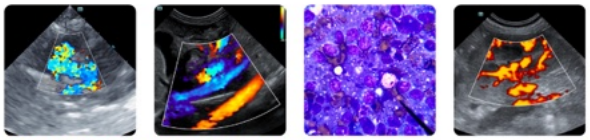


PATIENT

Oliver Eldridge

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

10 years

WEIGHT

5.56 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

71674

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Approx 3 week history diarrhea, blood and mucous and one episode of vomiting. Did have a reduced appetite but now improving. Diarrhea improving slightly the past few days, this morning soft feces followed by a formed feces.
- Treatments Feb 10th: LRS: 100 ml given SQ intrascapular. Emavert. Vitamin B12: 0.25 ml (1000mcg/ml). Mirtazapine: 2 mg given PO
- Rx TGH: Mirtazapine (2 mg) x4 tabs - Give 1 tab PO SID x4d. Cerenia 24 mg x1 - Give 1/4 tablet PO SID x4d
- Diet: royal canin urinary kibble, royal canin gastro canned (GI canned added recently due to diarrhea)
- February 10th: CBC, Chemistry, T4, fPL - all normal. A urinalysis had some red blood cells noted (and possible cocci vs artifact) which could have been iatrogenic or consistent with a history of FIC. No urinary symptoms noted at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

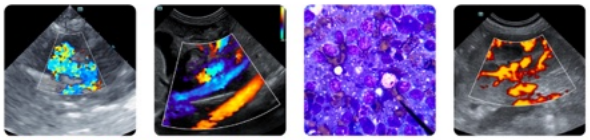
The urinary bladder is normally distended. The wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney measures 3.66×2.57 cm in the sagittal plane. Cortical thickness is 0.41 cm. Renal size is within accepted reference range for an adult cat (approximately 3.0–4.5 cm in length). Cortical thickness is appropriate for overall renal dimensions. The renal cortex is diffusely hyperechoic relative to the hepatic parenchyma. Corticomedullary definition is preserved, and the corticomedullary ratio is within normal limits. No pyelectasia or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

The right kidney measures 3.62×2.08 cm in the sagittal plane. Cortical thickness is 0.39 cm. Renal length is within normal limits for a cat of this size. The cortex is diffusely hyperechoic relative to the liver. Corticomedullary definition is preserved. There is a focal hyperechoic structure measuring 1.63 mm consistent with early mineralization or incipient nephrolith formation. No acoustic obstruction, pyelectasia, or hydronephrosis is present. Doppler evaluation shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. Left adrenal gland (sagittal plane): Cranial pole: 0.29 cm. Caudal pole: 0.30 cm Right adrenal gland (sagittal plane):. Cranial pole: 0.30 cm. Caudal pole: 0.27 cm. Feline adrenal dorsoventral thickness is typically ≤0.45 cm. All measurements are well within normal limits.



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Spleen

Splenic thickness is 1.01 cm, within normal limits for an adult cat (generally ≤1.2–1.3 cm). The parenchyma is homogeneous with normal echogenicity and fine echotexture. The capsule is smooth. No focal lesions are identified.

Liver

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

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

Gastrointestinal

The stomach is moderately distended with ingesta. Wall thickness is 1.62 mm with preserved layering. The pylorus measures 2.25 mm. These values are within normal feline reference ranges (generally <3.5 mm depending on distension). Duodenum: Wall thickness: 1.96 mm. Layering preserved.

Jejunum: Wall thickness: 2.13–2.34 mm. Layer measurements: Mucosa: 1.19 mm. Submucosa: 0.56 mm. Muscularis propria: 0.47 mm. Muscularis-to-mucosa ratio ≈ 0.47 / 1.19 = 0.39.

Normal total small intestinal wall thickness in cats is generally ≤2.7 mm. Jejunal thickness is within normal limits. A muscularis-to-mucosa ratio <0.5 is considered within normal limits. There is no muscularis disproportion.

