



## PATIENT

Magi Goldman

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

14 years

## WEIGHT

15.2 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Melinda Persson

## HOSPITAL NAME

At Home Veterinary

## REFERRING VET

Dr. Persson

## INVOICE

71476

## DATE

2/10/26

## PRESENTING CLINICAL SIGNS

- On and off appetite
- Ultrasound done in June 2024 showed mild muscularis thickening to some segments of the small intestines; possible thickening of outside of fundus wall
- 

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The bladder wall is thin and smooth. Urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or mural abnormalities are identified.

Left kidney: Measures 3.89×2.78 cm. Cortical thickness is 0.36 cm. Right kidney: Measures 3.70×2.33 cm. Cortical thickness is 0.40 cm. In both kidneys, the renal cortex is mildly increased in echogenicity relative to the liver, resulting in increased corticomedullary distinction. Corticomedullary definition remains preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler evaluation is unremarkable.

### *Adrenal Glands*

The left adrenal gland measures 0.33 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.34 cm at the cranial pole and 0.39 cm at the caudal pole. Measurements are within normal feline reference ranges.

### *Spleen*

Splenic thickness measures 1.12 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified.

### *Liver*

The liver is subjectively normal in size, with sharp margins and regular contour. Parenchyma is uniform and isoechoic relative to falciform fat. A small cystic lesion measuring 6.3×7.6 mm is identified at the caudal margin of the left lateral lobe. An additional hyperechoic lesion measuring 2.05×2.42 mm with small internal cystic foci is identified in the right lateral or quadrate lobe, adjacent to the gallbladder. No capsular distortion or mass effect is identified. No hepatic lymphadenopathy is observed.

Normally distended. Wall is thin. Contents are anechoic. No biliary duct dilation is identified.



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## *Gastrointestinal*

The stomach is empty and folded. Gastric wall thickness measures 2.13 mm with preserved layering. The pylorus measures 3.20 mm.

Duodenum measures 1.99 mm. Jejunum measures 2.53 mm, with mucosa measuring 1.00 mm, submucosa 0.48 mm, and muscularis propria 1.16 mm. Ileum measures 2.55 mm, with mucosa 0.67 mm, submucosa 0.44 mm, and muscularis propria 1.52 mm. Wall layering is preserved throughout all segments. The ileocecal junction measures 3.45 mm, with muscularis measuring 1.75 mm. No obstruction, mural mass, or intraluminal foreign material is identified.

Colon measures 0.79 mm (ascending), 0.87 mm (transverse), and 1.04 mm (descending), containing formed feces.

## *Pancreas*

No ultrasonographic evidence of inflammation or focal mass.

## *Peritoneal Cavity*

No abdominal effusion. Cranial mesenteric and ileocecal lymph nodes are not enlarged or not visualized. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Disproportionate muscularis thickening of the jejunum and ileum (ileal muscularis-to-mucosa ratio 2.27).
- Mild bilateral renal cortical hyperechogenicity.

### SECONDARY FINDINGS

- Small hepatic cyst.
- Very small hyperechoic hepatic lesion with internal cystic foci.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study demonstrates segmental disproportionate muscularis thickening of the small intestine, most pronounced in the ileum, with preserved wall layering and normal overall wall thickness. In cats, a muscularis-to-mucosa ratio exceeding expected values (<0.5–0.6 in normal individuals) supports muscularis hypertrophy and is most commonly associated with chronic inflammatory enteropathy or low-grade (small-cell) lymphoma. Ultrasonographic differentiation between these entities is not possible in this pattern. Given the patient's age and clinical history, both remain clinically relevant differentials. The absence of lymphadenopathy or transmural mass effect reduces concern for high-grade lymphoma.



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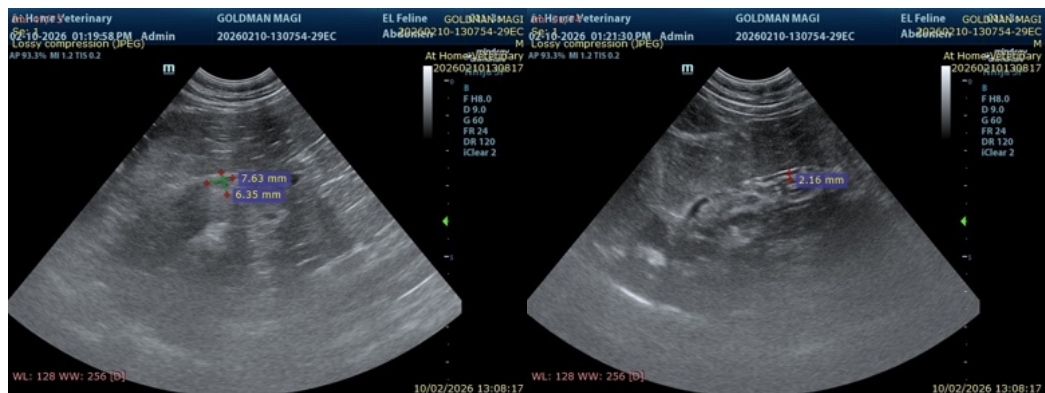
2/10/26

The 6.3×7.6 mm anechoic hepatic lesion is most consistent with a simple hepatic cyst, a benign and relatively common incidental finding in geriatric cats, typically arising from biliary ductal dilation or focal biliary malformation. These lesions are usually clinically insignificant unless progressive or numerous. The small 2.05×2.42 mm hyperechoic lesion with internal cystic foci adjacent to the gallbladder is most compatible with focal biliary cystic change or early biliary cystadenoma. Biliary cystadenomas are well-described, often incidental findings in older cats and may present as small hyperechoic nodules containing microcystic components. Given its very small size and absence of mass effect or biliary obstruction, this lesion is likely benign at this stage.

