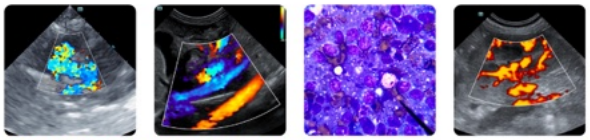


PATIENT

Merricat Kimbriel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

3.45 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

71699

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Small cell GI lymphoma diagnosed in June 2025
- Chlorambucil every 2 weeks; prednisolone
- Restaging

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 predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.52×2.28 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. Renal length is within normal limits for an adult cat (approximately 3.0–4.5 cm). The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 3.92×1.74 cm, and the thickness of the cortex is 0.37 cm in the sagittal plane. Renal dimensions are within normal limits. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

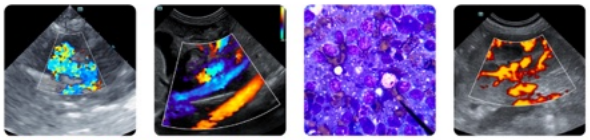
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.20 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.29 cm at the caudal pole. These measurements are within normal limits for a cat (typically ≤0.45 cm).

Spleen

Splenic thickness is 0.53 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. No hepatic lymphadenopathy is observed.



PATIENT

Merricat Kimbriel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

3.45 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

71699

DATE

2/18/26

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.81 mm and preserved wall layering. The pylorus measures 3.23 mm. Duodenum: 2.68 mm, with a minimal amount of fluid within the lumen.

Jejunum: 2.46 mm. Mucosa: 1.35 mm. Submucosa: 0.47 mm. Muscularis propria: 0.47 mm. Wall layering is preserved. Ileum: the thickest segment identified measures 3.16 mm (total wall). Mucosa: 0.80 mm. Submucosa: 1.01 mm. Muscularis propria: 1.53 mm. Wall layering is preserved. Other ileal segments measure less, such as 1.64–1.76 mm in total thickness. The ileocecal junction measures 2.93 mm. Mucosa: 1.37 mm. Muscularis: 0.90 mm.

Colon: 0.69 mm, with formed feces in the descending segment.

Pancreas

The parenchyma of the pancreas is isoechoic to the adjacent omental fat. In some videos, a tubular structure is observed immediately dorsal to the stomach, in the region of the pancreatic body, and in the region of the left pancreatic lobe. Although the pancreas itself is not clearly delineated in these views, this tubular structure could potentially correspond to a dilated pancreatic duct.

Adjacent to the duodenum at the duodenal flexure, and between this region and the right kidney, the peritoneum appears very mildly reactive.

Peritoneal Cavity

No abdominal effusion is observed. Cranial mesenteric lymph nodes are normal; the largest measures 4.43–4.49 mm in thickness and has normal shape and echogenicity. Caudal mesenteric lymph node: maximum thickness 3.98 mm, with normal shape and echogenicity. Ileocecal lymph nodes are visualized and appear normal. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

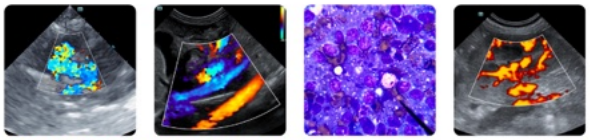
PRIMARY FINDINGS

- Segmental ileal wall thickening up to 3.16 mm.
- Marked ileal muscularis thickening (1.53 mm) with muscularis-to-mucosa ratio ≈1.9.

SECONDARY FINDINGS

- Mild prominence of a tubular structure in the pancreatic region (possible ductal dilation; indeterminate).
- Very mild focal peritoneal reactivity near the duodenal flexure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Merricat Kimbriel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

3.45 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

71699

DATE

2/18/26

Based on the current examination, imaging findings are compatible with persistent segmental ileal involvement characterized by muscularis-predominant thickening in a limited portion of the ileum. Importantly, the remaining evaluated small intestinal segments (duodenum and jejunum) are within normal thickness parameters, and no additional areas of abnormal mural thickening have been identified.

Mesenteric and regional lymph nodes remain within normal size and morphology, and there is no ultrasonographic evidence of abdominal metastatic spread, peritoneal effusion, or new organ involvement.

Overall, for restaging purposes, the findings support persistent localized ileal disease without imaging evidence of interval systemic progression or new abdominal sites of involvement at this time.

