PATIENT

Micky Mier

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

4 years

WEIGHT

6.88 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Emma Flott

HOSPITAL NAME

Portland Veterinary Wellness Center

REFERRING VET

Dr. Schwartz

INVOICE

71372

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Patient adopted one month ago and has had daily vomiting of digested food over last week, vomiting has increased in frequency, and p has started to have diarrhea. Patient has a history of ingesting plastic objects
- PE - BCS 3/9 CBC - eosinophilia (3300)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. Urine appears turbid with suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.49x2.22 cm, and the thickness of the cortex is 0.34 cm, in the sagittal plane. The right kidney is normal in shape and size: 3.96x2.16 cm, and the thickness of the cortex is 0.40 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland is not visualized. The right adrenal gland measures 0.30 cm at the cranial pole and 0.35 cm at the caudal pole.

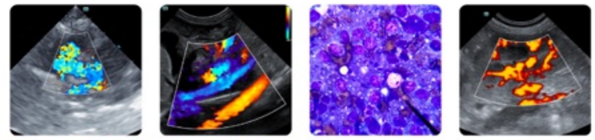
Spleen

Splenic thickness is 0.42 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 normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The gallbladder contents consist of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach contains fluid and is empty of solid ingesta. Gastric wall thickness measures 2.24 mm, with preserved wall layering.

The pylorus measures between 5.18 and 5.31 mm.

The duodenum measures 2.28 mm in wall thickness and shows a mildly corrugated appearance.

The jejunum measures 2.72 mm, with mural components as follows: mucosa 1.28 mm, submucosa 0.77 mm, muscularis propria 0.44 mm.

The ileum measures 2.23 mm, with mural components as follows: mucosa 0.63 mm, submucosa 0.66 mm, muscularis propria 0.79 mm. Wall layering is preserved.

The ileocecal junction measures 4.37 mm in total thickness, with the mucosa measuring 1.87 mm and the muscularis layer measuring 2.18 mm.

The colon measures 0.67 mm in wall thickness and contains formed feces within the descending segment, associated with distal acoustic shadowing. This shadowing may be related to fecal material and could potentially include ingested foreign debris, such as plastic fragments, although this cannot be confirmed ultrasonographically.

Pancreas

The pancreas measures 4.59 mm in thickness. The margins appear mildly irregular. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic evidence of active peripancreatic fat inflammation is identified at this moment.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed.

Cranial mesenteric lymph nodes measure up to 5.42 mm in thickness and have normal shape and echogenicity. Ileocecal lymph nodes are poorly visualized and measure up to 2.54 mm, with normal appearance.

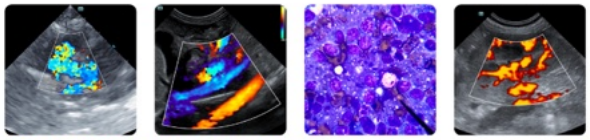
A pancreaticoduodenal lymph node measures 8.37×9.93 mm and appears homogeneous and hypoechoic.

The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild to moderate diffuse small intestinal wall thickening with preserved layering.
- Duodenal corrugation.
- Marked muscularis hypertrophy at the ileocecal junction (muscularis-to-mucosa ratio >1).



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- Enlarged, hypoechoic pancreaticoduodenal lymph node (8.37×9.93 mm).
- Mild pancreatic margin irregularity with relative hypoechogenicity.

SECONDARY FINDINGS

- Turbid urine with suspended echoes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pyloric measurements and some segments of the small intestine demonstrate mildly increased wall thickness. The muscularis propria is disproportionately thickened in the ileum and at the ileocecal junction, where the muscularis-to-mucosa ratio exceeds 1. In cats, this ultrasonographic pattern is most commonly associated with chronic enteropathy, including inflammatory bowel disease, food-responsive enteropathy, and eosinophilic gastrointestinal disease, but it may also overlap with early or low-grade intestinal lymphoma.

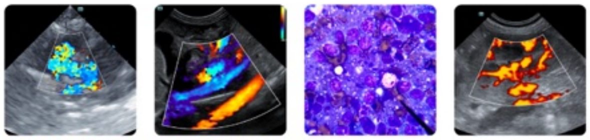
The presence of marked eosinophilia, the patient's young age, and a documented history of plastic ingestion strongly support a chronic inflammatory or eosinophilic gastrointestinal process, potentially exacerbated by repeated mucosal irritation or intermittent partial obstruction caused by ingested foreign material. Chronic exposure to foreign material may result in segmental functional ileus, muscular hypertrophy, and duodenal corrugation, even in the absence of a currently visible foreign body on ultrasound.

The pancreaticoduodenal lymph node is enlarged and hypoechoic, a finding most consistent with reactive lymphadenopathy secondary to adjacent gastrointestinal and pancreatic inflammation. The pancreas itself shows mild margin irregularity and relative hypoechogenicity, a pattern that may be seen with low-grade or chronic pancreatitis in cats, acknowledging that ultrasonographic changes can be subtle or nonspecific in feline pancreatic disease.

