FeLV/FIV neg x 2; Recheck PCV 11/2025- 26%, 26% 30%30%

## 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 proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.14x2.50 cm, and the thickness of the cortex is 0.5 cm, in the sagittal plane. The right kidney is normal in shape and size: 4.19x2.65 cm, and the thickness of the cortex is 0.53 cm, in the sagittal plane. The renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

### Adrenal Glands

The left adrenal gland is only partially visualized; the cranial pole measures 0.28 cm, and the caudal pole could not be adequately assessed. The right adrenal gland shows a visible caudal pole measuring 0.23 cm; the cranial pole was not visualized.

### Spleen

Splenic thickness is 0.77 cm. The splenic parenchyma is mildly decreased in echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively normal in size, with sharp edges and a smooth contour. Hepatic parenchyma is uniform and isoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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

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### *Gastrointestinal*

The stomach is empty and folded, with a mural thickness of 2.11 mm and preserved wall layering. The pylorus and duodenum were not visualized.

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Jejunum: 2.43 mm (mucosa 1.55 mm, submucosa 0.59 mm, muscularis propria 0.33 mm).

Ileum: 1.97 mm (mucosa 0.74 mm, submucosa 0.61 mm, muscularis propria 0.75 mm).

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Ileocecal junction: total wall 3.18 mm, muscularis 1.73 mm.

No signs of obstruction, ileus, or foreign material are identified.

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Colon: transverse segments measure 0.66 mm and 0.93 mm; formed feces are present in the descending colon.

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### *Pancreas*

The pancreatic regions examined did not demonstrate any signs of inflammation.

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### *Peritoneal Cavity*

No abdominal effusion or evidence of peritonitis is observed.

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- Cranial mesenteric lymph nodes: elongated, markedly hypoechoic, thickness 0.91 mm.
- Ileocecal lymph nodes: markedly hypoechoic, measuring 6.70 mm and 5.55 mm in thickness.
- Medial iliac lymph node: 0.7x0.3 cm, normal shape and echogenicity.

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## ULTRASONOGRAPHIC FINDINGS

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### PRIMARY FINDINGS

- Wall-layer analysis shows a normal jejunal muscularis-to-mucosa ratio (0.21), but the ileum demonstrates a borderline increase with the muscularis approximately equal to the mucosa (ratio ≈1.0), and the ileocecal junction exhibits clear muscular hypertrophy, with the muscularis representing 54% of the total wall thickness.

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### SECONDARY FINDINGS

- Bilateral increased renal cortical echogenicity.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract shows normal mural thickness and preserved wall layering, including the ileum and jejunum, although the ileocecal junction is thickened with a relatively enlarged muscularis layer. Of greater significance is the presence of markedly enlarged, hypoechoic ileocecal lymph nodes and hypoechoic but small cranial mesenteric lymph nodes. Hypoechoic lymphadenopathy in an older cat raises concern for chronic inflammatory disease but also for lymphoproliferative disorders, including small-cell lymphoma, especially in the context of persistent anemia and hyperglobulinemia.

Bilaterally normal renal size with increased cortical echogenicity, may reflect early chronic kidney disease, age-associated cortical fibrosis, or chronic systemic disease. No evidence of pyelectasia, nephrolithiasis, or obstruction is present.

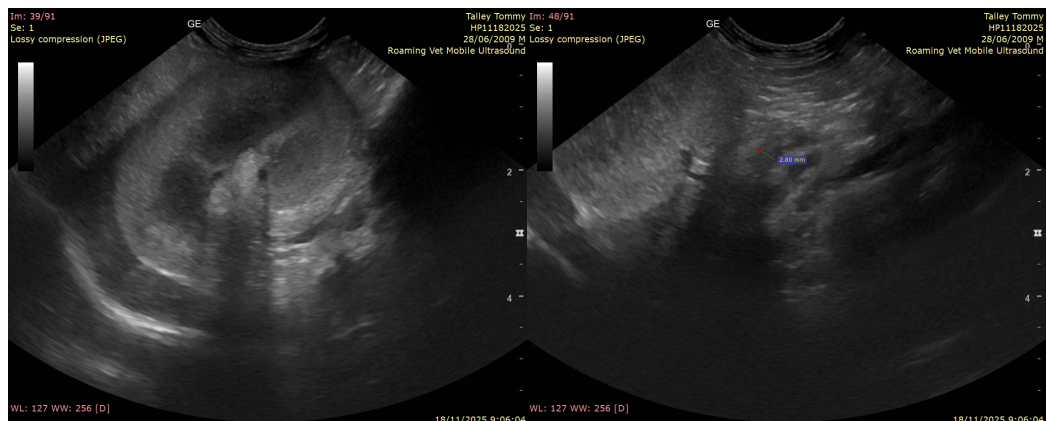
The spleen is mildly hypoechoic but homogeneous, a nonspecific finding that may be associated with anemia-induced changes, chronic inflammation, mild extramedullary hematopoiesis.