A tubular structure is intermittently visualized dorsal to the stomach in the region of the pancreatic body and left lobe. This may represent a mildly dilated pancreatic duct; however, definitive characterization is limited by image quality and lack of higher-frequency probe evaluation. In treated small cell lymphoma patients, concurrent chronic pancreatitis is common, and duct prominence could be incidental or inflammatory.

Very mild peritoneal reactivity is noted adjacent to the duodenal flexure and right kidney. This is subtle and nonspecific and may represent low-grade reactive change.

Recommendations

- Correlate with clinical status (weight trend, appetite, vomiting, stool quality).
- Ultrasound recheck may help determine whether ileal thickening is stable, improving, or progressive.
- Given the suspected prominence of a tubular structure in the pancreatic region and mild adjacent peritoneal reactivity, correlation with Spec fPL may be considered if clinically indicated, recognizing that chronic pancreatitis in cats may be sonographically subtle.
- Measurement of serum cobalamin concentration is recommended given documented ileal involvement. Hypocobalaminemia is common in feline small cell lymphoma affecting the ileum and may contribute to ongoing gastrointestinal dysfunction. Supplementation should be initiated if levels are low or borderline.

PATIENT

Merricat Kimbriel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

3.45 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

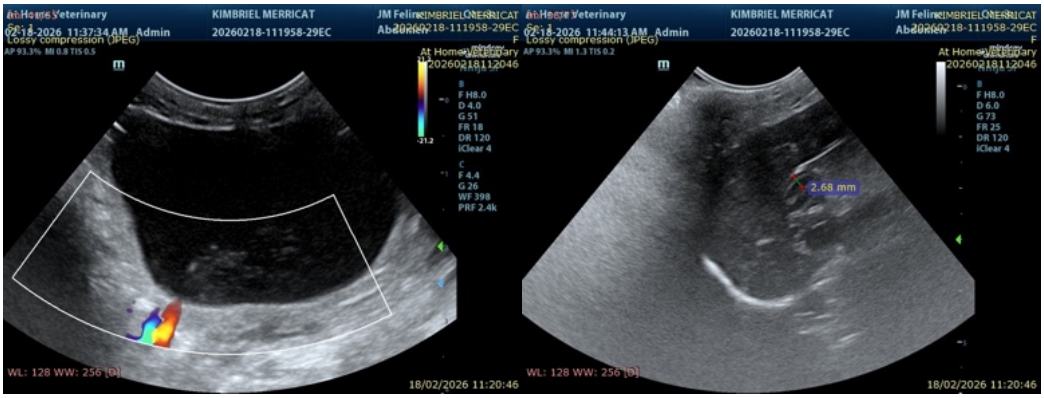
Dr. Persson

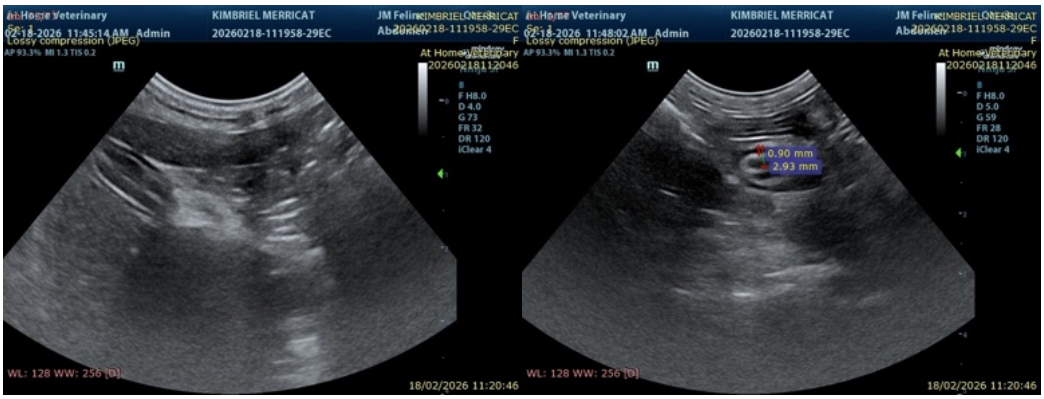
INVOICE

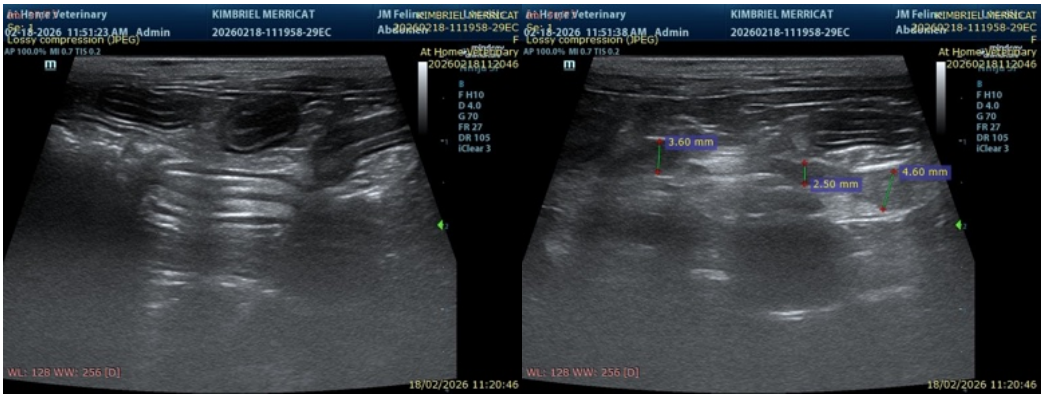
71699

DATE

2/18/26







PATIENT

Merricat Kimbriel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

3.45 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

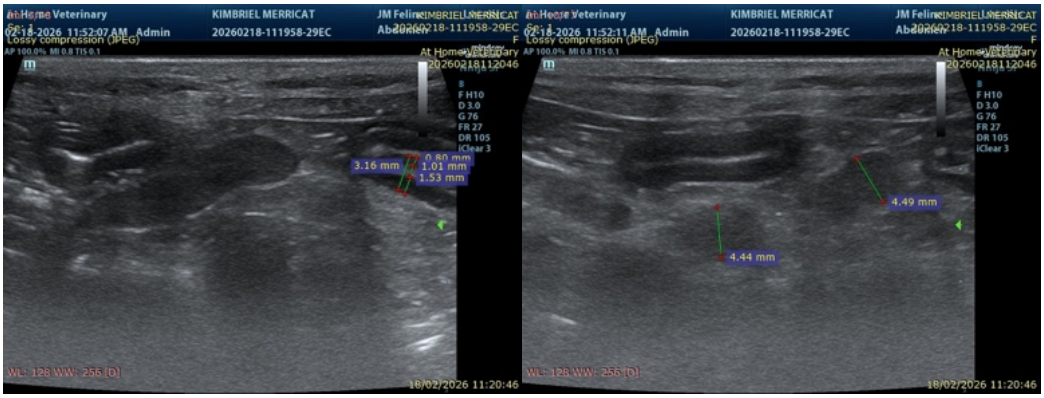
Dr. Persson

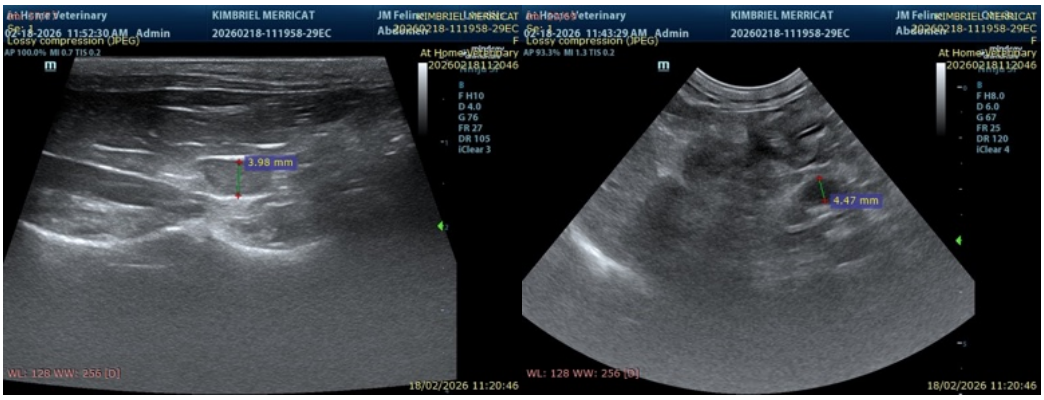
INVOICE

71699

DATE

2/18/26





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