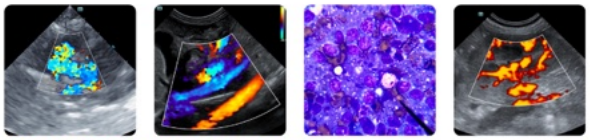


PATIENT

Gavin Knight

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

12.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Ashley McCaughan, DVM

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

69535

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Sleeping more recently. Eating about the same amt, no weight loss. Very intermittent vomiting (kibble). Multi cat household. Recent bout of pancreatitis suspected from elevated PSL and Amylase. This abdominal ultrasound is to follow up on the abnormal lab results and the 'sleeping more'.
Abnormal PE/Chem/CBC/UA Results: Amylase 2200; PSL 39; CBC - mild eosinophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is turbid, predominantly containing suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.80x2.70 cm, and the cortical thickness is 0.39 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.37×2.40 cm, and the cortical thickness is 0.40 cm in the sagittal plane. Both: 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.

Adrenal Glands

The left adrenal gland is not clearly visualized. The right adrenal gland measures 0.31 cm at the cranial pole and 0.32 cm at the caudal pole.

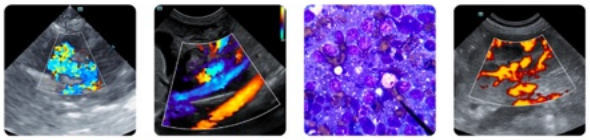
Spleen

Splenic thickness is 1.34 cm, with a mildly irregular contour. 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 is single and elongated, with a thin, smooth, and continuous wall. An internal linear hyperechoic structure is present, partially dividing the lumen, consistent with a congenital septum or gallbladder fold. The gallbladder contents are anechoic, with no biliary sludge or choleliths identified. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a small amount of fluid, mural thickness of 1.69 mm, and preserved wall layering. The pylorus measures 2.67 mm. Duodenum: 1.50 mm. Jejunum: 2.22 mm (mucosa: 1.32 mm; submucosa: 0.34 mm; muscularis propria: 0.25 mm). Ileum: 1.08 mm (mucosa: 0.45 mm; submucosa: 0.50 mm; muscularis propria: 0.17 mm), with normal wall layering. The ileocecal junction measures 1.81 mm. Cecum measures 2.7–2.91 mm. No signs of obstruction, ileus, or foreign material are identified. Colon wall thickness measures 1.09 mm in the ascending colon and 0.70 mm in the descending segment, with formed feces present.

Pancreas

The pancreatic regions do not show evident signs of inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 6.39 mm in thickness. Ileocecal lymph nodes measure 1.52×0.66 cm and 1.31×0.70 cm and appear rounded and hypoechoic. Pancreaticoduodenal lymph nodes measure 3.78x6.61 mm and 4.21×7.59 mm, are hypoechoic, and are associated with increased perinodal fat echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Enlargement of cranial mesenteric lymph nodes, ileocecal lymph nodes, and pancreaticoduodenal lymph nodes. All appear rounded and hypoechoic, with increased perinodal fat echogenicity.

SECONDARY FINDINGS

- Mildly increased splenic thickness with slightly irregular contour.
- Turbid urinary bladder contents with suspended echoes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound examination does not demonstrate ultrasonographic evidence of active pancreatitis at the time of evaluation. However, abdominal ultrasonography has a limited sensitivity for the detection of pancreatitis in cats, particularly in cases of mild, focal, or resolving disease, and when high-frequency linear transducers are not utilized. As such, the absence of ultrasonographic abnormalities does not definitively exclude pancreatitis, and findings should be interpreted in conjunction with clinical signs and laboratory results.

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The most significant ultrasonographic abnormality is the presence of multifocal abdominal lymphadenopathy, involving the cranial mesenteric, ileocecal, and pancreaticoduodenal lymph nodes, which are enlarged, rounded, and hypoechoic, with associated increased echogenicity of the surrounding perinodal fat. This pattern is most consistent with clinically relevant reactive lymphadenopathy, although neoplastic infiltration cannot be excluded.

