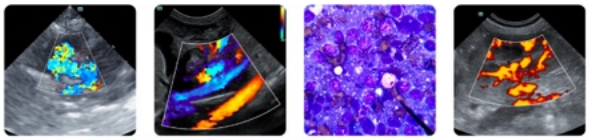


PATIENT

Mr Darcy Tilley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

10.98 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

71373

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Weight loss and decreased appetite for several months

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is predominantly anechoic with a small amount of 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, measuring 3.86×2.42 cm in the sagittal plane. Cortical thickness measures 0.40 cm. The right kidney is normal in shape and size, measuring 4.05×2.69 cm in the sagittal plane. Cortical thickness measures 0.45 cm. In both kidneys, the renal cortex is diffusely increased in echogenicity, resulting in increased corticomedullary distinction. A medullary rim sign is present. 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 0.34 cm at the caudal pole. The right adrenal gland could not be visualized.

Spleen

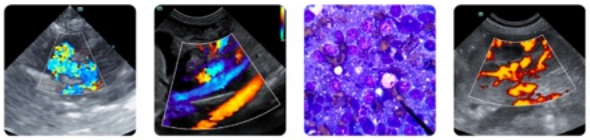
Splenic thickness measures 0.98 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture. No focal splenic lesions are identified. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal



PATIENT

Mr Darcy Tilley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

10.98 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

71373

DATE

2/6/26

The stomach is empty and folded. Gastric wall thickness measures 1.75 mm, with preserved wall layering.

The duodenum measures 2.03 mm in wall thickness. The jejunum measures 2.14 mm, with mural components as follows: mucosa 1.21 mm, submucosa 0.39 mm, muscularis propria 0.39 mm. The ileum measures 1.86 mm in total wall thickness, with mural components as follows: mucosa 0.83 mm, submucosa 0.49 mm, muscularis propria 0.45 mm. Wall layering is preserved in this segment. The ileocecal junction measures 2.78 mm, with the muscularis layer measuring 1.0 mm.

A focal segment of small intestine, presumed to be ileum, demonstrates marked mural thickening up to 6.86 mm with complete loss of normal wall layering. A separate small intestinal segment is not thickened (2.11 mm) but also lacks normal mural layering. Mild luminal fluid accumulation is present in some small intestinal segments, compatible with functional ileus rather than mechanical obstruction.

The colon contains formed feces in the descending segment.

Pancreas

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

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes measure up to 7.34 mm in thickness and are hypoechoic. Ileocecal lymph nodes measure between 3.56 and 5.22 mm in thickness and are hypoechoic. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Focal small intestinal mural thickening up to 6.86 mm with complete loss of wall layering
- Additional small intestinal segment with loss of mural layering despite normal thickness
- Mild to moderate small intestinal muscularis thickening, including ileocecal junction muscularis measuring 1.0 mm.
- Mild segmental small intestinal ileus.
- Enlarged, hypoechoic cranial mesenteric lymph and ileocecal lymph nodes.

SECONDARY FINDINGS

- Diffuse increased renal cortical echogenicity with mild medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severity and focality of the intestinal segment with complete loss of wall layering, combined with enlarged, hypoechoic mesenteric and ileocecal lymph nodes, shifts the overall interpretation toward an infiltrative neoplastic process, rather than uncomplicated inflammatory bowel disease alone. While severe chronic enteritis can result in marked mural abnormalities, including, in rare cases,

PATIENT

Mr Darcy Tilley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

10.98 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

71373

DATE

2/6/26

granulomatous inflammatory disease with loss of normal wall stratification, complete effacement of layering to this extent remains uncommon in the absence of neoplasia.

