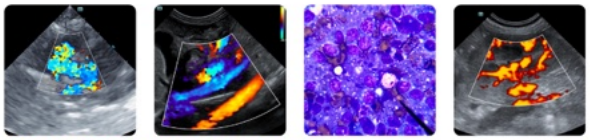


PATIENT

B Nizzle Johnson

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

11 years

WEIGHT

16 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Wallisch

INVOICE

69499

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: P vomited 12x yesterday 12/9/25 and has been acting lethargic since. Went to ER last night where they briefly visualized liver nodule on AUS. No other workup done at ER- treated with SQF and Cerenia. Has stopped vomiting today. Doing full workup today with other diagnostics pending. Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/T4 pending.

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 with minimal suspended sediment. Normal appearance of the proximal urethra and vesicoureteral junction. No calculi and no evidence of inflammatory or neoplastic changes are observed.

The left kidney measures 3.10 × 2.11 cm, with cortical thickness of 0.30 cm in the sagittal plane. The renal cortex is markedly increased in echogenicity, resulting in increased corticomedullary distinction. No pyelectasia, nephroliths, or hydronephrosis is present.

The right kidney measures 4.93 × 2.80 cm and shows normal shape. The cortical echogenicity is mildly increased compared to liver parenchyma. Corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis is observed.

Adrenal Glands

The left adrenal gland measures 0.25 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland was not visualized.

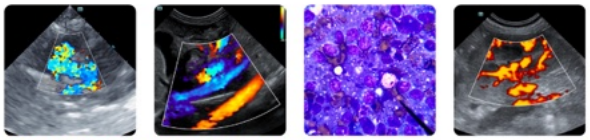
Spleen

Splenic thickness is 1.16 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The capsule is smooth and regular.

Liver

The liver is normal in size with sharp margins and a regular contour. The parenchyma is isoechoic to falciform fat and contains multiple homogeneous hyperechoic nodules (0.56 × 0.74 cm, 1.25 × 1.40 cm, and 1.73 × 1.98 cm) one of them with a cystic center. No hepatic lymphadenopathy is observed.

The gallbladder is markedly distended with biliary sludge and small amounts of mineral sediment. Multiple intrahepatic bile ducts contain fine echogenic sediment compatible with microlithiasis.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.99 mm and preserved wall layering. The pylorus measures 2.37 mm.
Duodenum: 1.50 mm.
Jejunum: 2.80 mm (mucosa 0.87 mm; submucosa 0.68 mm; muscularis 0.89 mm).
Ileum: 3.09 mm (mucosa 1.12 mm; submucosa 0.30 mm; muscularis 0.96 mm).
Ileocecal junction: 3.85 mm (muscularis 1.54 mm).
No obstruction, ileus, or foreign material is identified.
Colon: 0.87 mm with formed feces.

Pancreas

The pancreatic regions imaged show no evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.
Ileocecal lymph nodes measure 3.08–3.20 mm with normal echogenicity.
The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Diffuse small intestinal wall thickening with prominent muscularis hypertrophy.
- Ileocecal junction thickening with muscularis comprising ~40% of total wall.
- Multiple hyperechoic hepatic nodules.
- Left renal atrophy with marked cortical hyperechogenicity. Mild cortical hyperechogenicity of right kidney.
- Gallbladder sludge and biliary microlithiasis with visible particulate material in intrahepatic bile ducts.

SECONDARY FINDINGS

- Turbid urine with mild sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonography reveals diffuse small intestinal mural abnormalities characterized by prominent muscularis thickening and reduced mucosa-to-muscularis ratios across the jejunum (1:1), ileum (1.2:1), and ileocecal junction (muscularis ≈40% of total wall). Wall layering is preserved, and no discrete masses are identified. This diffuse pattern is abnormal in cats, where the mucosa normally predominates, and is most consistent with a chronic infiltrative enteropathy, with differentials including lymphoplasmacytic IBD and small-cell lymphoma.