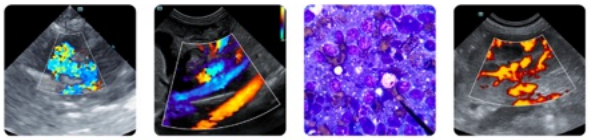
Ileum. Wall thickness: 1.98–2.01 mm. Layer measurements: Mucosa: 0.81 mm. Submucosa: 0.56 mm. Muscularis propria: 0.60 mm. Muscularis-to-mucosa ratio ≈ 0.60 / 0.81 = 0.74. Layering is preserved.

In cats, ileal muscularis thickness can physiologically approach or mildly exceed mucosal thickness. While a ratio >0.5 raises consideration of inflammatory or infiltrative disease, preserved layering and normal total wall thickness argue against significant infiltrative pathology. Ileocecal Junction: Wall thickness: 2.29 mm. Muscularis thickness: 1.0 mm.

Colon: Ascending colon: 1.0 mm.: Transverse colon: 0.74 mm.: Descending colon: 0.94 mm. Distal descending colon near rectum: 1.51 mm.

Colonic wall thickness in cats is typically <1.5–2.0 mm when non-distended. Measurements are within normal limits. Luminal contents consist of formed feces. No mural stratification loss or focal thickening identified.

No evidence of obstruction, ileus, mass lesion, or foreign material.



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Pancreas

Pancreatic thickness: 5.73 mm. In cats, pancreatic body thickness typically ranges from approximately 4–6 mm; this measurement is within normal limits. The parenchyma is isoechoic relative to adjacent fat. The pancreatic duct measures 0.77 mm. In adult cats, duct diameter up to 1.0 mm can be considered within normal limits, particularly in middle-aged to older individuals. No peripancreatic fat hyperechogenicity or free fluid is observed. No ultrasonographic evidence of active pancreatitis or focal mass lesion.

Peritoneal Cavity

No abdominal effusion is present.

Cranial mesenteric lymph node: maximum thickness 0.53 cm. Shape and echogenicity normal. In cats, mesenteric lymph nodes up to approximately 0.5–0.6 cm in thickness may be within normal limits depending on body size; morphology here is unremarkable.

Ileocecal lymph nodes: 2.10–2.36 mm in thickness, normal shape and echogenicity.

Iliac trifurcation region unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Diffuse bilateral renal cortical hyperechogenicity.
- 1.63 mm mineral focus in the right kidney (non-obstructive).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most importantly, there is no ultrasonographic evidence of diffuse small intestinal thickening, muscularis hypertrophy, loss of layering, focal mass lesion, or pathologic mesenteric lymphadenopathy that would strongly support either moderate-to-severe inflammatory bowel disease or small cell lymphoma at this time.

In cats, mild ileal muscular prominence can be a normal variant, especially in the absence of overall thickening or nodal changes. Therefore, based on ultrasonography alone, there is no imaging support for small cell lymphoma at this time. Likewise, there is no structural evidence of clinically significant inflammatory bowel disease. However, it is essential to acknowledge that early or mild inflammatory enteropathy can be ultrasonographically occult, particularly in cats.

The colon is normal in thickness and architecture, despite the reported history of hematochezia and mucus. This suggests that current large bowel inflammation, if present, is either mild or resolving.

Both kidneys are normal in size with preserved architecture. The diffuse cortical hyperechogenicity bilaterally may reflect early chronic degenerative change, prior inflammatory insult, or nonspecific variation. In the context of normal chemistry values, this is an incidental finding. The 1.63 mm mineral focus in the right kidney is most consistent with early nephrolithiasis or dystrophic mineralization without current obstruction.

