



PATIENT

Charlie Fox

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

12 years

WEIGHT

12.4 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. LaClair

INVOICE

69494

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Appetite has decreased in the past few years, more recently in the past few months Picky eating; not eating his canned food, switched to flat plate to encourage appetite Vomited once in the past few weeks; about 20 mins after eating - mostly regurgitated food Eating ~1/4 cup Biome dry food and 1 can per day. Previously would eat more than this. Owner is not limiting food. Will sometimes pick up food and drop it. Or look like he wants to eat but then walk away. Had been having some soft stool but this has resolved since transitioning to Biome. Increased thirst after introducing dry food, no change in urination. (USG 1.057) Removed ph minus supplement about a month ago. (Prev hx FLUTD). Lump located on the tail; noticed a few weeks ago - does not seem to bother him Supervised outdoor time with owners.

Abnormal PE/Chem/CBC/UA Results: GI panel and full CBC/CHEM/UA pending. Chest x-rays 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 predominantly anechoic with scant suspended echoes. The proximal urethra and vesicoureteral junction have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are observed.

The left kidney is normal in shape and size (3.80 × 2.41 cm), with a cortical thickness of 0.37 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are normal. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size (4.01 × 2.32 cm), with a cortical thickness of 0.35 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are present.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Left adrenal gland: 0.27 cm (cranial pole) and 0.28 cm (caudal pole). Right adrenal gland: 0.28 cm (cranial pole) and 0.29 cm (caudal pole).

Spleen

Splenic thickness is 0.81 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The parenchyma appears uniform and isoechoic to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended, with a thin wall and predominantly anechoic contents. The common bile duct measures 3.08–2.71 mm from proximal to distal and shows no evidence of obstruction.

Gastrointestinal

The stomach is empty and folded, containing a small volume of fluid. Gastric mural thickness is 1.91 mm, with preserved wall layering.

Pylorus: 2.56 mm. Duodenum: measurement not clearly provided. Jejunum: 3.08 mm (mucosa 1.30 mm; submucosa 0.72 mm; muscularis propria 0.72 mm). Ileum: 2.43 mm (mucosa 0.74 mm; submucosa 1.01 mm; muscularis propria 0.81 mm). Wall layering is preserved throughout evaluated segments. The ileocecal junction measures 3.37 mm, with a muscularis layer of 1.35 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.81 mm, containing formed feces in the descending segment.

Pancreas

Pancreatic thickness is 5.87 mm. The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct is not dilated. No signs of inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but surrounding regions appear unremarkable. Ileocecal lymph nodes measure 2.8–3.4 mm and show normal shape and echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Subjective prominence of small intestinal muscularis layer, most notable in the ileum.
- Mild gastric fluid retention.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jejunal mural measurements yield a mucosa-to-muscularis ratio of approximately 1.8:1, with the muscularis accounting for about 23% of total wall thickness. In the ileum, the mucosa-to-muscularis ratio is approximately 0.9:1, with the muscularis representing about 33% of the wall. Although the ileal muscularis is mildly prominent, overall wall thickness and layering are normal.



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At the ileocecal junction, the muscularis constitutes approximately 40% of total wall thickness.

Although the measured jejunal and ileal mural ratios fall within ranges that can be seen in clinically normal cats, the subjective prominence of the muscularis layer—particularly in the ileum—together with the presence of fluid retention within the stomach raises concern for the early stages of a chronic enteropathy. The preserved wall layering and absence of mesenteric lymphadenopathy argue against advanced IBD or established low-grade lymphoma; however, an early or mild form of lymphoplasmacytic enteritis or an incipient low-grade lymphoid infiltrate cannot be excluded, especially given the clinical signs (weight loss, intermittent vomiting, decreased appetite).

Recommendations

- Correlate with pending GI panel and full CBC/Chem/UA, specifically to evaluate:
 - Cobalamin/folate status.
 - Pancreatic markers.
 - Evidence of malabsorption/maldigestion.
 - Metabolic or inflammatory contributors to nausea.
- Therapeutic trial for suspected early chronic enteropathy, at clinician discretion (dietary modification, cobalamin supplementation, anti-nausea therapy, +/- corticosteroid or budesonide trial if clinically justified).
- If clinical signs worsen or if future ultrasonographic changes develop, consider intestinal biopsies for a definitive diagnosis.



