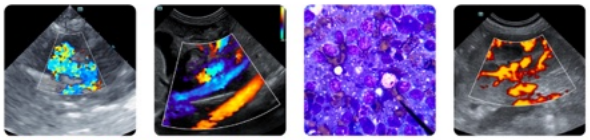


PATIENT

Sherman Meyers

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

12 years

WEIGHT

10.26 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for Animals

REFERRING VET

Dr. Wagner

INVOICE

71467

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Owner reports increased intermittent vomiting, weight loss
- CBC - NSF Chem --Creat 1.6, BUN 26, SDMA 11 --Lipase 52 fPL - 36.7 UA - USG 1.026, benign sediment T4 - 1.4 FeLV/FIV - negative for both

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is moderately distended. The urinary bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified.

Left kidney: Normal in shape and size, measuring 3.79×2.00 cm in the sagittal plane. Cortical thickness measures 0.37 cm. Right kidney: Normal in shape and size, measuring 3.82×2.46 cm in the sagittal plane. Cortical thickness measures 0.35 cm. In both kidneys, the renal cortex is mildly increased in echogenicity relative to the liver, resulting in increased corticomedullary distinction. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler perfusion appears normal.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity.

- Left adrenal gland: 0.31 cm (cranial pole), 0.35 cm (caudal pole).
- Right adrenal gland: 0.37 cm (cranial pole), 0.37 cm (caudal pole).

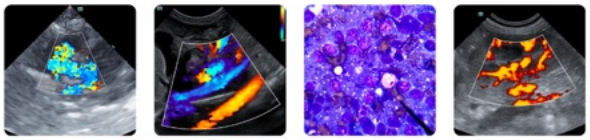
Spleen

Splenic thickness measures 0.63 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat. No focal hepatic lesions or lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin. Contents are predominantly anechoic. The common bile duct measures 1.78 mm, which is within normal limits for a cat.



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Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 1.57 mm with preserved layering.

The pylorus measures 2.90 mm, with muscularis thickness of 1.36 mm.

The jejunum measures 3.05 mm. Layer measurements:

- Mucosa: 0.97 mm, Submucosa: 0.44 mm, Muscularis propria: 1.54 mm. The muscularis-to-mucosa ratio is approximately 1.6.

The ileum measures 3.46 mm. Layer measurements:

- Mucosa: 1.38 mm, Submucosa: 0.44 mm, Muscularis propria: 1.62 mm. The muscularis-to-mucosa ratio is approximately 1.17.

The ileocecal junction measures 3.47 mm, with muscularis thickness of 1.23 mm. Wall layering is preserved throughout.

No obstruction, focal mass lesion, or loss of layering is identified.

Pancreas

Pancreatic thickness measures 4.25 mm. The parenchyma is slightly isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.76 mm. No peripancreatic fat hyperechogenicity or fluid is identified.

Peritoneal Cavity

No abdominal effusion is observed.

Cranial mesenteric lymph nodes measure up to 3.70 mm in thickness. Ileocecal lymph nodes measure 2.82–2.93 mm. All lymph nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Diffuse muscularis propria thickening (jejunum, ileum, pylorus).

SECONDARY FINDINGS

- Mildly increased renal cortical echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study demonstrates diffuse muscularis propria thickening affecting the jejunum, ileum, and pyloric region, with preserved wall layering and normal regional lymph nodes.

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The calculated muscularis-to-mucosa ratios (>1 in multiple segments) are abnormal and support true muscularis hypertrophy rather than measurement artifact. In cats, muscularis-predominant thickening with preservation of layering and normal lymph nodes is most commonly associated with chronic inflammatory enteropathy (IBD) and small cell (low-grade) alimentary lymphoma. Ultrasound alone cannot definitively differentiate between these entities.

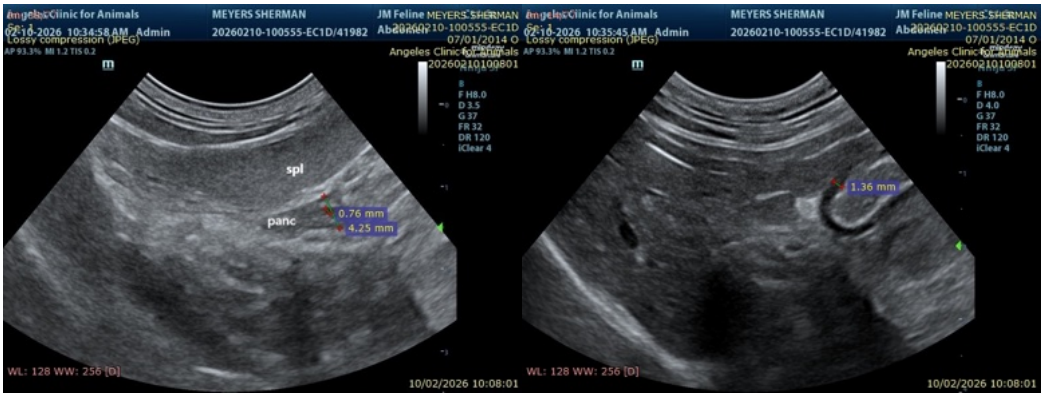
The absence of loss of layering, focal mass, or marked lymphadenopathy makes high-grade lymphoma unlikely.

The pancreas does not show ultrasonographic features of active pancreatitis, despite elevated fPL. Chronic pancreatitis cannot be excluded, as ultrasonographic sensitivity is limited in cats.

Mildly increased renal cortical echogenicity may represent early chronic kidney change but is not advanced and does not explain weight loss.

