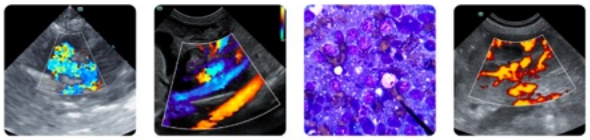


PATIENT

Hamilton Jarrell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

11.25 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

71220

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- History of chronic diarrhea and skin allergies. Has been eating PR canned and dry food for several years and has taken apoquel SID for years. Owner reports that the apoquel does not help much with the skin disease, rec discontinuing. Pet is now going outside of the litterbox just to defecate and the stool is very soft. Switched pet to ZD diet but he will not eat it.
- Eosinophilia on CBC Chem panel NSF 1+ proteinuria on UA Normal T4 Fecal PCR NOS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth. The urine is predominantly anechoic with scant suspended echogenic material. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.02×2.34 cm. Cortical thickness measures 0.33 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.08×2.38 cm. Cortical thickness measures 0.38 cm in the sagittal plane. In both kidneys, the renal cortex is mildly increased in echogenicity, with increased corticomedullary distinction and a mild medullary rim sign. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.32 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.32 cm at the caudal pole.

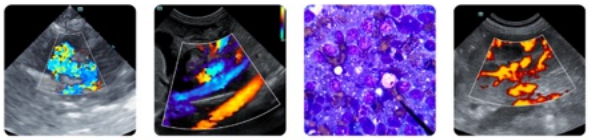
Spleen

Splenic thickness measures 0.73 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture, with a focal hyperechoic area measuring 2.81×5.36 mm. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the luminal contents are predominantly anechoic. The common bile duct measures 1.81 mm.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.54 mm. The pylorus measures 2.39 mm.

The duodenal wall thickness measures 1.74 mm. The jejunal wall thickness measures 2.50 mm, with the following layer measurements: mucosa 1.50 mm, submucosa 0.65 mm, muscularis propria 0.54 mm. The ileal wall thickness measures 2.38 mm, with the following layer measurements: mucosa 0.92 mm, submucosa 0.75 mm, muscularis propria 0.98 mm.

The ileocecal junction measures 3.24 mm, with muscularis propria measuring 1.48 mm.

The colonic wall thickness measures 1.10 mm. The colon is largely empty.

Pancreas

The pancreas measures 6.63 mm in thickness. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.66 mm in diameter. No hyperechogenicity of the peripancreatic fat is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure 4.89–6.12 mm in thickness. Ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Prominence of the ileal and ileocecal muscularis (muscularis:mucosa ≈1) with preserved wall layering.
- Mild enlargement of cranial mesenteric lymph nodes with normal morphology.
- Mildly hypoechoic pancreatic parenchyma without peripancreatic fat changes.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity with a mild medullary rim sign.
- Focal hyperechoic splenic lesion measuring 2.81×5.36 mm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine demonstrates preserved wall layering and overall wall thicknesses within expected limits. However, the ileal muscularis appears relatively prominent by layer measurement, with a muscularis-to-mucosa ratio approximating 1, and the ileocecal junction is mildly thickened with relative muscularis prominence. In the appropriate clinical context, this ultrasonographic pattern is compatible with a food-responsive enteropathy, recognizing the overlap with early or mild inflammatory bowel disease and the limited specificity of imaging findings alone.

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Cranial mesenteric lymph nodes are mildly enlarged but maintain normal morphology, a finding that may be reactive and is compatible with chronic gastrointestinal or inflammatory disease.

The pancreas is mildly hypoechoic relative to the surrounding fat, without peripancreatic fat reactivity or pancreatic duct dilation. In cats, this appearance is nonspecific and may overlap with normal age variation or low-grade pancreatic change.

The kidneys show mildly increased cortical echogenicity with a mild medullary rim sign bilaterally. These findings may be associated with early or chronic renal change, particularly in the absence of structural distortion or renal pelvic dilation. The urinary bladder findings are unremarkable aside from scant suspended echoes, most consistent with mildly concentrated urine.

A small focal hyperechoic splenic lesion is identified. Given its size, echogenicity, and lack of associated splenomegaly or architectural distortion, this finding is most compatible with a benign incidental change, such as nodular hyperplasia, myelolipoma, or siderotic (Gamna–Gandy–type) bodies.

Recommendations

- A comprehensive gastrointestinal panel and feline pancreas-specific lipase (Spec fPL) testing are recommended, to further evaluate the possibility of chronic enteropathy and to assess concurrent pancreatic involvement.
- A strict dietary trial is strongly recommended as both a diagnostic and therapeutic step, prioritizing a truly novel-protein diet (rabbit, duck, venison), ideally in a canned formulation, given the patient's poor acceptance of hydrolyzed diets. The diet trial should be exclusive for a minimum of 6–8 weeks.
- Renal parameters should be monitored over time, given the mild bilateral cortical echogenicity and medullary rim sign.
- Further invasive diagnostics, such as intestinal biopsy, are not indicated at this moment based on ultrasonographic findings. Food-responsive enteropathy should be prioritized before immunosuppressive therapy or invasive diagnostics, acknowledging that final diagnostic decisions remain at the discretion of the primary clinician.

