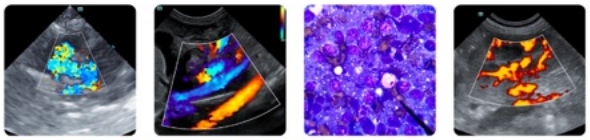

PATIENT

Meow Meow C2224
Animals In Distress

SPECIES

Feline

BREED

Domestic Shepherd

SEX

Spayed female

AGE

12 years

WEIGHT

10 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

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INVOICE

69610

DATE

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PRESENTING CLINICAL SIGNS

History: Weight loss

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 proximal urethra and vesicoureteral junctions have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.39 × 2.85 cm, with a cortical thickness of 0.46 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.85 × 2.39 cm, with a cortical thickness of 0.42 cm in the sagittal plane. In both kidneys, the cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.33 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland could not be visualized in the provided videos.

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.

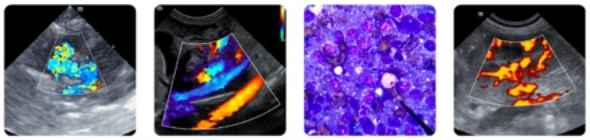
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.57 mm and preserved wall layering. Pylorus: 2.74 mm.



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Consecutive duodenum: 1.68 mm. Duodenal papilla: 3.65 × 2.17 mm. Jejunum: 2.12–2.50 mm. Mucosa: 0.74 mm. Submucosa: 0.83 mm. Muscularis propria: 0.90 mm. Ileum: 2.91 mm. Mucosa: 0.78 mm. Submucosa: 0.90 mm. Muscularis propria: 0.88 mm, with normal wall layering. Ileocecal junction: 3.62 mm; muscularis: 1.07 mm.

Colon wall thickness is 0.89 mm, with a small amount of formed feces in the descending segment.

Pancreas

All examined pancreatic areas show a normal appearance. There are no signs of pancreatic inflammation or peripancreatic fat changes.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric and ileocecal lymph nodes are normal. The iliac trifurcation is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Mild relative thickening of the muscularis propria of the small intestine (jejunum and ileum). Increased muscularis-to-total wall ratio in the jejunum, ileum, and ileocecal junction.
- Small amount of biliary sludge within the gallbladder lumen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract demonstrates preserved wall layering throughout all segments, with wall thickness measurements within expected limits for a feline patient. However, quantitative analysis of mural layer proportions reveals relative prominence of the muscularis propria.

Jejunum: Muscularis-to-mucosa ratio: ~1.2.

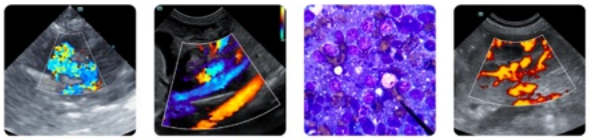
Ilieum: Muscularis-to-mucosa ratio: ~1.1.

Ileocecal Junction: Muscularis-to-total wall ratio: ~30%.

In the context of chronic weight loss in an older cat, the relative increase in muscularis thickness compared to the total intestinal wall and mucosa, despite preserved wall layering, is a clinically relevant finding. This pattern is most consistent with a chronic infiltrative enteropathy, with primary differentials including chronic inflammatory bowel disease (IBD) and early or low-grade alimentary lymphoma (which cannot be excluded based solely on ultrasound findings).

The absence of intestinal mass lesions, loss of wall layering, lymphadenomegaly, or effusion favors a chronic inflammatory process, although overlap between IBD and low-grade lymphoma is well recognized in feline patients.

Recommendations



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- Correlation with laboratory data, including:
    - Complete blood count.
    - Serum biochemistry.
    - Total T4 (given age and weight loss).
    - Feline GI panel (fPLI, TLI, Folates). Serum cobalamin (vitamin B12) and folate.
- Dietary management trial, preferably with a novel protein or hydrolyzed diet.
- Medical management may be considered if clinically indicated, including:
    - Cobalamin supplementation
    - Anti-inflammatory or immunomodulatory therapy, depending on laboratory results and clinical response.
- Endoscopic or full-thickness intestinal biopsies should be considered if clinical signs persist or progress, to differentiate inflammatory bowel disease from small-cell lymphoma.

