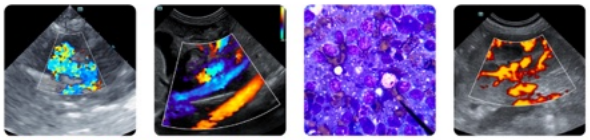


PATIENT

Tanooki Acevedo Ortega

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 months

WEIGHT

6.66 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus VH

REFERRING VET

Dr. Hadi

INVOICE

69596

DATE

12/24/25

PRESENTING CLINICAL SIGNS

History: P presents for mucousy hematochezia, weight loss, hyporexia, lethargy. Weight down from 7.4 to 6.66 lbs in last month. On exam, a small, firm structure was palpated in the cranial/mid abdomen. Mild pain on palpation. Fecal dx profile pending
Abnormal PE/Chem/CBC/UA Results: FeLV/FIV SNAP negative. CBC/Chem 11 pending, mild eosinophilia was seen in labs prior to clinical signs for pre-neuter labs in August 2025.

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 anechoic. 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 3.48×2.12 cm. The right kidney is normal in shape and size, measuring 3.51×2.14 cm, with a cortical thickness of 0.35 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. A medullary rim sign is noted. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Neither adrenal gland could be clearly visualized for evaluation.

Spleen

Splenic thickness is 0.85 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

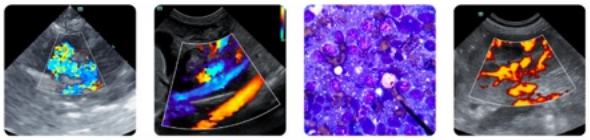
Liver

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.

The gallbladder lumen is poorly distended. The gallbladder wall measures 0.85 mm, and the contents are primarily anechoic. 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 1.69 mm and preserved wall layering. The pylorus measures 2.41 mm.



PATIENT

Tanooki Acevedo Ortega

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 months

WEIGHT

6.66 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus VH

REFERRING VET

Dr. Hadi

INVOICE

69596

DATE

12/24/25

The duodenum measures 1.47 mm. The jejunum measures 1.65–2.32 mm. The ileum measures 1.83 mm, all with normal wall layering. The ileocecal junction measures 2.62 mm, with a muscularis thickness of 0.51 mm. The cecum demonstrates wall thickening measuring 2.78–2.80 mm.

The colon wall thickness is generally 0.78 mm; however, a segment consistent with the mid descending colon is markedly thickened, measuring up to approximately 0.7 cm, with loss of normal wall layering.

Pancreas

The pancreas measures approximately 6.05 mm in thickness. The pancreatic parenchyma is markedly hypoechoic compared to the adjacent omental fat. The pancreatic duct measures 0.55 mm in diameter.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.

Cranial mesenteric lymph nodes measure approximately 9.59 × 7.64 mm.

Ileocecal lymph nodes measure approximately 3.92–4.60 mm.

Pancreaticoduodenal lymph nodes measure 6.13×8.94 mm and appear rounded and markedly hypoechoic.

Splenic lymph nodes are also noted to be enlarged.

Medial iliac lymph nodes measure approximately 1.20×0.6 cm.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Severe focal wall thickening of the mid descending colon (up to ~0.7 cm) with complete loss of normal wall layering.
- Mild to moderate wall thickening of the cecum and ileocecal junction.
- Marked, multifocal abdominal lymphadenopathy (cranial mesenteric, ileocecal, pancreaticoduodenal, splenic, and medial iliac lymph nodes), enlarged, rounded, and markedly hypoechoic.

SECONDARY FINDINGS

- Hypoechoic and mildly enlarged pancreas with mild pancreatic duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings of marked focal colonic wall thickening associated with severe regional lymphadenopathy. The regional lymph nodes are markedly enlarged, homogeneous, and hypoechoic.

PATIENT

Tanooki Acevedo Ortega

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 months

WEIGHT

6.66 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus VH

REFERRING VET

Dr. Hadi

INVOICE

69596

DATE

12/24/25

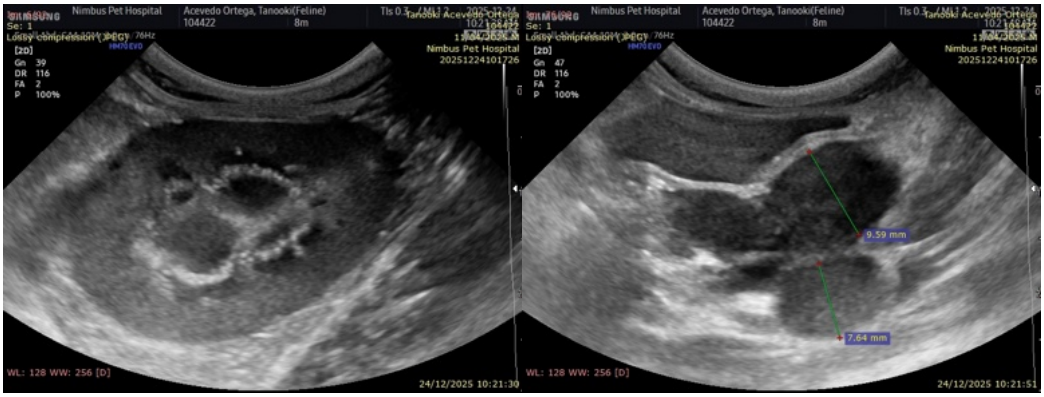
Given the patient's young age clinical signs, and the presence of peripheral eosinophilia noted prior to the onset of clinical signs, an infectious granulomatous disease is strongly considered. While intestinal lymphoma remains an important differential diagnosis, systemic fungal infection—particularly feline histoplasmosis—represents a highly relevant and plausible alternative diagnosis in this patient. Histoplasmosis is well recognized for causing focal gastrointestinal wall thickening with disproportionately severe mesenteric or regional lymphadenopathy, closely mimicking intestinal neoplasia on ultrasound.

