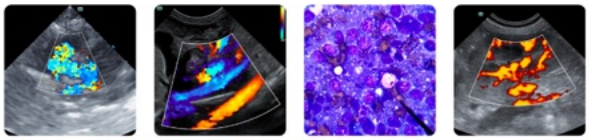


PATIENT

Chibby Thomson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

10.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Valerie White

HOSPITAL NAME

Great Miami VC

REFERRING VET

Dr. White

INVOICE

71937

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- New patient with 1 yr hx of vomiting and mild weight loss (~2 lbs over 1 year). 2 mo of worsening vomiting and occ inappetence. BW (cbc/chem/t4 and u/a): no abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.38 x 1.82 cm, and the cortical thickness is 0.32 cm in the sagittal plane. 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.

The right kidney is normal in shape and size: 3.41 x 2.07 cm, and the cortical thickness is 0.31 cm in the sagittal plane. 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.38 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland 0.36 cm at the cranial pole and 0.35 cm at the caudal pole.

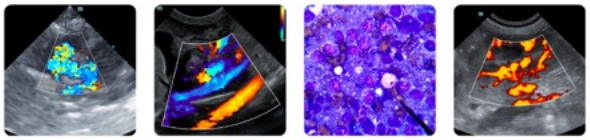
Spleen

Splenic thickness is 0.74 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The 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 predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.



PATIENT

Chibby Thomson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

10.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Valerie White

HOSPITAL NAME

Great Miami VC

REFERRING VET

Dr. White

INVOICE

71937

DATE

2/25/26

Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.69 mm and preserved wall layering.

Pylorus: 3.35 mm. Duodenum: 1.38 mm. Jejunum: 2.26 mm: Mucosa: 1.38 mm, Submucosa: 0.58 mm, Muscularis propria: 0.36 mm. Ileum: 1.85 mm: Mucosa: 0.43 mm, Submucosa: 1.01 mm, Muscularis propria: 0.25 mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No evidence of ileus or foreign material is identified.

Colon: 0.52 mm, with a small amount of formed fecal material in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. One cranial mesenteric lymph node measures 5.90 mm in thickness, with normal shape and mildly heterogeneous echogenicity. Perinodal fat appears normal. Ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mildly increased ileal muscularis-to-mucosa ratio.
- Mild enlargement of one cranial mesenteric lymph node with normal shape and mild heterogeneity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal wall thickness measurements are within accepted reference ranges. Muscularis-to-mucosa ratios are as follows: Jejunum: 0.36 / 1.38 = 0.26, Ileum: 0.25 / 0.43 = 0.58. The jejunal ratio is within normal limits. The ileal ratio is mildly increased (borderline), although total ileal wall thickness remains normal and wall layering is preserved.

The cranial mesenteric lymph node measures 5.90 mm, with normal shape and mildly heterogeneous echogenicity. In the absence of perinodal fat reaction or loss of architecture, this is most consistent with mild reactive change.

Overall, the ultrasound findings are largely unremarkable, with only mild ileal muscularis prominence and a mildly enlarged mesenteric lymph node. These changes are subtle and nonspecific but may be compatible with early or mild chronic enteropathy, including food-responsive enteropathy or early inflammatory bowel disease.