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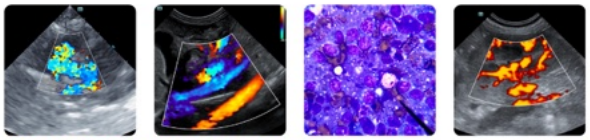

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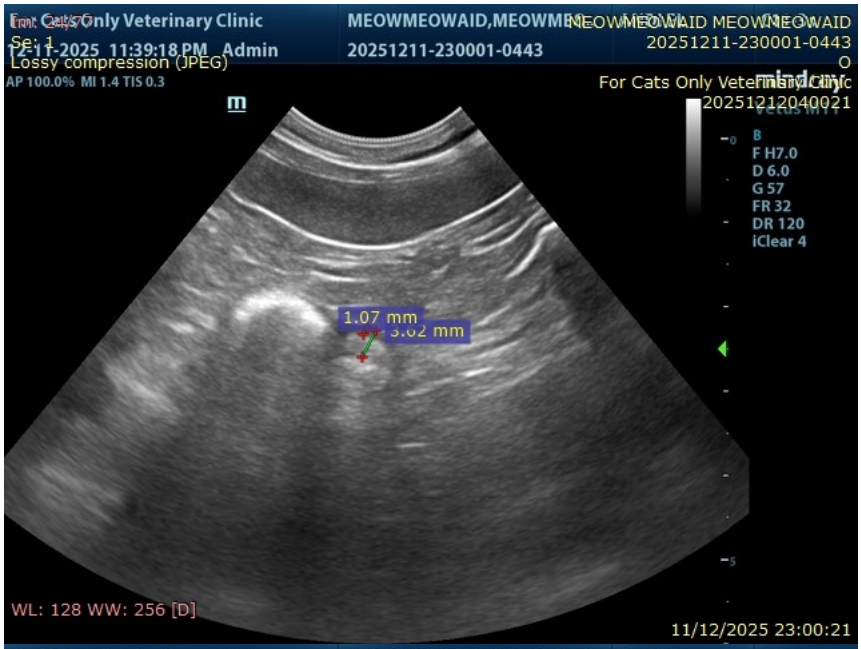

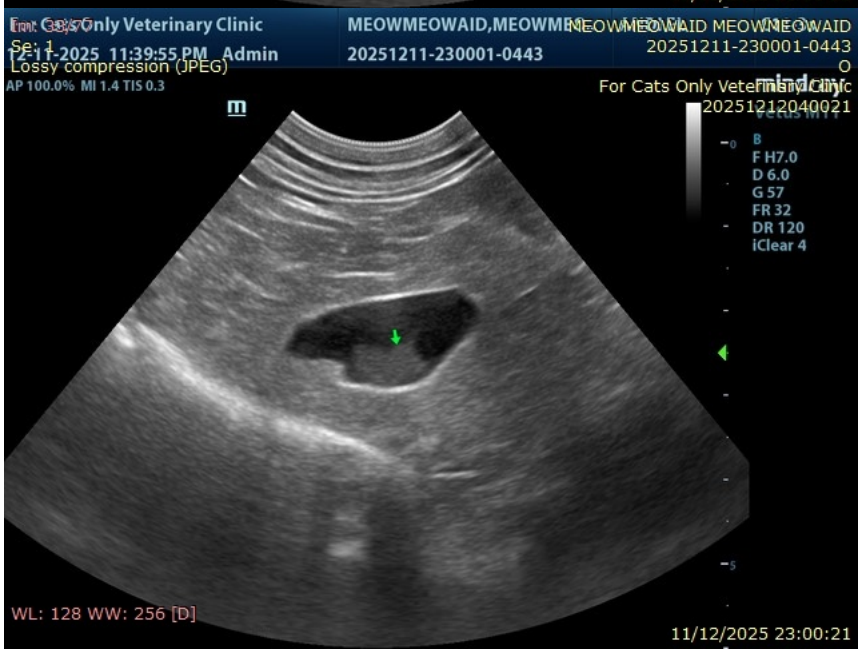

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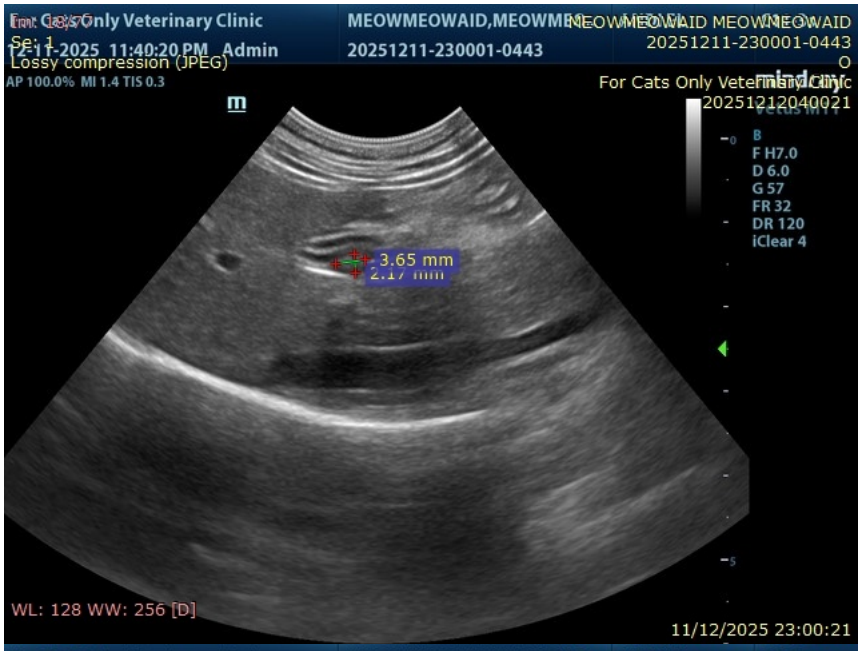