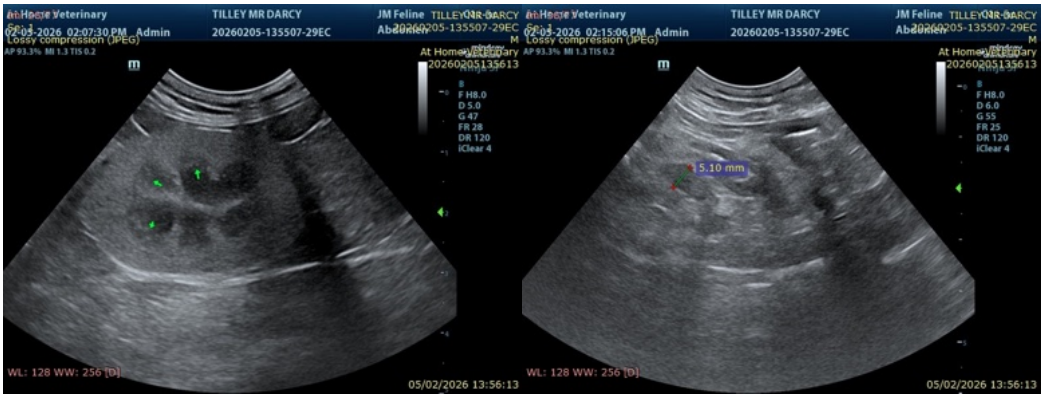
The increased muscularis-to-mucosa ratio (>1) observed in other segments, is classically associated with chronic enteropathy in cats, including inflammatory bowel disease and low-grade lymphoma.

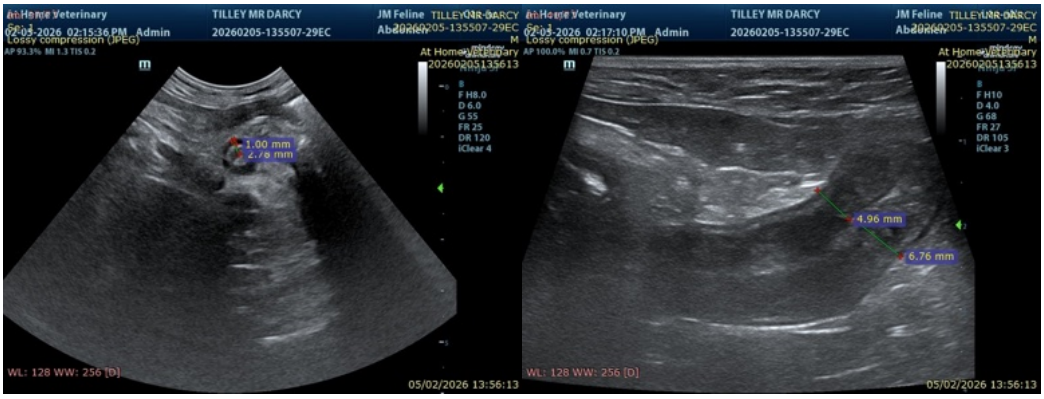
Mild segmental ileus is most likely secondary to mural disease rather than obstructive pathology, as no discrete obstructive lesion is identified.

The kidneys demonstrate diffuse increased cortical echogenicity with a mild medullary rim sign, which is a common, often nonspecific finding in older cats and may reflect chronic medical renal disease or age-related change. These renal findings do not explain the gastrointestinal signs but may represent a concurrent condition.

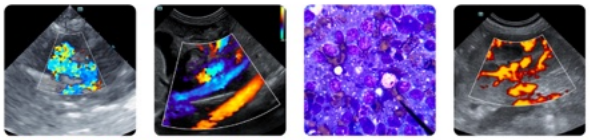
Recommendations

- Tissue sampling is strongly recommended (full-thickness surgical biopsies are preferred given the focal loss of layering).
- If lymphoma is confirmed or strongly suspected:
    - Further staging (thoracic imaging, FeLV/FIV status if not known) is advised.
    - Discussion of therapeutic options should follow.





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mr Darcy Tilley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

10.98 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

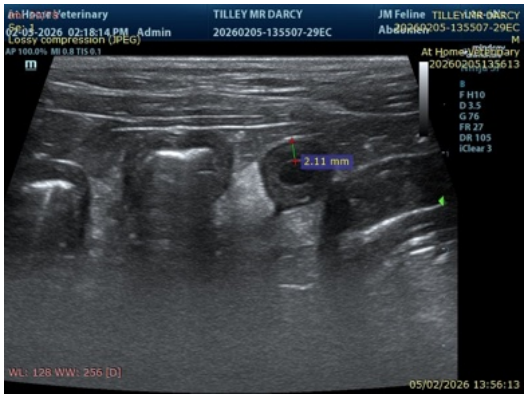
Dr. Persson

INVOICE

71373

DATE

2/6/26



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