



PATIENT

Peanut Pulliam

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

73408

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- significant weight loss over the past year (no previous records but O reports he was 15-20 lbs previously)
- Not eating at all for the past 4 days. Vomiting, lethargic
- indoor/outdoor access
- AMYLASE 1430 (100 - 1200IU/L) PrecisionPSL 33 (8 - 26U/L) Mild lymphopenia: Absolute Lymphocytes 1001 (1200 - 8000/uL) 1+ proteinuria but RBCs present from cysto, urine SG 1.038 (rest of superchem/CBC/T4 all WNL, neg for FeLV/FIV) Heart murmur

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: 4.21×2.33 cm, and the thickness of the cortex is 0.36 cm in the sagittal plane.

The right kidney is normal in shape and size: 4.74×2.06 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane.

In both kidneys, the cortex appears mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.28 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.37 cm at the caudal pole, with a small incidental calcification.

Spleen

Splenic thickness is 0.65 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver



PATIENT

Peanut Pulliam

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

73408

DATE

3/11/26

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

The gallbladder lumen is moderately distended. The wall is thin and the contents consist primarily of anechoic bile with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness (1.59 mm) and preserved wall layering. The pylorus measures 3.93 mm, with muscularis measuring 1.95 mm.

The duodenum measures 2.20 mm. The jejunum measures 2.07 mm, with mucosa measuring 0.65 mm, submucosa 0.52 mm, and muscularis propria 0.71 mm. The ileum measures 2.01 mm, with mucosa measuring 0.67 mm, submucosa 0.75 mm, and muscularis propria 0.58 mm. Wall layering is preserved throughout.

The ileocecal junction measures 4.54 mm, with muscularis measuring 1.91 mm.

The ascending colon measures 1.78 mm, containing intraluminal fluid. The transverse colon measures 1.33 mm, with semi-liquid contents. The descending colon measures 1.08 mm, with more formed fecal material.

Pancreas

The pancreas measures 6.21 mm in thickness. The pancreatic parenchyma appears very slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.28 mm in diameter. No ultrasonographic signs of active peripancreatic fat inflammation are identified.

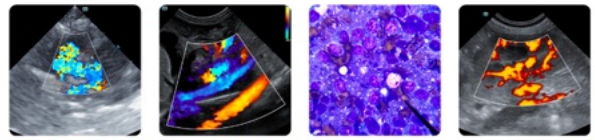
Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure approximately 4.43–5.89 mm, and ileocecal lymph nodes measure approximately 3.64–4.10 mm, maintaining normal shape and echogenicity. The lymph node at the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Relative thickening of the intestinal muscularis layer.
- Ileocecal junction wall thickening with disproportionate muscularis thickening.
- Mild prominence of cranial mesenteric lymph nodes and ileocecal lymph nodes.
- Mildly hypoechoic pancreatic parenchyma with mild pancreatic duct dilation (1.28 mm).



PATIENT

Peanut Pulliam

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

73408

DATE

3/11/26

SECONDARY FINDINGS

- Small amount of biliary sludge.
- Subtle bilateral renal cortical hyperechogenicity with medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine demonstrates preserved wall layering; however, the muscularis layer is clearly thickened relative to the mucosa. The calculated muscularis-to-mucosa ratios are increased (approximately 1.09 in the jejunum and 0.87 in the ileum). Additionally, the ileocecal junction shows a muscularis thickness of 1.91 mm within a total wall thickness of 4.54 mm, indicating a disproportionately thickened muscularis layer. This pattern is well described in cats with chronic enteropathy and is also reported in early small cell lymphoma. Therefore, the intestinal findings are clinically significant and compatible with chronic inflammatory intestinal disease (IBD) or early infiltrative disease (low-grade lymphoma).

The appearance of the cranial mesenteric and ileocecal lymph nodes is most compatible with reactive lymphadenopathy associated with intestinal inflammatory disease, however, early nodal infiltration cannot be ruled out based on ultrasound alone.

The pancreas appears very mildly hypoechoic relative to the surrounding fat, with a pancreatic duct diameter measuring approximately 1.28 mm. In conjunction with the mildly increased Precision PSL, these findings may be compatible with mild or chronic pancreatitis.