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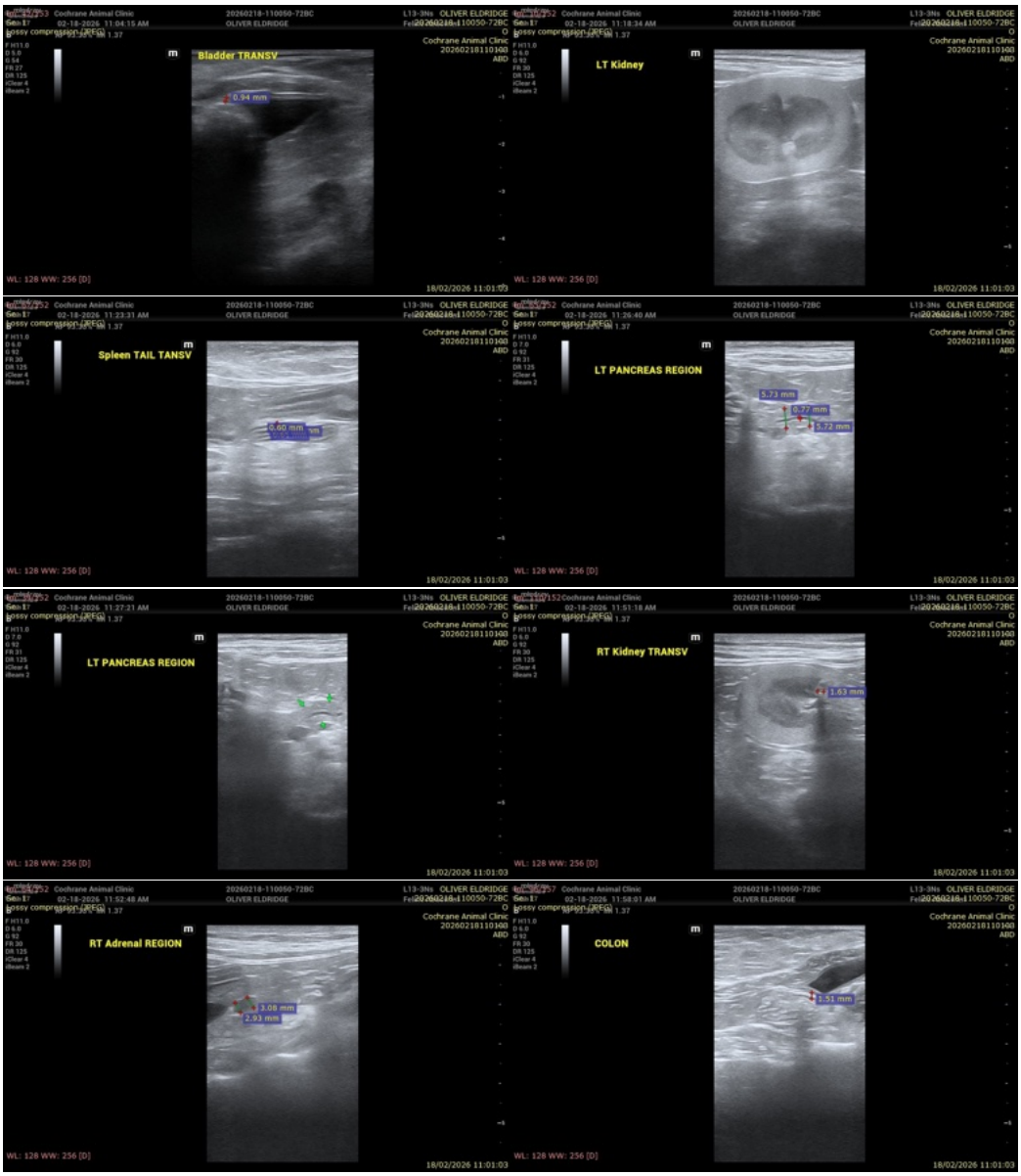
Recommendations

- Strict hydrolyzed or novel protein diet trial for 2–3 weeks.
- Consider cobalamin monitoring and supplementation if clinical signs persist, even if serum levels are pending or previously normal (functional deficiency can occur).
- If clinical signs persist despite diet , cobalamin supplementation and/or antibiotic trial, intestinal biopsy would be required for a definitive diagnosis.
- Periodic renal monitoring (urinalysis, creatinine, SDMA) is reasonable given cortical hyperechogenicity, though there is currently no structural evidence of chronic kidney 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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com