Other infectious causes (such as mycobacterial disease or bacterial enterocolitis) are considered less likely based on imaging characteristics and clinical presentation; however, they cannot be completely excluded based on ultrasonographic findings alone.

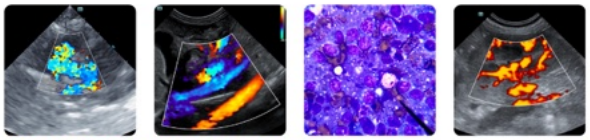
The pancreas appears diffusely hypoechoic and mildly enlarged, with mild dilation of the pancreatic duct. In the absence of peripancreatic fluid, fat inflammation, or focal pancreatic lesions, these changes are most consistent with reactive or secondary pancreatic involvement, likely associated with the adjacent severe gastrointestinal disease and regional lymphadenopathy.

Recommendations

- Ultrasound-guided fine-needle aspiration of the enlarged regional lymph nodes.
- Special cytologic stains (PAS and/or GMS): Recommended if lymph node cytology is non-diagnostic for lymphoma, or organisms are suspected but not definitively identified.
- Consider colonic biopsy (endoscopic or surgical) if the previous diagnostic tests are inconclusive.
- Optional: Correlate pancreatic ultrasonographic changes with clinical signs and pancreatic laboratory markers (Spec fPL), recognizing that the findings are most consistent with reactive pancreatic involvement secondary to severe gastrointestinal disease rather than primary pancreatitis.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Tanooki Acevedo Ortega

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 months

WEIGHT

6.66 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus VH

REFERRING VET

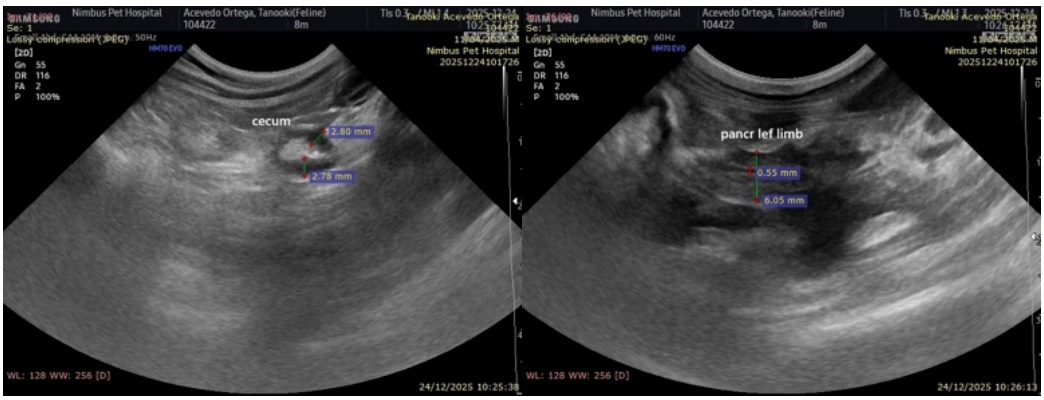
Dr. Hadi

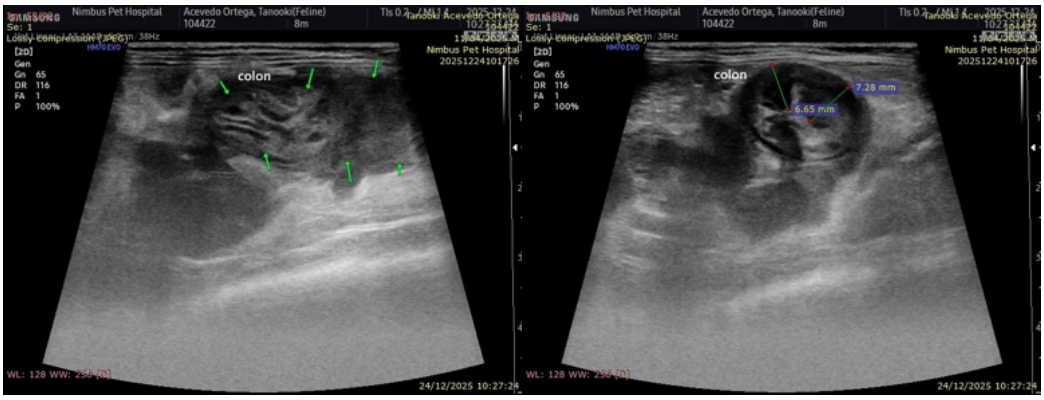
INVOICE

69596

DATE

12/24/25





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

info@SonoPath.com