



PATIENT

Sensa Moffit

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Cline

INVOICE

71353

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Persistent weight loss. First reported in 9/2023. Ravenous appetite, begs for treats/people food/etc. Eating Purina Pro Plan Urinary canned food (hx of struvite crystalluria and periuria), but also eats housemate's weight control dry diet. No reported vomiting/diarrhea.
- Periuria all of the time, since 2016. Occasionally treated for UTI here, but not consistently examined. No preventative care annually.
- Indoor only.
- CBC/Chem/TT4 in 2023: Leukocytosis (32K) - Neutrophilia (27.5K) with band neutrophils, and monocytosis (1.3K). Chem/TT4 all WRI. UAS NSF. FeLV/FIV = negative. CBC/Chem/TT4 1/2026: Still leukocytosis (26K) - Neutrophilia (17K), Monocytosis (2.3K), and Basophilia (0.67K). Chem/TT4 NSF (mild elevation TBili 1.6). UAS 1/2026: Hematuria, pyuria. Tx with Convenia due to patient temperament. PE 1/2026: BCS 2/9, MCS 1/3, Otherwise NSF. Thoracic Rads today: WNL/NSF UAS today: Resolved pyuria/hematuria. Bacteriuria present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is mildly underdistended. Due to underdistension, urinary bladder wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified.

The left kidney is normal in shape and size, measuring 2.98×1.86 cm. Cortical thickness measures 0.28 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.26×1.99 cm. Cortical thickness measures 0.28 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. 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 0.26 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.22 cm at the caudal pole.

Spleen

Splenic thickness measures 0.67 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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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. The contents are anechoic. The common bile duct measures 2.03–2.59 mm.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.73 mm. The pylorus could not be reliably measured.

The duodenal wall thickness measures 1.97 mm.

The jejunal wall thickness measures 3.90 mm, with the following layer measurements: mucosa 1.35 mm, submucosa 0.93 mm, muscularis propria 1.78 mm.

The ileal wall thickness measures 5.09 mm, with the following layer measurements: mucosa 1.77 mm and muscularis propria 2.43 mm. Wall layering is preserved.

The ileocecal junction measures 5.70 mm, with muscularis propria measuring 2.36 mm.

No sonographic evidence of ileus, obstruction, or foreign material is identified.

The colonic wall thickness measures 1.25 mm. The colon is largely empty, with a small amount of soft fecal material.

Pancreas

The pancreas measures 6.58–7.18 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.37 mm in diameter. No hyperechogenicity of the peripancreatic fat is identified.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure 4.89–7.37 mm in diameter. Ileocecal lymph nodes measure 1.88–3.91 mm and appear mildly hypoechoic. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Jejunal, ileal, and ileocecal wall thickening with muscularis prominence.
- Mild enlargement and hypoechoogenicity of cranial mesenteric and ileocecal lymph nodes.
- Mild pancreatic enlargement with mild parenchymal hypoechoogenicity.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

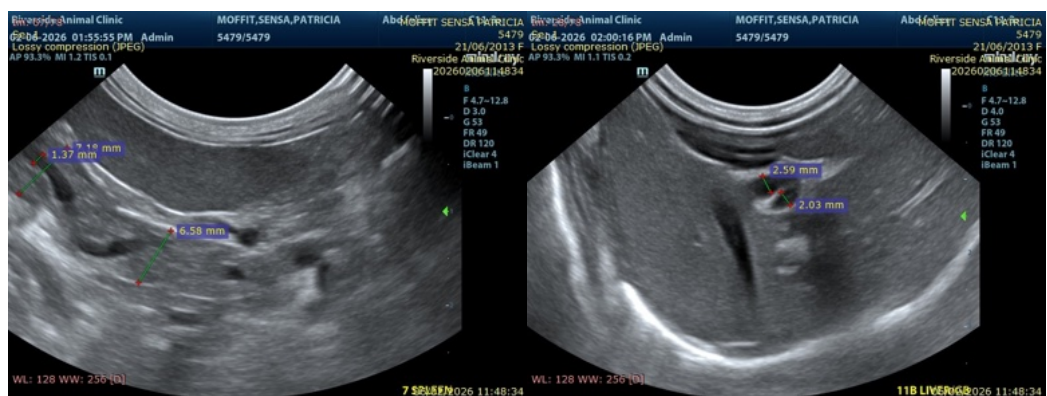
Overall, the ultrasonographic findings are most consistent with a chronic small intestinal enteropathy with muscularis-predominant thickening, with possible concurrent low-grade pancreatic involvement. These findings may plausibly explain the patient's chronic weight loss despite preserved or increased appetite.

