



## PATIENT

Sunny Woodfin

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

7.5 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Hendricks

## HOSPITAL NAME

Grove Small AH

## REFERRING VET

Dr. Hendricks

## INVOICE

71989

## DATE

2/26/26

## PRESENTING CLINICAL SIGNS

- 5 month history of weight loss despite normal appetite
- Elevated ALT 240 (10-100) - last labwork 10/2025. Current labwork pending. Concern for anemia on exam. BCS: 3/9

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.34 x 2.96 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane.

The right kidney is normal in shape and size: 4.35 x 2.44 cm, and the thickness of the cortex is 0.40 cm, in the sagittal plane.

Both kidneys: The cortex appears mildly increased in echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

### Adrenal Glands

Dorsoventral diameters measured in the sagittal plane:

The left adrenal gland measures 0.27 cm at the cranial pole and 0.28 cm at the caudal pole.

The right adrenal gland was not visualized.

### Spleen

Splenic thickness is 0.77 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively mildly enlarged and demonstrates mildly increased echogenicity, with a fine homogeneous echotexture. No hepatic lymphadenopathy is observed.

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 preserved wall layering (mural thickness not recorded). The pylorus measures 3.18 mm.



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Duodenum: 2.32 mm.

Jejunum: 2.29 mm. Mucosa: 0.55 mm. Submucosa: 0.63 mm. Muscularis propria: 0.65 mm.

Ileum: 1.99 mm. Mucosa: 0.39 mm. Submucosa: 0.79 mm. Muscularis propria: 0.67 mm.  
Wall layering is preserved.

Ileocecal junction: 3.53 mm, muscularis 2.03 mm.

There is a focal intestinal segment measuring up to 3.29 mm in thickness with reduced mural layer distinction. Gas is present within the small intestinal lumen.

Colon: Transverse colon 1.02 mm, descending colon 0.57 mm, with formed feces in the lumen.

### ***Pancreas***

Pancreatic thickness is 5.79 mm. The parenchyma is of normal echogenicity, and the pancreatic duct is not dilated.

### ***Peritoneal Cavity***

Mild abdominal effusion is observed. Cranial mesenteric lymph nodes measure 1.07 cm in thickness and appear mildly heterogeneous. Perinodal fat is normal. Ileocecal lymph nodes measure 4.34–4.37 mm.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS**

- Focal small intestinal thickening (3.29 mm) with reduced layer definition.
- Thickened ileocecal junction.
- Disproportionate muscularis thickening.
- Mild abdominal effusion.
- Cranial mesenteric lymphadenomegaly, mildly heterogeneous.
- Mild hepatomegaly with increased echogenicity.

### **SECONDARY FINDINGS**

- Mild bilateral renal cortical hyperechogenicity.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abnormal findings include mild abdominal effusion, enlargement and mild heterogeneity of the cranial mesenteric lymph nodes, mild hepatomegaly with increased echogenicity, and a focal small intestinal segment with decreased mural layer distinction. The ileocecal junction is also thickened with marked muscularis measurement (2.03 mm). Muscularis-to-mucosa ratios are increased (jejunum: 0.65/0.55; ileum: 0.67/0.39), indicating disproportionate muscularis thickening. This pattern, particularly when accompanied by lymphadenopathy and effusion in a cat with chronic weight loss, raises concern for infiltrative gastrointestinal disease, including severe inflammatory enteropathy and small cell lymphoma.



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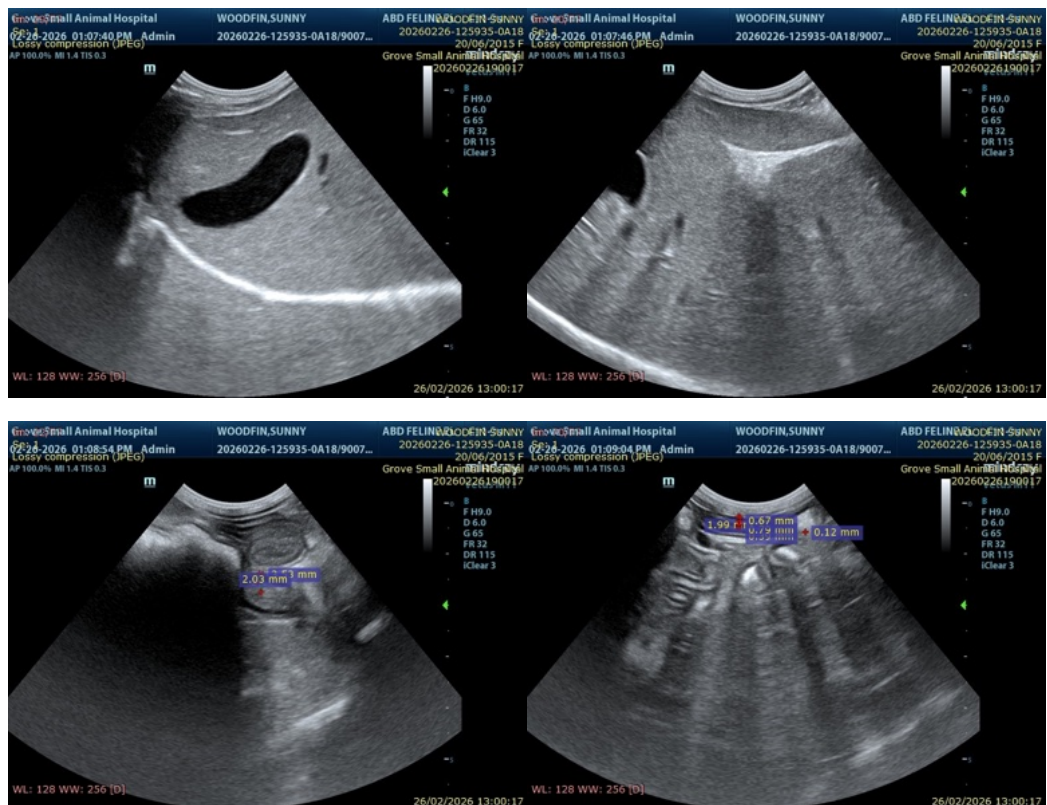
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The diffuse hepatic enlargement and increased echogenicity may represent hepatic lipidosis, particularly given the history of significant weight loss and low body condition score. In cats, negative energy balance can result in hepatic fat accumulation even when appetite is reportedly maintained. However, reactive hepatopathy or infiltrative disease cannot be excluded based on imaging alone, especially in the setting of ALT elevation.

