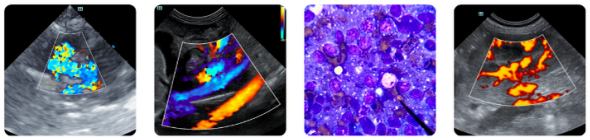

PATIENT

Tannin Hoch

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

10 years

WEIGHT

9.24

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Kelly Hill

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

V+, lethargy, increased appetite, polydipsia, increased aggression towards O, and hiding more since Aug. In/out. Switched food from PPP to rx PPP EN ~1w ago which has seemed to help with v+. On daily probiotics.

Abnormal PE/Chem/CBC/UA Results: 2 lbs weight loss since Aug. Feline senior panel 9/16: Monocytes 0.866 SDMA 11 Creatinine 0.8 BUN 28 Sodium 144 Chloride 103 TCO2 (Bicarbonate) 25 USG 1047 Total T4 1.7 FeLV/FIV negative Recheck labs, fT4 by ED, fPL 11/18: CBC unremarkable Creatinine 0.6 L BUN 25 Spec fPL 4.9 H fT4 by ED 1.9 ng/dL / 24.5 pmol/L (NORMAL) Fecal negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very distended, and the wall of the urinary bladder appears thin and smooth. The urine is very turbid with abundant sediment and floating hyperechoic material. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney measures 4.77×2.91 cm, with a cortical thickness of 0.54 cm in the sagittal plane.

The right kidney measures 5.02×3.10 cm, with a cortical thickness of 0.62 cm in the sagittal plane. Both kidneys: The renal cortex is markedly increased in echogenicity, resulting in increased corticomedullary distinction. Medullary band is present. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

Adrenal Glands

The adrenal glands were not clearly visualized for proper evaluation.

Spleen

Splenic thickness is 1.02 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

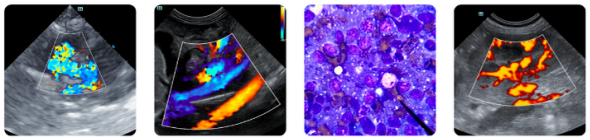
Liver

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 normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic. The common bile duct measures 2.01 mm.

Gastrointestinal

The stomach is partially distended with residual ingesta, with mural thickness of 1.29 mm and preserved wall layering. The pylorus measures 3.58 mm, with a visible alteration in wall layering.
Duodenum: 2.74 mm.
Jejunum: 2.83–2.96 mm (mucosa 1.61 mm, submucosa 0.93 mm, muscularis propria 1.17 mm).
Ileum: 3.58 mm (mucosa 1.32 mm, submucosa 0.65 mm, muscularis propria 0.98 mm).



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The ileocecal junction measures 2.03 mm (muscularis 0.89 mm).
Colon: 0.83 mm, with formed feces and distal acoustic shadowing in the descending segment.

Pancreas

The pancreas measures 5.46 mm. The parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.58 mm. No signs of active inflammation or neoplastic disease are evident.

Free Abdomen

A very small amount of abdominal effusion is observed.
Cranial mesenteric lymph nodes measure 4.12–4.73 mm in thickness, elongated and hypoechoic, with mild perinodal fat hyperechogenicity.
The ileocecal lymph nodes are not visualized.
The iliac trifurcation is normal.

PRIMARY FINDINGS

- Marked small-intestinal muscularis hypertrophy with abnormal mucosa:muscularis ratios.
- Pyloric mural irregularity with partial loss of layering.
- Renal enlargement with markedly hyperechoic cortex.
- Very turbid urine with abundant suspended sediment.
- Mild enlarged cranial mesenteric lymph nodes.
- Slightly hypoechoic pancreas with mildly dilated duct.
- Minimal abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound demonstrates significant small-intestinal mural abnormalities, most notably marked muscularis hypertrophy with the following ratios:

- Jejunum: ratio ≈ 1.4 : 1 (abnormal; normal ≈ 2–3 : 1).
- Ileum: ratio ≈ 1.3 : 1 (also abnormal).

This consistent reduction of the mucosa-to-muscularis ratio strongly supports a chronic infiltrative intestinal process. Additionally, the pylorus shows focal loss of crisp layering with muscular thickening (3.58 mm). Both patterns that can occur with moderate–severe lymphoplasmacytic IBD and small-cell lymphoma.

The pancreas is mildly hypoechoic with a moderately dilated duct (1.58 mm), most consistent with age -related changes in the context of a normal fPLI.

Minimal peritoneal effusion and mildly reactive mesenteric lymph nodes support an inflammatory/infiltrative GI process but are not specific for neoplasia.

The kidney images suggest an active or chronic inflammatory/infiltrative renal disease, such as:

- Immune-mediated glomerulonephritis.
- Chronic interstitial nephritis.
- Amyloidosis.