The small intestine shows preserved wall layering but demonstrates segmental thickening with disproportionate prominence of the muscularis layer, most notably affecting the jejunum, ileum, and ileocecal junction. In cats, a relative increase in muscularis thickness, particularly when approaching or exceeding mucosal thickness, is a nonspecific but meaningful pattern that overlaps most commonly with chronic enteropathy, including inflammatory bowel disease and low-grade lymphoma. Ultrasonography alone cannot reliably differentiate among these entities.

Mild enlargement and altered echogenicity of the cranial mesenteric and ileocecal lymph nodes further support a chronic gastrointestinal inflammatory or infiltrative process, although nodal morphology remains relatively preserved.

Recommendations

- Definitive differentiation between inflammatory bowel disease and low-grade alimentary lymphoma cannot be achieved with ultrasonography alone. In cats, these entities show substantial imaging overlap, and histopathologic evaluation of intestinal biopsies remains the only diagnostic method capable of reliably distinguishing between them. If establishing a definitive diagnosis is a clinical priority, intestinal biopsy is required.
- A comprehensive gastrointestinal panel may be considered as an adjunctive diagnostic tool, particularly to assess serum cobalamin concentration and overall gastrointestinal function; however, these results do not replace histopathology and should be interpreted as supportive rather than definitive.
- Dietary management may be pursued as part of medical management.





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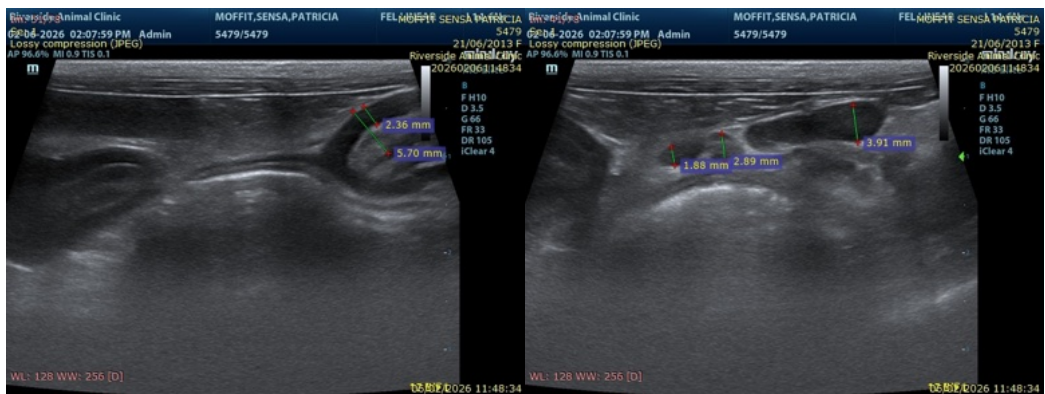
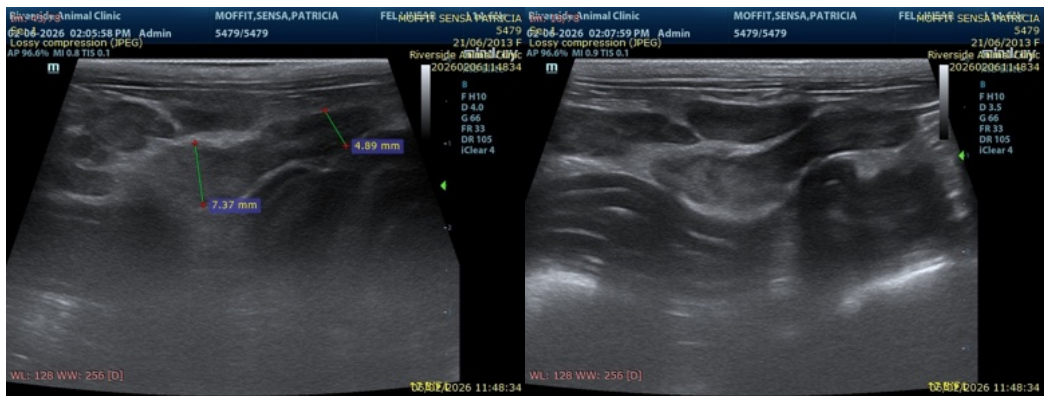
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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