Overall, findings are most concerning for chronic infiltrative gastrointestinal disease with regional lymph node involvement.

### Recommendations

- Recommend ultrasound-guided fine needle aspiration of the cranial mesenteric lymph node, if feasible.
- Intestinal sampling is necessary for a definitive diagnosis to differentiate inflammatory bowel disease from intestinal lymphoma.
- Repeat CBC with reticulocyte count to further characterize the suspected anemia.
- Perform a complete chemistry panel, including repeat liver enzymes and total T4 if not current.
- Confirm FeLV/FIV status if not recently documented.





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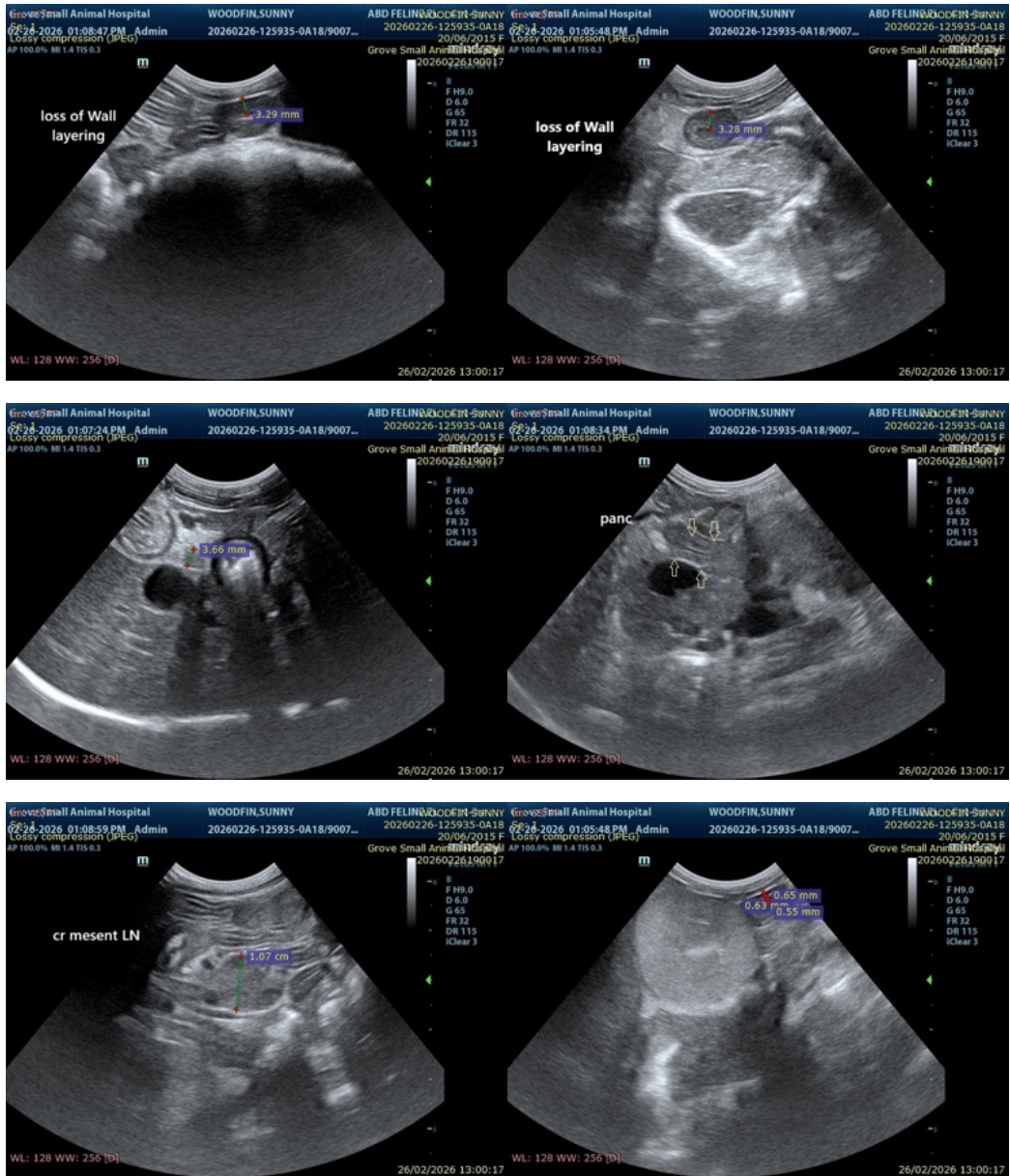
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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