Both kidneys demonstrate mild cortical hyperechogenicity with a medullary rim sign, which may be seen with early renal change, dehydration, or nonspecific renal stress, but renal architecture remains otherwise preserved.

Recommendations

- Complete gastrointestinal panel, including serum cobalamin and folate concentrations, to further assess intestinal function and possible malabsorption.
- Dietary trial with a highly digestible or novel protein diet, which may be considered as an initial therapeutic approach for suspected chronic inflammatory enteropathy.
- If definitive differentiation between inflammatory bowel disease and small cell lymphoma is desired, intestinal biopsy remains the only method for a definitive diagnosis.
- Cobalamin supplementation is recommended if serum cobalamin concentrations are found to be decreased.
- Medical management with anti-inflammatory therapy (corticosteroids) may be considered at the discretion of the attending clinician; (not prior to diagnostic sampling).
- Monitor renal values, urine specific gravity, and UPC.



PATIENT

Peanut Pulliam

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

**IMAGING
PERFORMED BY**

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

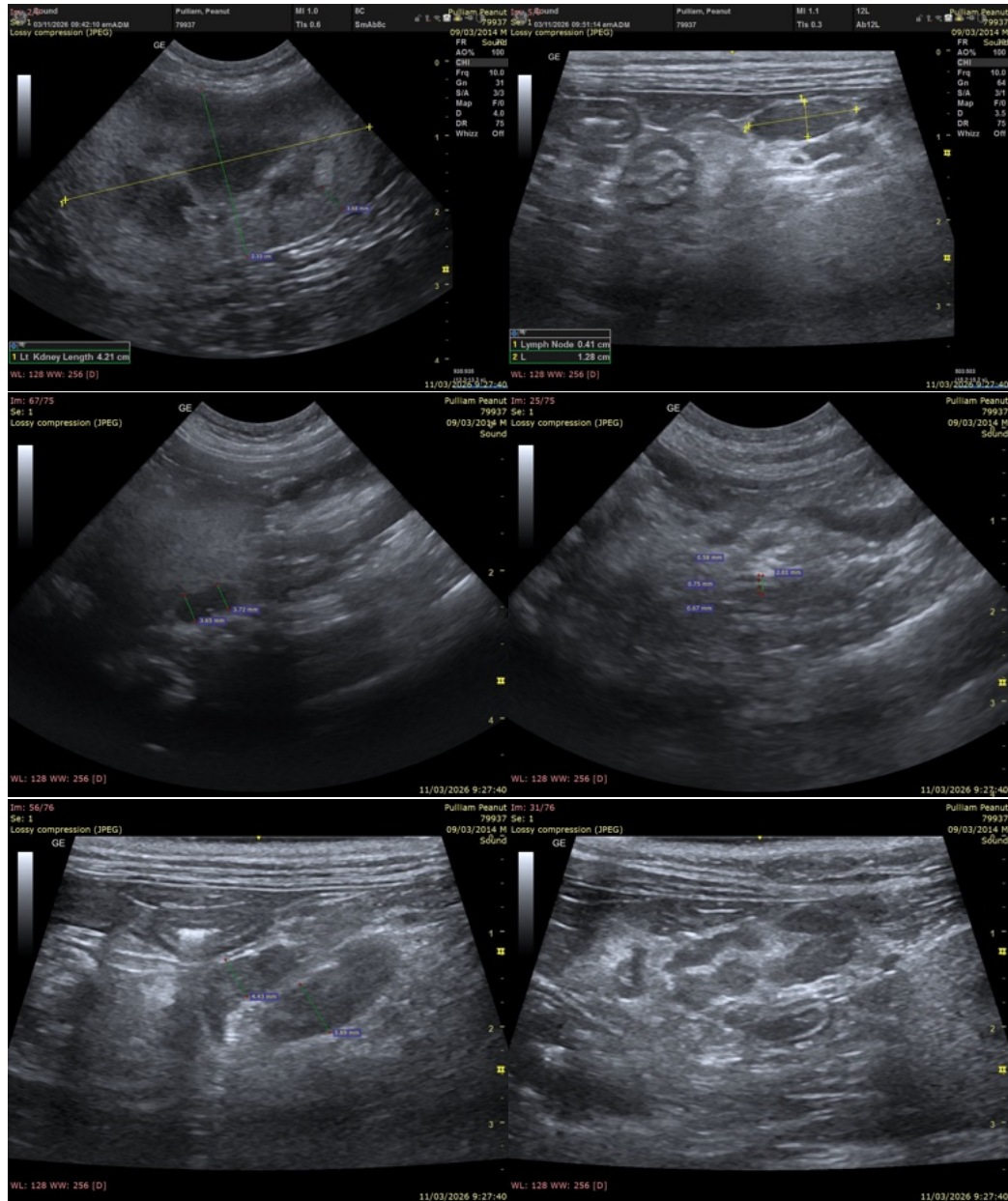
Dr. Jagger

INVOICE

73408

DATE

3/11/26





PATIENT

Peanut Pulliam

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

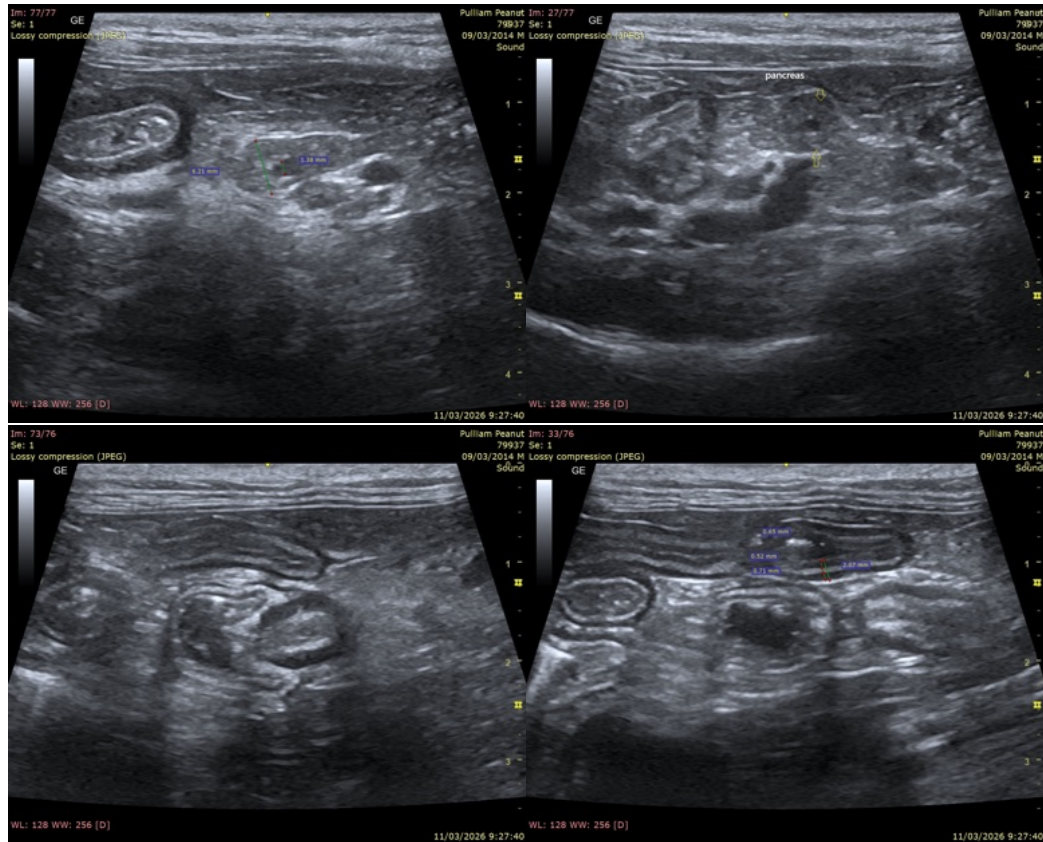
Dr. Jagger

INVOICE

73408

DATE

3/11/26



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