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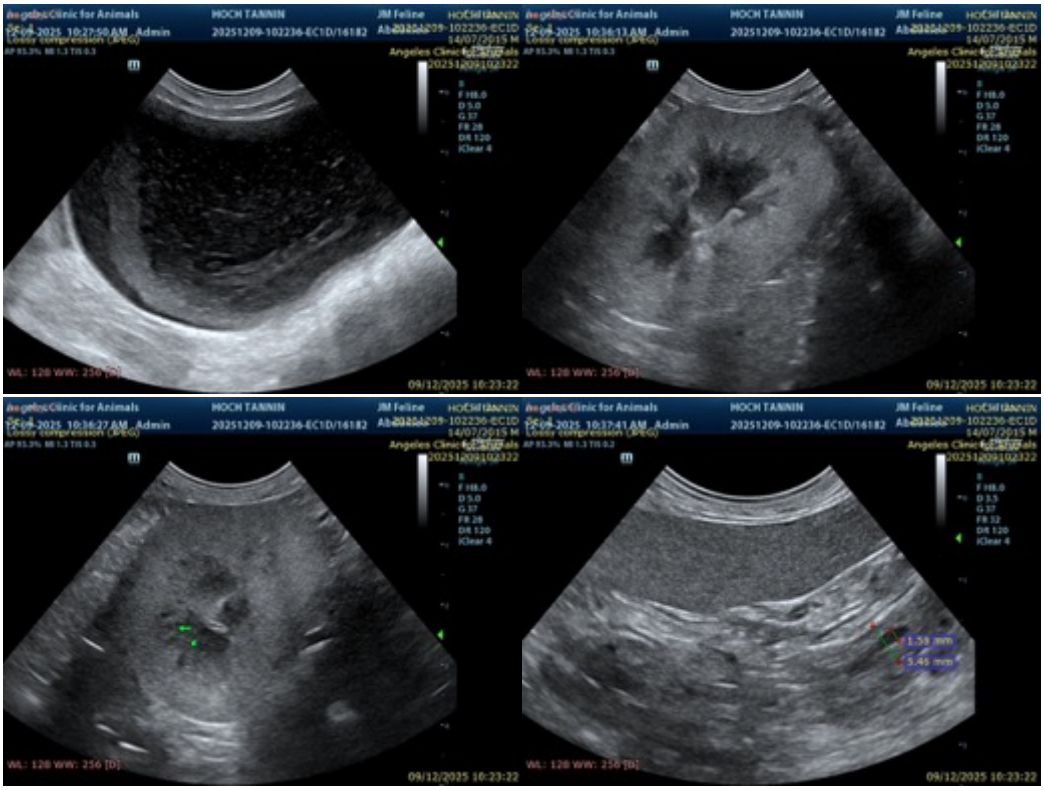
The turbid urine with abundant suspended material suggests active crystalluria, cellular debris, or proteinaceous sediment but no structural cystitis.

Recommendations

- A full-thickness intestinal biopsy remains the only definitive method to distinguish IBD from small-cell lymphoma, given the marked muscularis hypertrophy and abnormal mucosa:muscularis ratios.
- A feline gastrointestinal panel (cobalamin, folate, TLI, spec fPL) may help support or exclude concurrent metabolic or malabsorptive disease.
- Recommend UPC, urine sediment + culture, SDMA, and blood pressure to further assess suspected glomerular or chronic renal disease.



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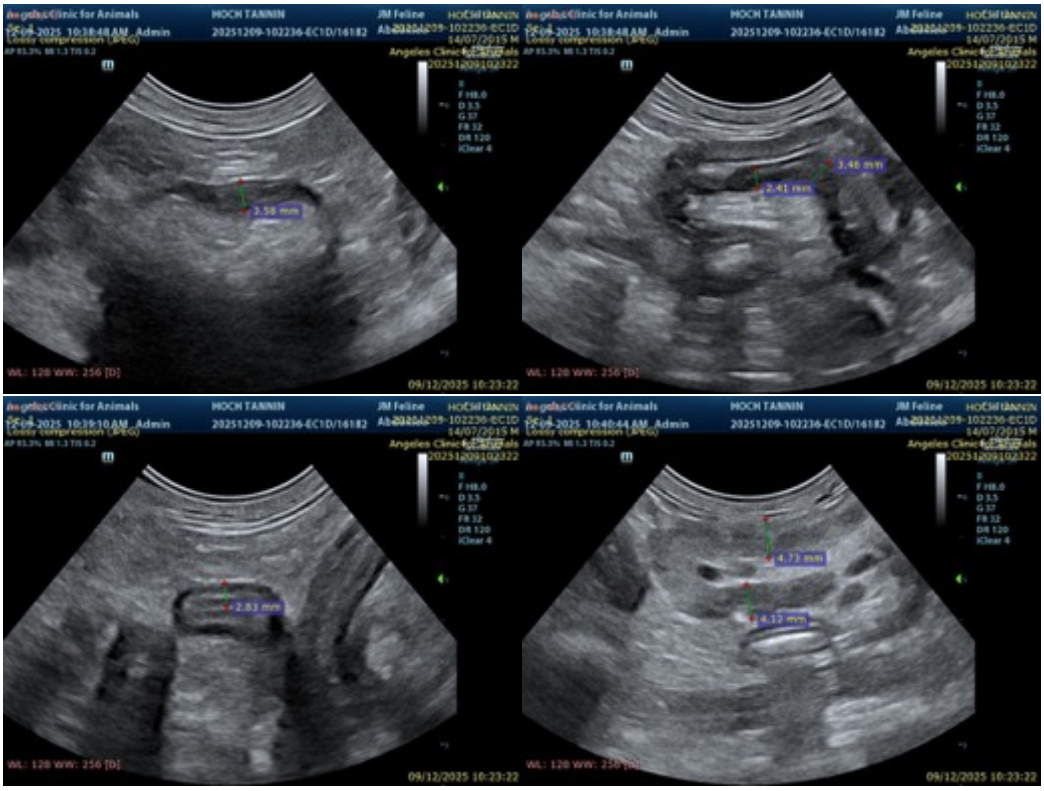

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com