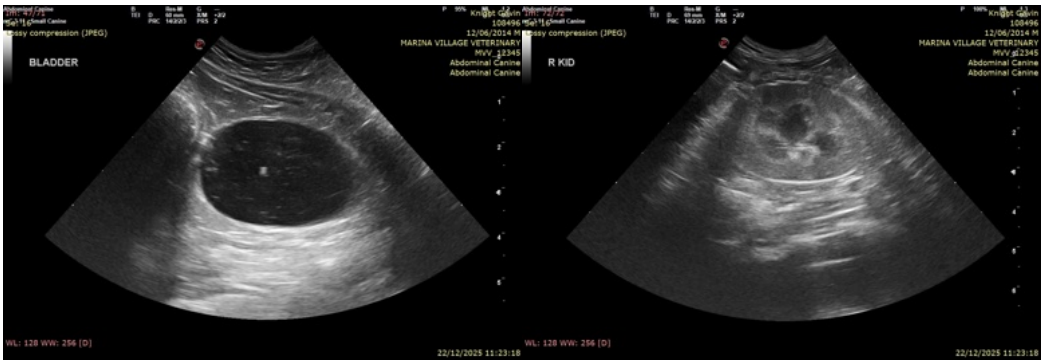
The presence of mild eosinophilia is a nonspecific laboratory finding that may be associated with allergic, parasitic, or immune-mediated processes, including eosinophilic or inflammatory gastrointestinal disease. While this finding does not allow differentiation between inflammatory and neoplastic conditions on its own, it provides additional support for a possible inflammatory or hypersensitivity component and should be interpreted in conjunction with clinical evolution, imaging findings, and cytologic or histopathologic results.

However, the cecal wall is distinctly hypoechoic and more conspicuous than typically expected, despite measurements remaining within acceptable limits. The ileocecal region is a recognized predilection site for feline alimentary lymphoma, and the combination of subtle mural echogenicity changes at this location with regional (ileocecal) lymphadenopathy increases concern for early or low-grade infiltrative disease.

The spleen shows mildly increased thickness with a slightly irregular contour but preserved echotexture, a nonspecific finding that may reflect reactive or systemic inflammatory change.

Recommendations

- Correlate the ultrasonographic findings with clinical progression and laboratory trends, particularly fPLI.
- Interpret lymph node cytology results in conjunction with clinical findings and imaging, recognizing that cytology may be diagnostic for high-grade lymphoma or marked inflammatory disease, but may be inconclusive in cases of low-grade lymphoma or mild inflammatory processes.
- If cytology results are consistent with reactive or inflammatory lymphadenopathy and the patient remains clinically stable, clinical monitoring with short-term follow-up is recommended.
- If cytology is nondiagnostic or equivocal, and lymphadenopathy persists or progresses, alternative diagnostic approaches (biopsy of the lymph nodes and ileocecal junction) is recommended.



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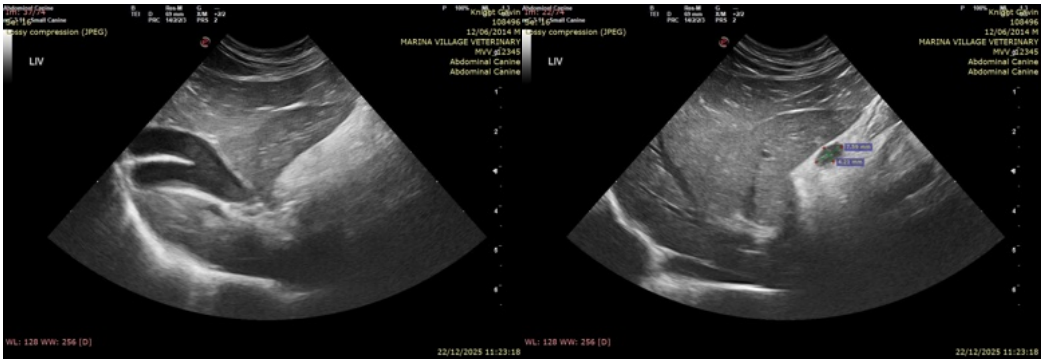