Recommendations

PATIENT

Chibby Thomson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

10.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Valerie White

HOSPITAL NAME

Great Miami VC

REFERRING VET

Dr. White

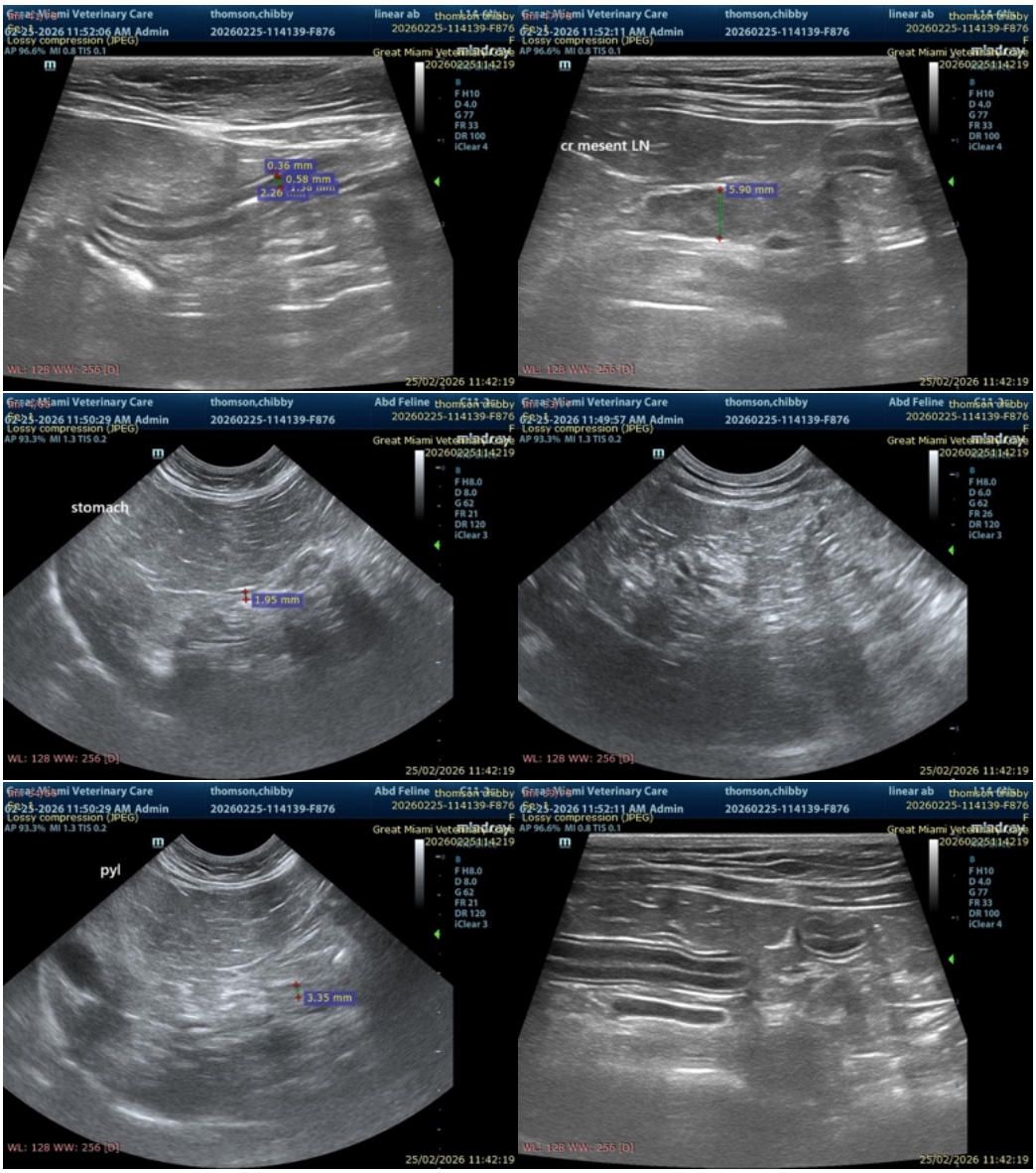
INVOICE

71937

DATE

2/25/26

- Given the chronicity of vomiting and normal routine laboratory results, a feline gastrointestinal panel (including cobalamin, folate, fTLI, and fPLI) is recommended if not previously performed. Early or functional gastrointestinal disease may not produce marked sonographic changes.
- Empirical dietary trial with a novel protein or hydrolyzed diet is reasonable.
- If clinical signs persist or worsen despite dietary and medical management, further investigation (including repeat imaging or intestinal sampling) may be considered based on clinical progression.



PATIENT

Chibby Thomson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

10.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Valerie White

HOSPITAL NAME

Great Miami VC

REFERRING VET

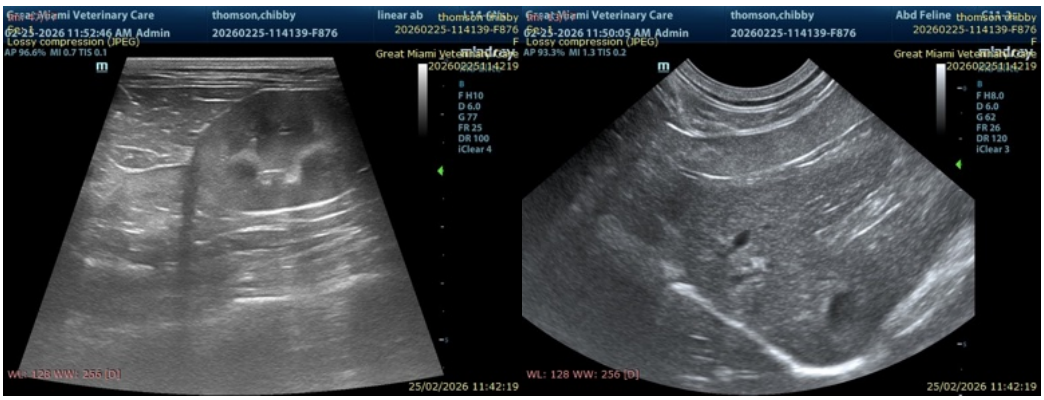
Dr. White

INVOICE

71937

DATE

2/25/26



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