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The liver contains multiple homogeneous hyperechoic nodules, which may represent benign nodular change or cystadenomas. However, given their multiplicity and the concurrent intestinal findings, metastatic disease cannot be excluded - although it is very unlikely-. No hepatic lymphadenopathy is seen.

The left kidney is small with a diffusely hyperechoic cortex, consistent with chronic kidney disease, while the right kidney appears largely normal aside from mild cortical echogenicity.

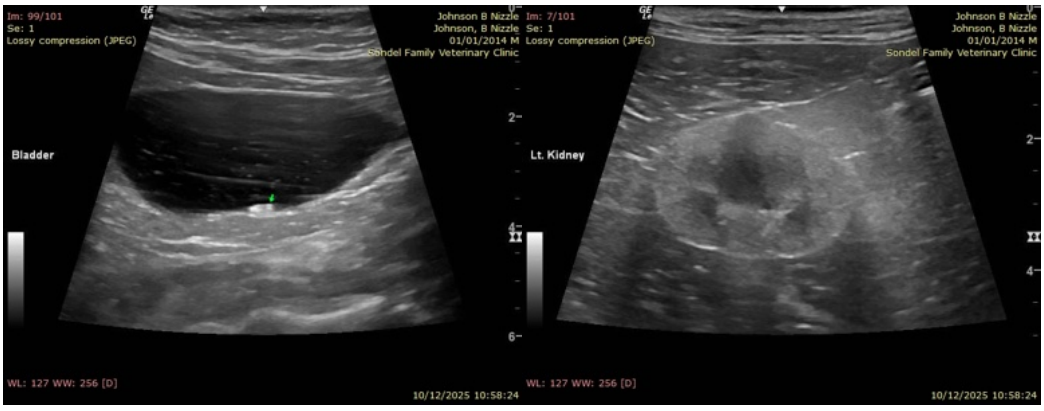
The intrahepatic biliary microlithiasis likely reflects chronic biliary stasis, potentially related to gallbladder sludge, altered bile composition, or reduced gallbladder motility—common predisposing factors in feline hepatobiliary disease.

The bladder contains mildly turbid urine with minimal sediment, without cystitis or uroliths.

Overall, findings support a chronic diffuse small intestinal infiltrative process (IBD vs small-cell lymphoma) with multifocal hepatic nodules of uncertain etiology and asymmetric chronic renal change. Further tissue sampling is required for definitive diagnosis.

Recommendations

- Full GI workup for infiltrative disease (biopsy if a definitive diagnosis is required).
- Complete GI panel (cobalamin, folate, TLI, +/- fPLI) to support assessment of intestinal function.
- CBC/Chemistry/UA correlation once pending results are available, given intestinal, renal, and hepatic findings.
- Supportive management.
- Renal monitoring.
- Cytology of the hepatic nodules if feasible; otherwise, recommend ultrasonographic monitoring.



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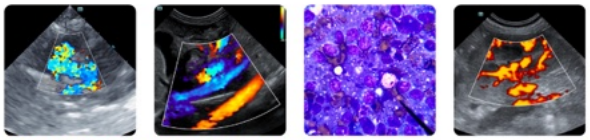