### Differential diagnoses

- Small-cell (low-grade) lymphoma.
- Lymphoplasmacytic enteritis / chronic inflammatory enteropathy.
- Reactive lymphadenopathy secondary to chronic systemic disease (inflammatory, or immune-mediated).

### Recommendations

- GI Panel: cobalamin, folate, TLI, and fPLI.
- Serum protein electrophoresis to evaluate hyperglobulinemia.
- Fecal testing (PCR/float) if not recently performed.
- Intestinal biopsy for a definitive diagnosis.





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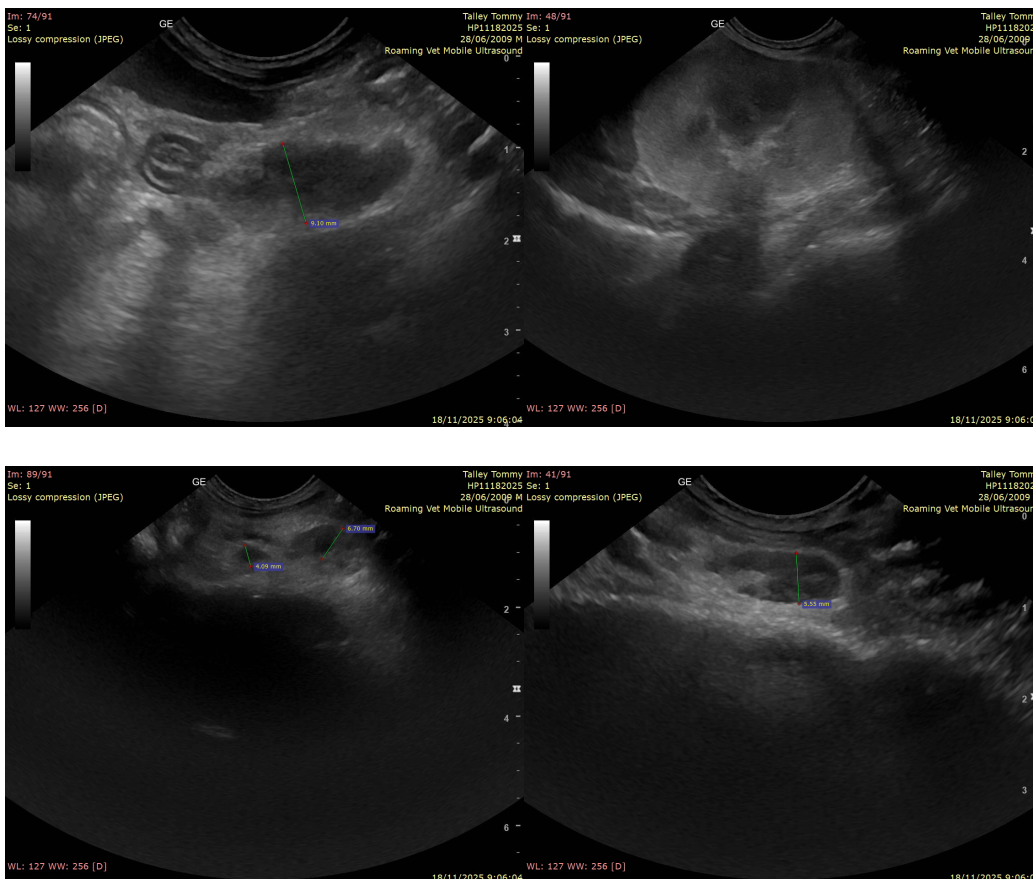
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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