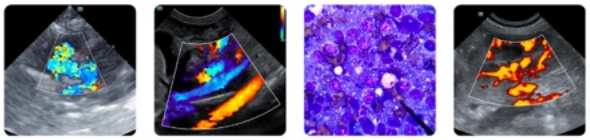


PATIENT

Buster Ondike

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

8.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Holmes

INVOICE

69696

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Buster is a 17-year-old male cat presenting for weight loss, vomiting, and episodes of wobbliness. For the past couple of weeks, he has been vomiting after eating. The owner discontinued his thyroid medication three days prior to the appointment out of concern that he was not keeping it down. He has also been observed to have tremors for the last four months and experiences wobbliness late at night. Approximately one to two weeks ago, there was an episode of a loud cough that produced a large amount of liquid, after which these signs began. The owner notes that the patient feels very bony. He eats a diet of pate cat food and some dry food. Urination is frequent. An observation of reddened gums was noted by the owner.
Abnormal PE/Chem/CBC/UA Results: 1 lb weight loss. Doughy abdomen/ dermis. Cachexia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is poorly distended, and the urinary bladder wall appears smooth, measuring approximately 2.36 mm. Due to relative underdistension, wall thickness may be overestimated. The urine is turbid, with abundant suspended echoes. The bladder neck and proximal urethra 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 4.23×2.42 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.33×2.34 cm, with a cortical thickness of 0.37 cm in the sagittal plane. The renal 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 demonstrates a normal vascular pattern.

Adrenal Glands

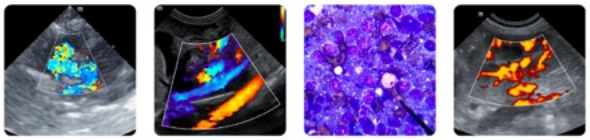
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.32 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.28 cm at the caudal pole.

Spleen

Splenic thickness is 0.81 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with a few small hyperechoic nodules measuring approximately 1.8–2.6 mm. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

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



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The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 1.81 mm and preserved wall layering. The pylorus measures 2.80 mm.

The duodenum measures 2.59 mm. The jejunum measures between 2.31 and 3.29 mm (mucosa: 1.27 mm; submucosa: 0.66 mm; muscularis propria: 0.47 mm). The ileum measures approximately 2.84 mm, with a focal segment measuring up to 3.30 mm; the muscularis layer in this region measures up to 2.67 mm. Layering remains preserved (mucosa: 0.87 mm; submucosa: 0.81 mm; muscularis propria: 0.76 mm). The ileocecal junction is not clearly visualized. Several segments of small intestine demonstrate a mildly corrugated appearance. No evidence of obstruction or foreign material is identified.

The colonic wall measures approximately 0.59 mm, with formed feces present in the descending colon.

Pancreas

The pancreas appears enlarged, measuring up to approximately 1.04 cm in thickness at the proximal portion of the left pancreatic limb. Pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 3.14 mm in diameter. No ultrasonographic evidence of active peripancreatic fat inflammation is identified.

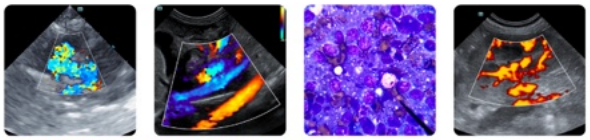
Peritoneal Cavity

A mild amount of free fluid is observed within the retrovesical space and the splenorenal recess. Cranial mesenteric and ileocecal lymph nodes are not visualized. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Segmental small intestinal wall thickening, most pronounced in the ileum, with disproportionate muscularis hypertrophy and preserved wall layering.
- Mild corrugation of multiple small intestinal segments.
- Enlargement of the visualized left pancreatic limb, with hypoechoic parenchyma and pancreatic duct dilation.
- Mild anechoic abdominal effusion.