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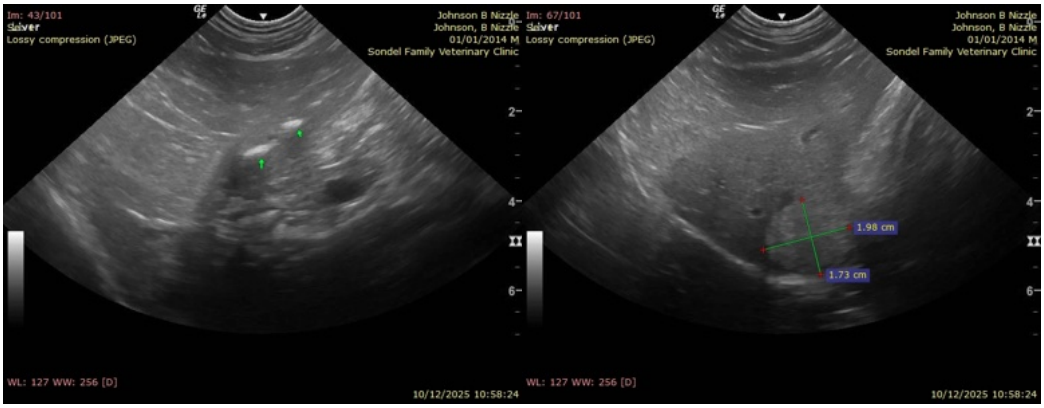
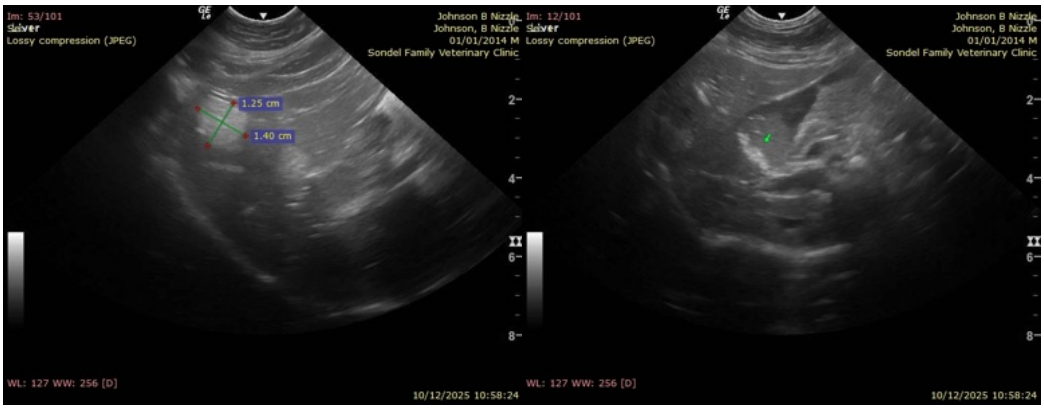
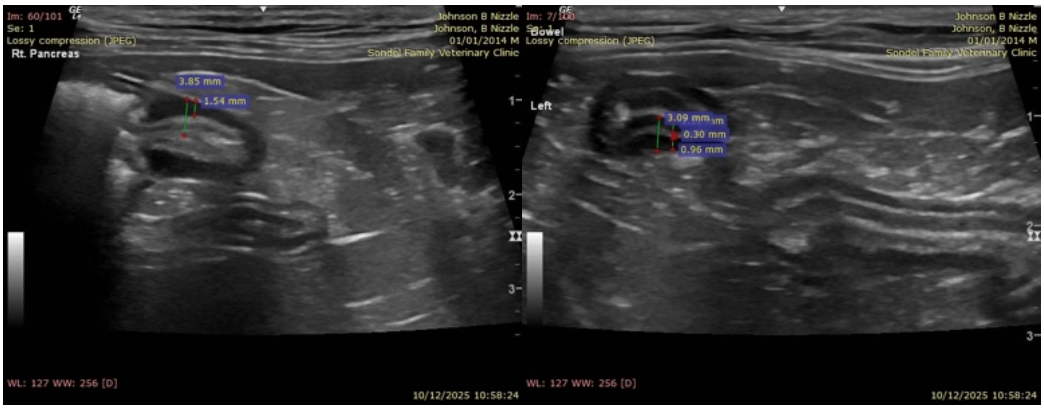


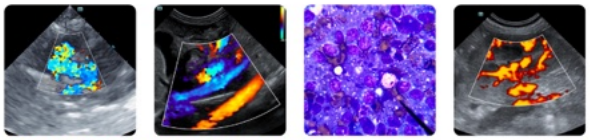




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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MV Esp Ultrasound in Domestic and Wild Animals

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