Recommendations

- Serum cobalamin and folate assessment (if not already performed).
- Consider GI panel (TLI if clinically indicated).
- Discuss next diagnostic step:
    - Empirical dietary trial and prednisolone trial.
    - Or full-thickness biopsy for definitive differentiation.
- Monitor fPL.
- Monitor renal parameters given mild cortical echogenicity.



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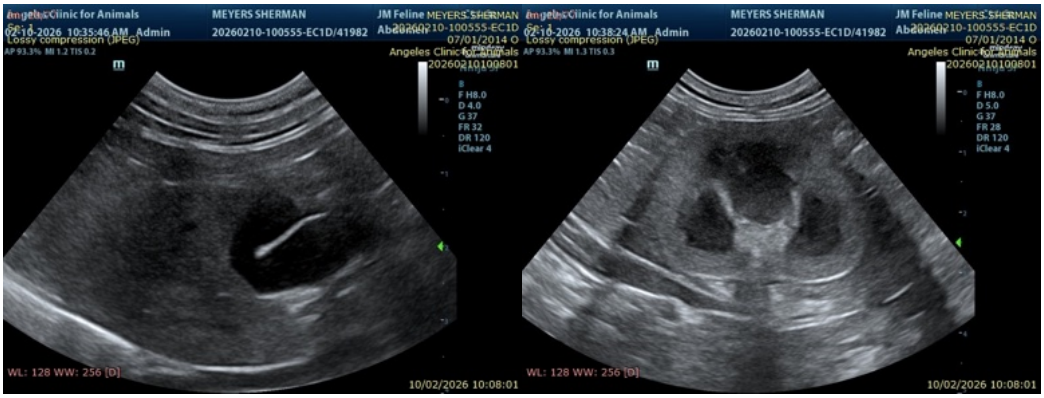

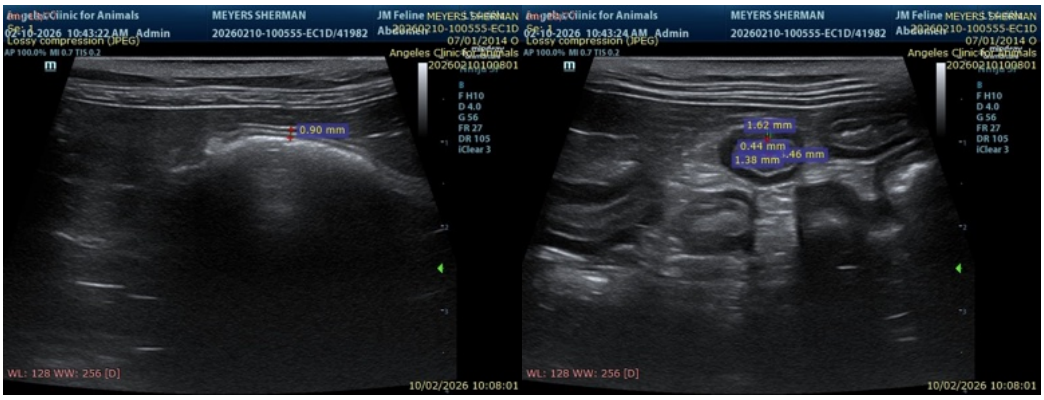

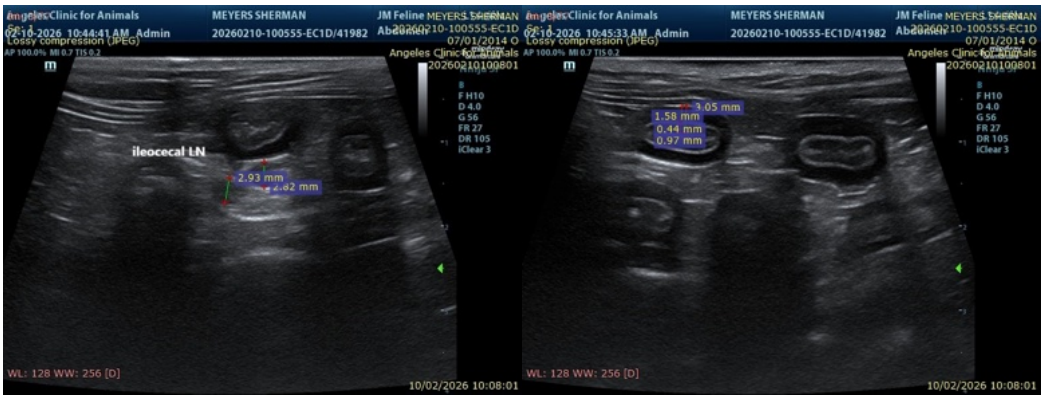

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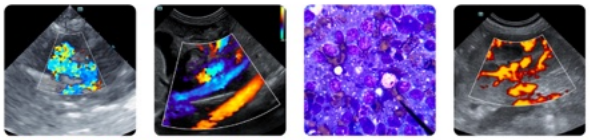

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Educational Teleconsultation Services™

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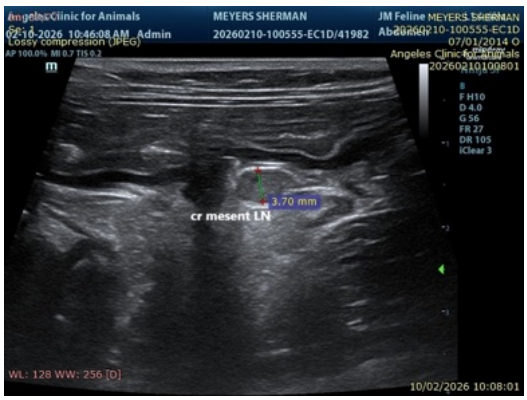

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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