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SECONDARY FINDINGS

- Multiple small hyperechoic splenic nodules, most consistent with benign myelolipomas or Bates bodies.
- Turbid urine with abundant suspended echoes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine, particularly the ileum, demonstrates segmental wall thickening with disproportionate muscularis layer hypertrophy, reaching up to 2.67 mm in thickness, while overall wall layering remains preserved. Several intestinal segments exhibit a mildly corrugated appearance. This pattern is most consistent with chronic inflammatory enteropathy, with small-cell (low-grade) lymphoma remaining an important differential diagnosis despite the absence of visible lymphadenopathy.

Pancreatic findings is concerning for chronic pancreatitis. However, the lack of surrounding fat inflammation does not exclude clinically significant pancreatic disease (particularly in chronic cases).

The spleen contains multiple small hyperechoic nodules, most consistent with benign nodular hyperplasia or fibrosis, common incidental findings in older cats and unlikely to be clinically significant.

A small volume of anechoic abdominal effusion is present within the retrovesical space, splenorenal recess, and at the interloop spaces. Although minimal, in the context of pancreatic and intestinal abnormalities, this raises concern for active inflammatory disease and warrants clinical correlation.

These urinary bladder findings are most consistent with benign urinary sediment, supported by the absence of inflammatory or infectious changes on urinalysis.

Overall, the imaging findings are most consistent with a chronic inflammatory enteropathy, with disproportionate ileal muscularis thickening and preserved wall layering. In cats, this pattern is classically associated with lymphoplasmacytic inflammatory disease, with low-grade intestinal lymphoma remaining an important differential diagnosis that cannot be excluded without histopathologic evaluation.

Recommendations

- Further characterization of pancreatic disease is strongly recommended, including feline-specific pancreatic lipase and correlation with clinical signs.
- Gastrointestinal evaluation is advised, including serum cobalamin and folate concentrations (Given the ileal involvement, hypocobalaminemia is a significant concern and may worsen clinical signs).
- If clinical signs persist or worsen, intestinal biopsies should be considered to differentiate chronic inflammatory enteropathy from small-cell lymphoma.
- Medical management: antiemetic therapy, highly digestible or novel protein diet, and supportive care tailored to pancreatic and gastrointestinal disease.
- Monitor abdominal ultrasonography is recommended, especially if there is clinical deterioration, increasing abdominal effusion, or failure to respond to medical management.

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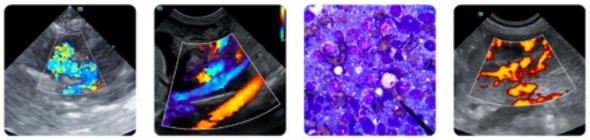

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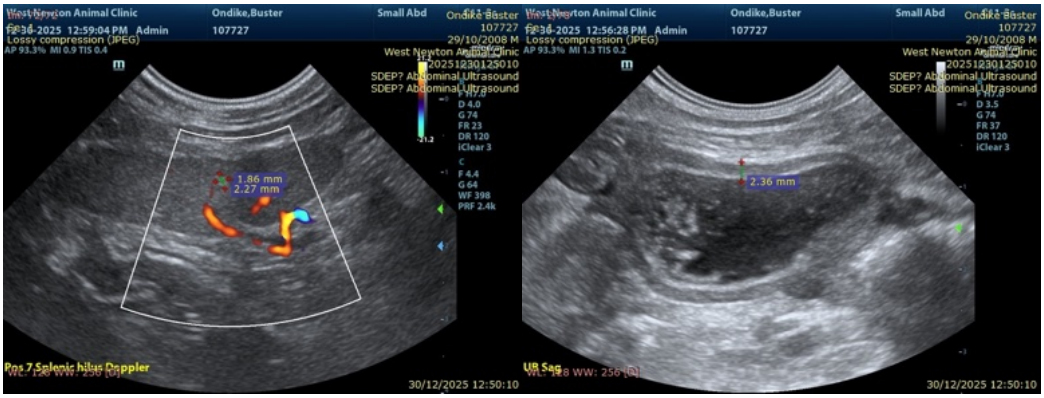

