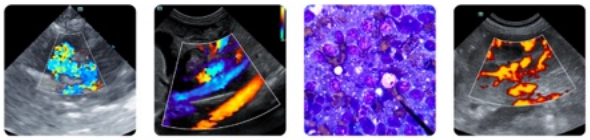


PATIENT

Jill Seno

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

9 years

WEIGHT

5.54 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Moreno

INVOICE

73508

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Presented for increased vocalizing, appetite and occasional vomiting. No diarrhea. Mild increase in fT4.
- fT4: 55 Chem: Cre 1.6 Feline GI Panel: Pending Fecal: Pending BP: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 2.85×1.86 cm. Cortical thickness is 0.25 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 2.81×1.75 cm. Cortical thickness is not provided. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands are normal in size (left: 0.39 cm cranial pole, 0.38 cm caudal pole; right: 0.34 cm cranial pole, 0.32 cm caudal pole). Multiple hyperechoic foci consistent with mineralization are present bilaterally. The glands maintain normal shape, and no nodules or masses are identified.

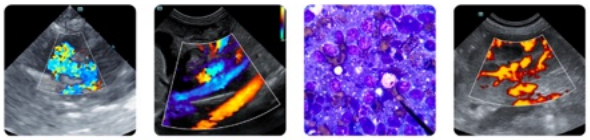
Spleen

Splenic thickness is 0.64 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture, without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges 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 wall is thin, and the contents are predominantly anechoic with a very small amount of biliary sludge. The common bile duct measures 2.31–1.58 mm.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.28 mm and preserved layering. The pylorus measures 3.10 mm.

Duodenum: 1.93 mm. Jejunum: 2.78 mm, with mucosa 1.29 mm, submucosa 0.55 mm, and muscularis propria 0.66 mm. Ileum: 2.83 mm, with mucosa 1.04 mm, submucosa 0.92 mm, and muscularis propria 1.06 mm (focally up to 1.29 mm). The ileocecal junction measures 3.23 mm, with muscularis propria 1.42 mm. Wall layering is preserved throughout.

Colon: ascending colon 1.45 mm, transverse colon 1.36 mm, descending colon 2.48 mm (empty). Preserved layering

Pancreas

The pancreas measures 4.20–4.42 mm in thickness, with mildly irregular margins. The parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.37 mm. No peripancreatic fat inflammation is identified.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion or peritonitis. Cranial mesenteric lymph nodes measure 3.01–3.62 mm and have normal shape and echogenicity. Ileocecal lymph nodes measure 1.74–1.94 mm. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Diffuse intestinal muscularis thickening (jejunum and ileum; ileum more marked).
- Mild pancreatic hypoechogenicity with irregular margins.

SECONDARY FINDINGS

- Bilateral adrenal mineralization.
- Minimal biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thickness is within normal limits; however, there is disproportionate muscularis thickening, particularly in the ileum. Muscularis-to-mucosa ratios are increased:

- Jejunum ≈ 0.51 (borderline increased).
- Ileum ≈ 1.02 (markedly increased)

In cats, a muscularis-to-mucosa ratio >0.5 is considered abnormal and is associated with chronic enteropathy: IBD or small cell lymphoma, with significant overlap between the two. The degree and distribution of muscularis thickening in this case—particularly the marked ileal involvement, raise

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concern for an infiltrative process. However, preserved wall layering and normal lymph nodes prevent definitive differentiation.

The pancreas shows hypoechogenicity and irregular margins without peripancreatic fat changes. In cats, these findings are often associated with mild or chronic pancreatitis, which frequently lacks overt inflammatory changes on ultrasound.

Adrenal mineralization is present bilaterally. Given normal size and morphology, this is most consistent with age-related or incidental change, without evidence of adrenal disease.

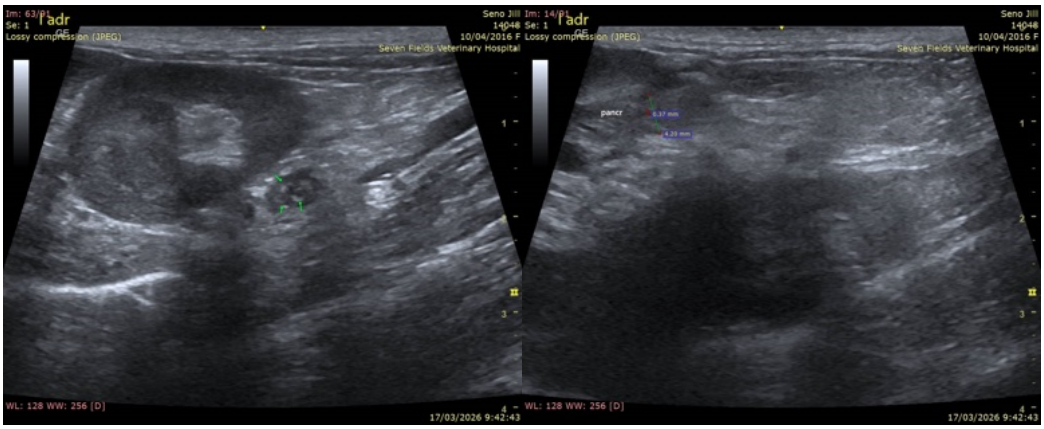
The liver and biliary system are unremarkable aside from minimal sludge.

Overall, this is a case where hyperthyroidism likely contributes to the clinical signs but does not fully explain the intestinal muscularis changes. A concurrent chronic enteropathy or early infiltrative disease is strongly suspected.

Recommendations

- Correlate intestinal findings with the pending gastrointestinal panel (cobalamin, folate, fPLI).
- Medical management for chronic enteropathy.
- Cobalamin supplementation may be considered if indicated.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.