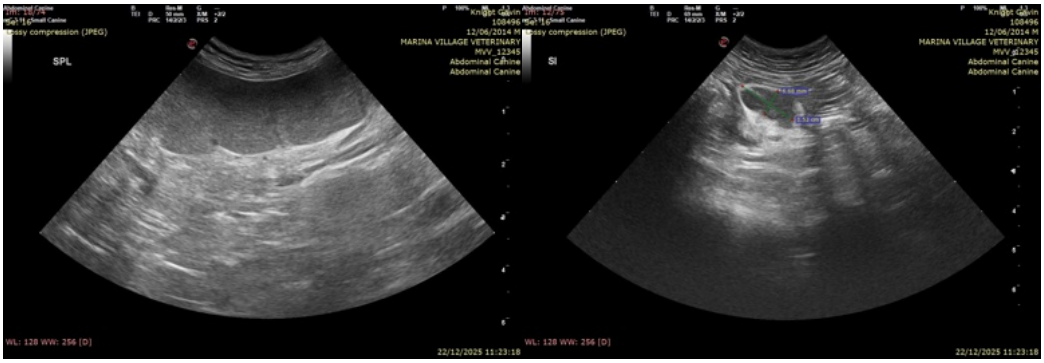

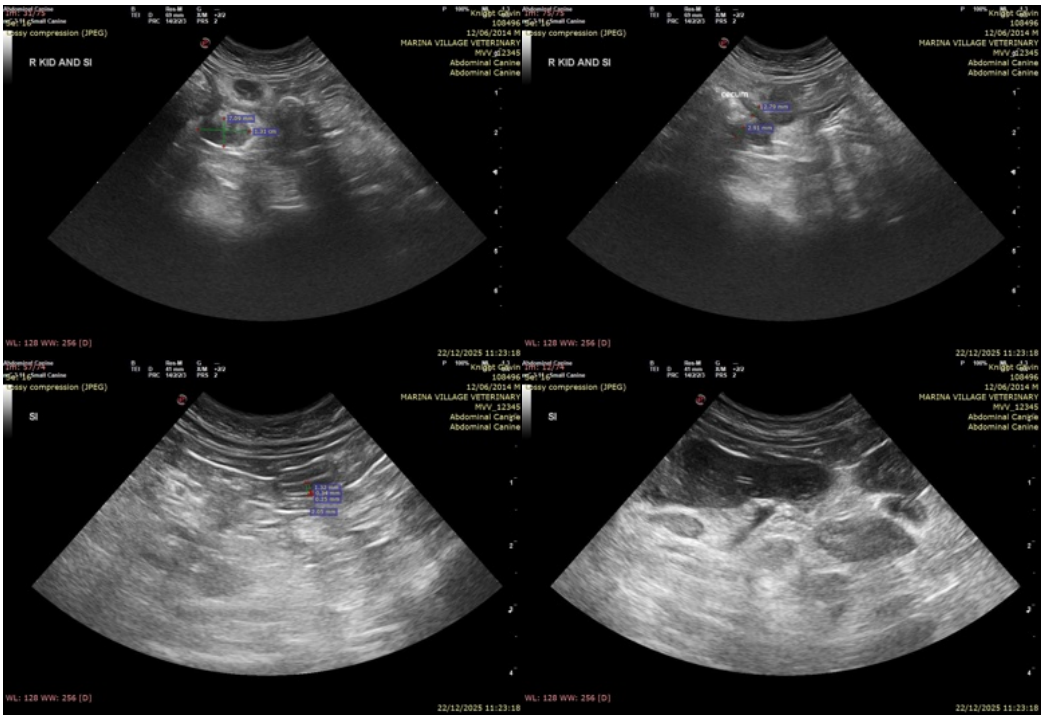

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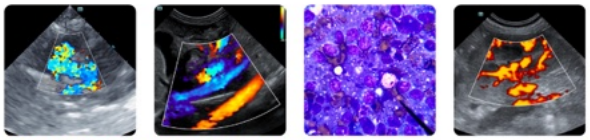

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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