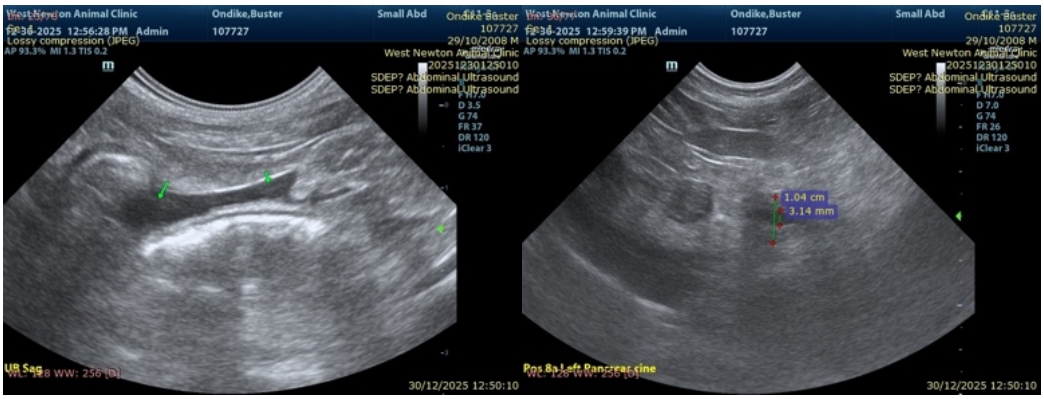

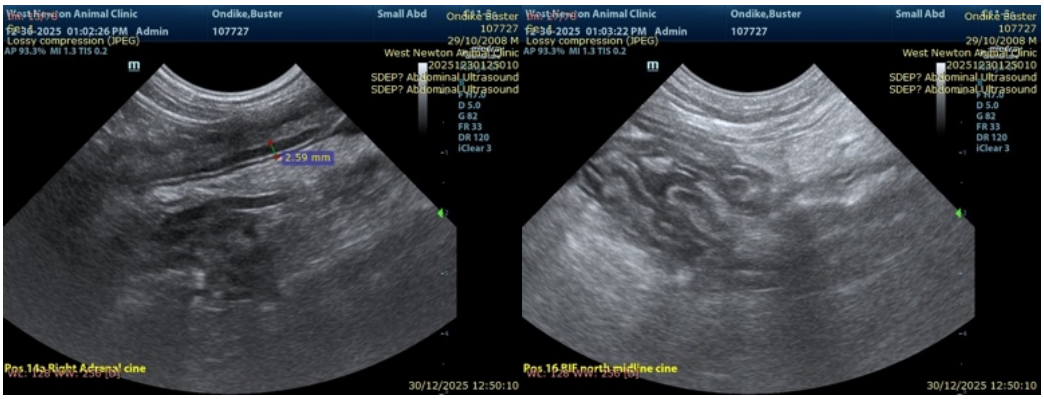

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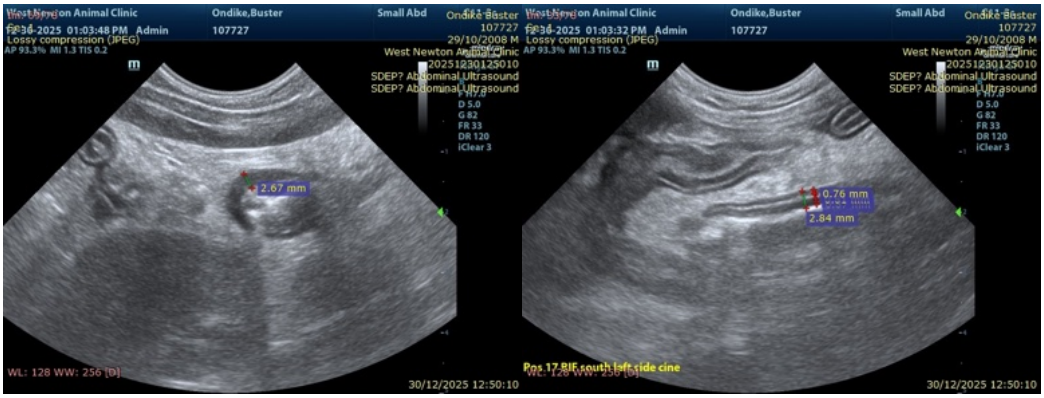

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com