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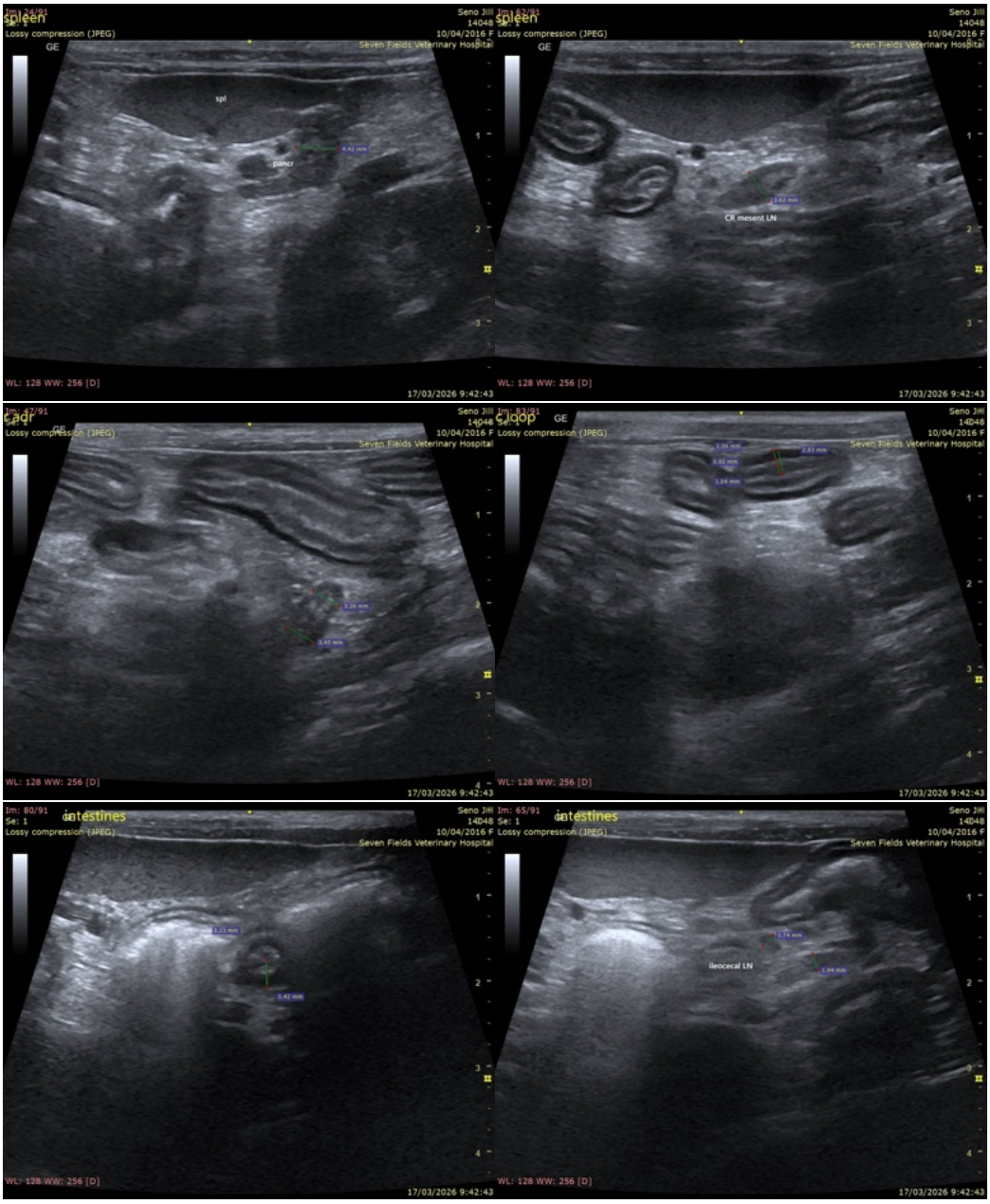

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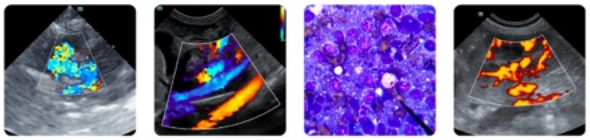

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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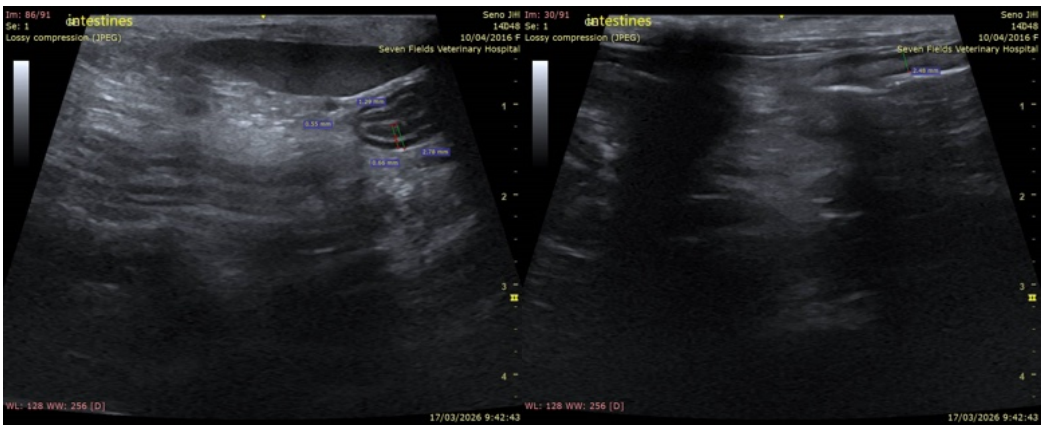

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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