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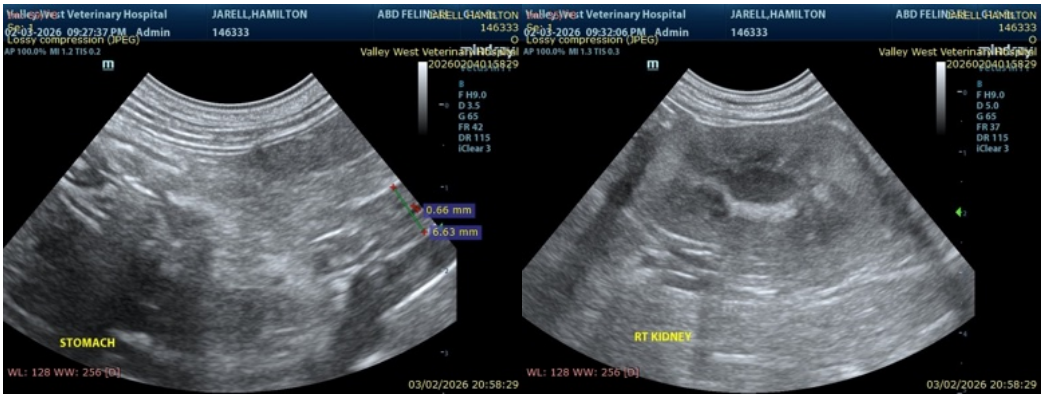

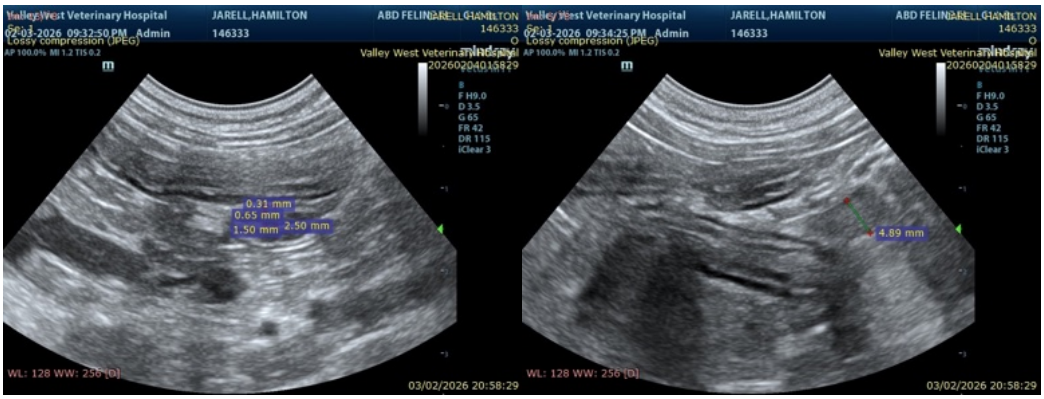

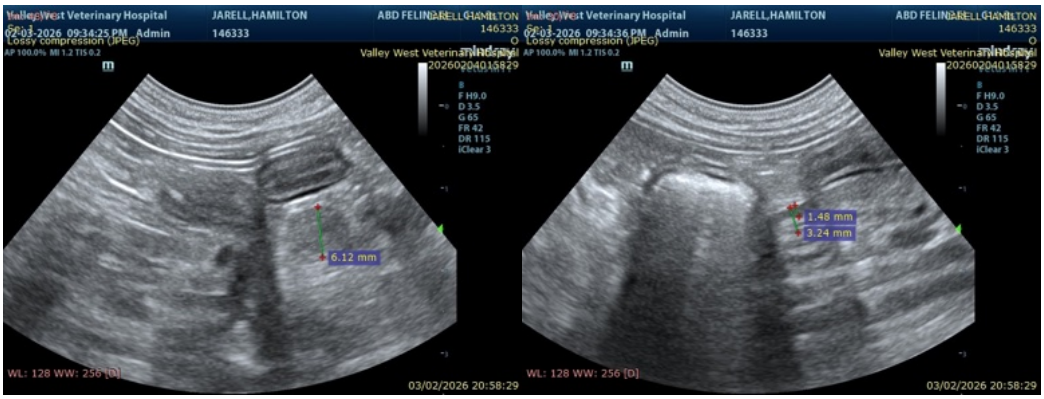

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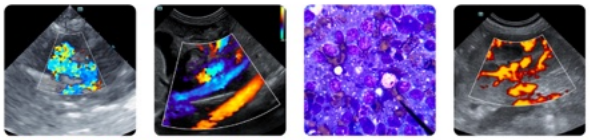

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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