Mild bilateral renal cortical hyperechogenicity is compatible with chronic age-related or early chronic kidney changes, pending clinicopathologic correlation.

### Recommendations

- Correlate renal changes with renal laboratory parameters.
- Assessment of serum cobalamin concentration is recommended given the ileal involvement, as hypcobalaminemia is common in cats with chronic inflammatory enteropathy or small-cell lymphoma affecting this region. If decreased, parenteral supplementation is indicated regardless of the underlying etiology.
- Consideration may be given to a more comprehensive gastrointestinal panel (including folate, fPLI, and TLI) depending on the overall clinical picture and laboratory findings.
- If clinical signs persist or progress, intestinal biopsy remains the only definitive method to differentiate inflammatory enteropathy from low-grade lymphoma.
- Hepatic lesions may be monitored sonographically for stability.





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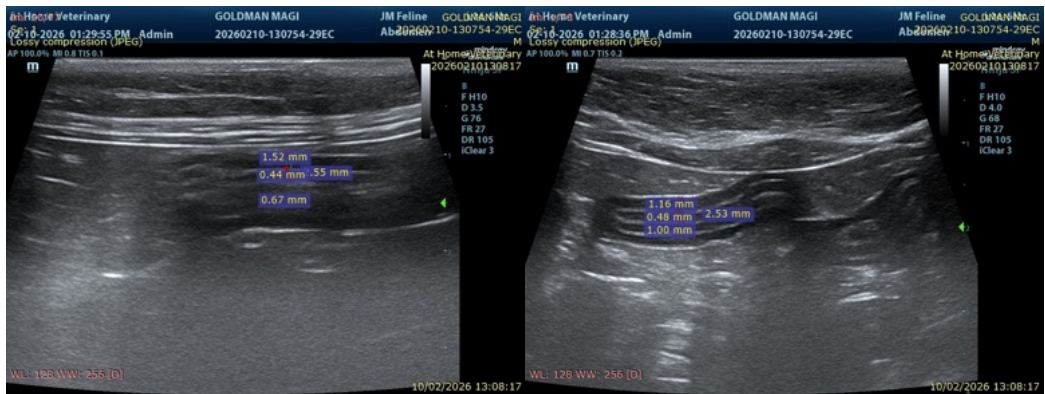
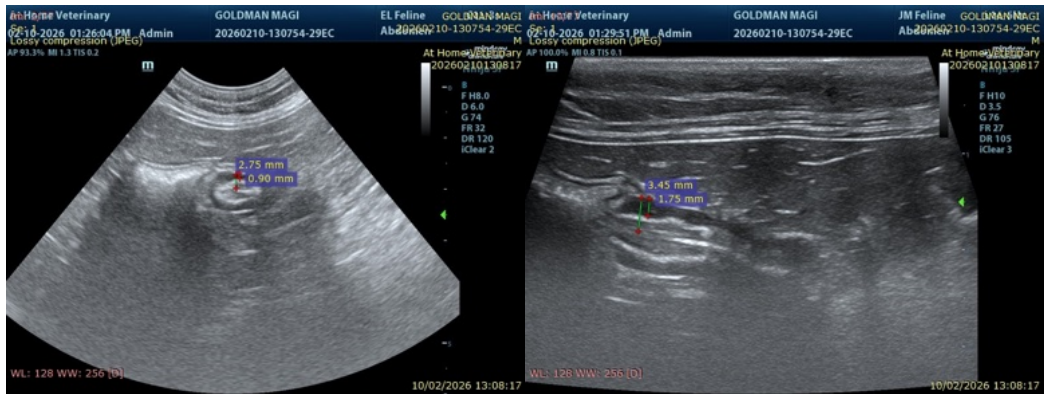
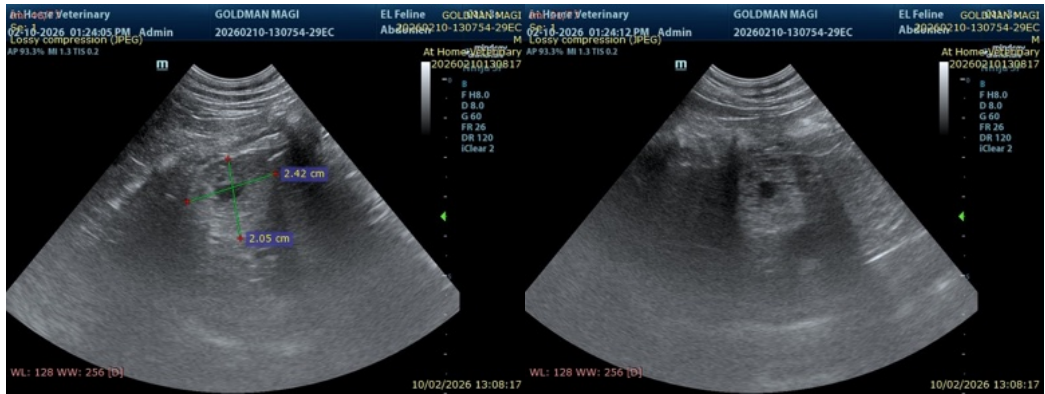
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)

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