No ultrasonographic findings are identified to support a primary mechanical obstructive process at this time. However, given the well-recognized overlap between eosinophilic enteritis, chronic inflammatory enteropathy, and early or low-grade lymphoma in cats, a definitive distinction between these entities cannot be made based on ultrasound alone.

Recommendations

- Exclude parasitic disease if not already performed, including fecal testing and empiric deworming, as eosinophilia may persist despite negative fecal examinations.
- Consider serum cobalamin and folate assessment, as functional deficiencies may be present despite the absence of overt ultrasonographic abnormalities.
- Prioritize medical management for chronic inflammatory or eosinophilic gastrointestinal disease, including:
    - A strict dietary trial with a novel protein or hydrolyzed diet.
    - Antiemetic and gastroprotective therapy as clinically indicated.
- If clinical response is inadequate or if clinical signs progress, endoscopic or full-thickness intestinal biopsies are recommended to obtain a definitive diagnosis.



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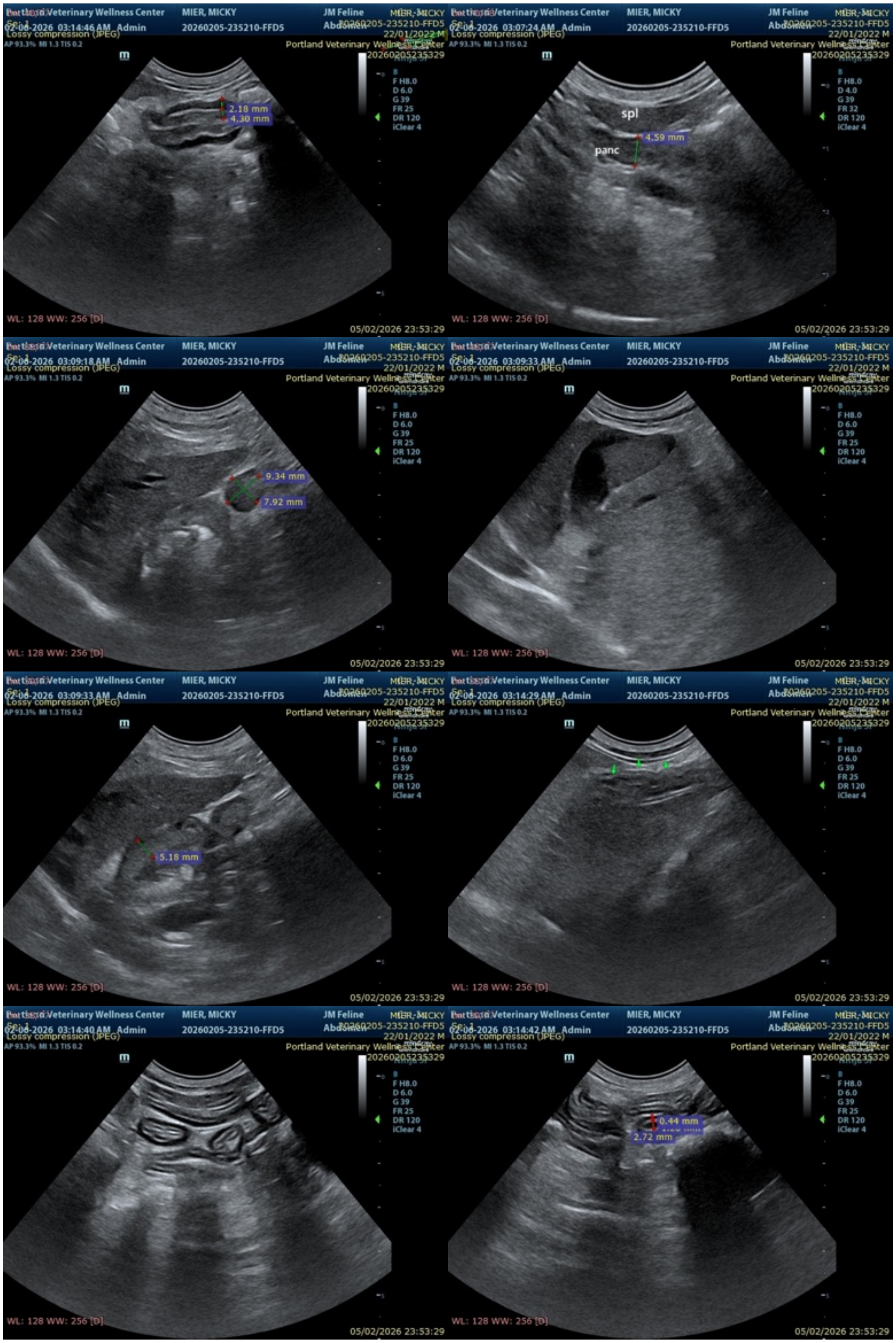

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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