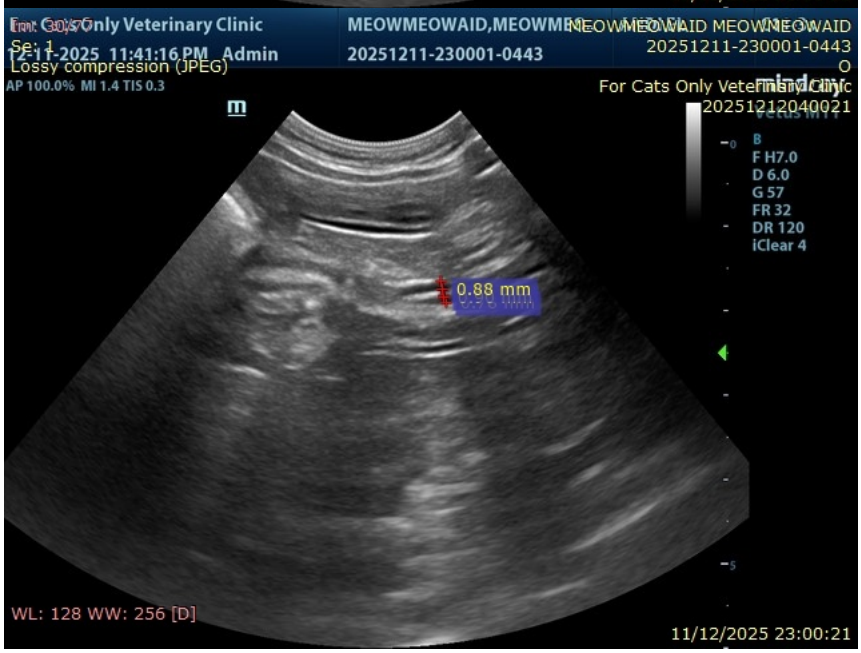

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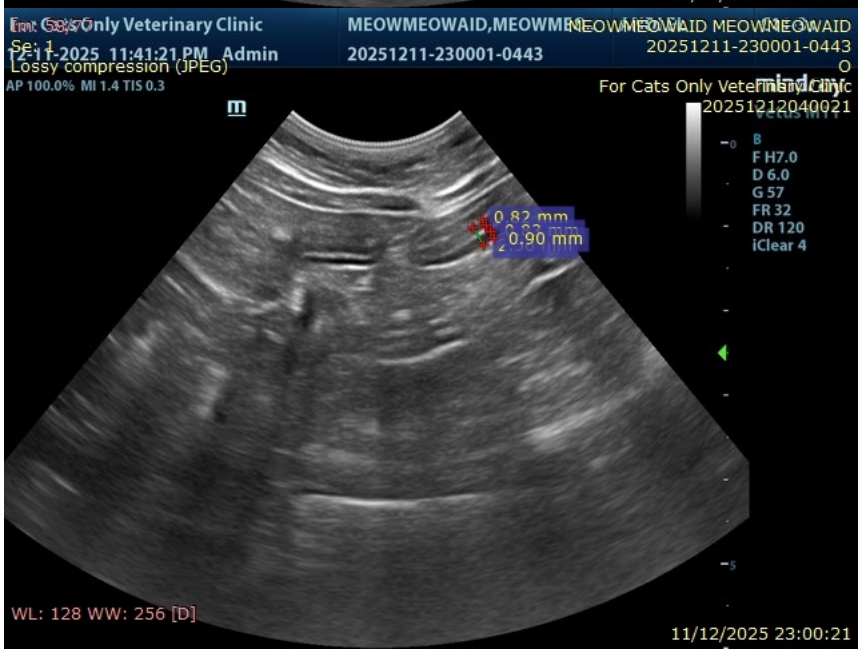

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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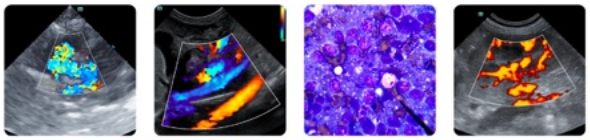

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