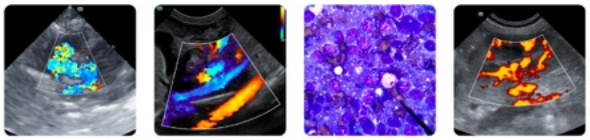


PATIENT

Pom Pom SCAT

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

3 years

WEIGHT

2.3 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

72113

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Chronic diarrhea
- Dx with coccidiosis, persistent diarrhea after treatment baycox and mtz,
- anemia and leukocytosis - new resolved

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: 3.21×1.92 cm, and the thickness of the cortex is 0.36 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 3.26×1.74 cm, and the thickness of the cortex is 0.30 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color 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 0.27 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole; the caudal pole was not reliably measured in the submitted material.

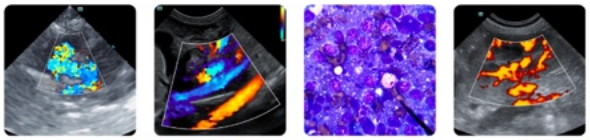
Spleen

Splenic thickness is 0.82 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 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 are primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (1.44 mm) and preserved wall layering. The pylorus measures 2.62 mm. Duodenum: 1.74–1.82 mm. Within the distal duodenum, a very fine linear echogenic filamentous structure is identified. Its origin is uncertain and may represent fibrous plant material or other ingested linear material. There is no associated plication, obstruction, or segmental dilation.

Jejunum: 2.36 mm, Mucosa: 1.14 mm, Submucosa: 0.56 mm, Muscularis propria: 0.64 mm. Another jejunal segment measures mucosa 0.97 mm and muscularis propria 0.92 mm.
Ileum: 2.60 mm, Mucosa: 1.04 mm, Submucosa: 0.65 mm, Muscularis propria: 0.74 mm with preserved wall layering.
The ileocecal junction measures 3.14 mm, with muscularis thickness of 1.30 mm.

Peristalsis appears increased, with a mild fluid pattern within the small intestine.

Colon: Ascending 1.05 mm with scant pasty content. Transverse 1.21 mm with scant content and gas. Descending 0.81 mm with heterogeneous soft content but not fully liquid. Formed feces are present in the descending segment.

Pancreas

Pancreatic thickness measures 4.05 mm. The pancreatic parenchyma is isoechoic to adjacent omental fat. The pancreatic duct is not dilated. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 2.71–2.83 mm, ileocecal lymph nodes 2.06 mm, and a caudal mesenteric lymph node measures 4.86 mm. All maintain normal shape and echogenicity. The iliac trifurcation is normal.

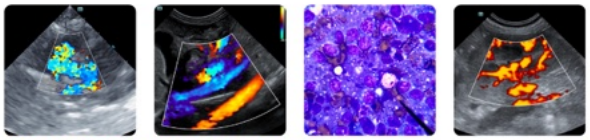
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild relative muscularis prominence in jejunal and ileal segments. Muscularis-to-mucosa ratios: Jejunum (segment 1): 0.56. Jejunum (segment 2): 0.95. Ileum: 0.71 (In healthy feline small intestine ratio generally <0.5).
- Mild small intestinal fluid pattern with increased motility.
- Mild reactive mesenteric lymph nodes with preserved morphology.

SECONDARY FINDINGS

- Incidental fine linear echogenic intraluminal structure within distal duodenum, non-obstructive.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thicknesses are within accepted reference ranges; however, there is relative muscularis prominence in several segments (jejunum and ileum), including an ileocecal muscularis measurement of 1.30 mm. Wall layering remains preserved throughout. The combination of increased motility, mild intraluminal fluid, and mild regional lymph node enlargement (while maintaining normal morphology) supports a functional or inflammatory small intestinal process.

The mild muscularis prominence may be consistent with early or mild chronic enteropathy. Differentiation between inflammatory bowel disease and early small cell lymphoma cannot be made ultrasonographically when changes are subtle; however, given the patient's young age and clinical history, inflammatory enteropathy or post-infectious dysbiosis is more likely.

The fine linear echogenic structure identified within the distal duodenum may represent ingested linear material (plant fiber, thread..). At the time of examination, there is no associated intestinal plication, segmental dilation, or obstructive pattern. Clinical correlation with possible recent ingestion is recommended.

Recommendations

- Complete GI panel including cobalamin and folate concentrations.
- If cobalamin is decreased, initiate parenteral cobalamin supplementation.
- Dietary trial (highly digestible or hydrolyzed protein diet).
- Probiotic therapy may be beneficial given post-infectious dysbiosis as a differential.
- If diarrhea persists despite medical management, further evaluation, intestinal biopsy may be considered at the discretion of the attending veterinarian.

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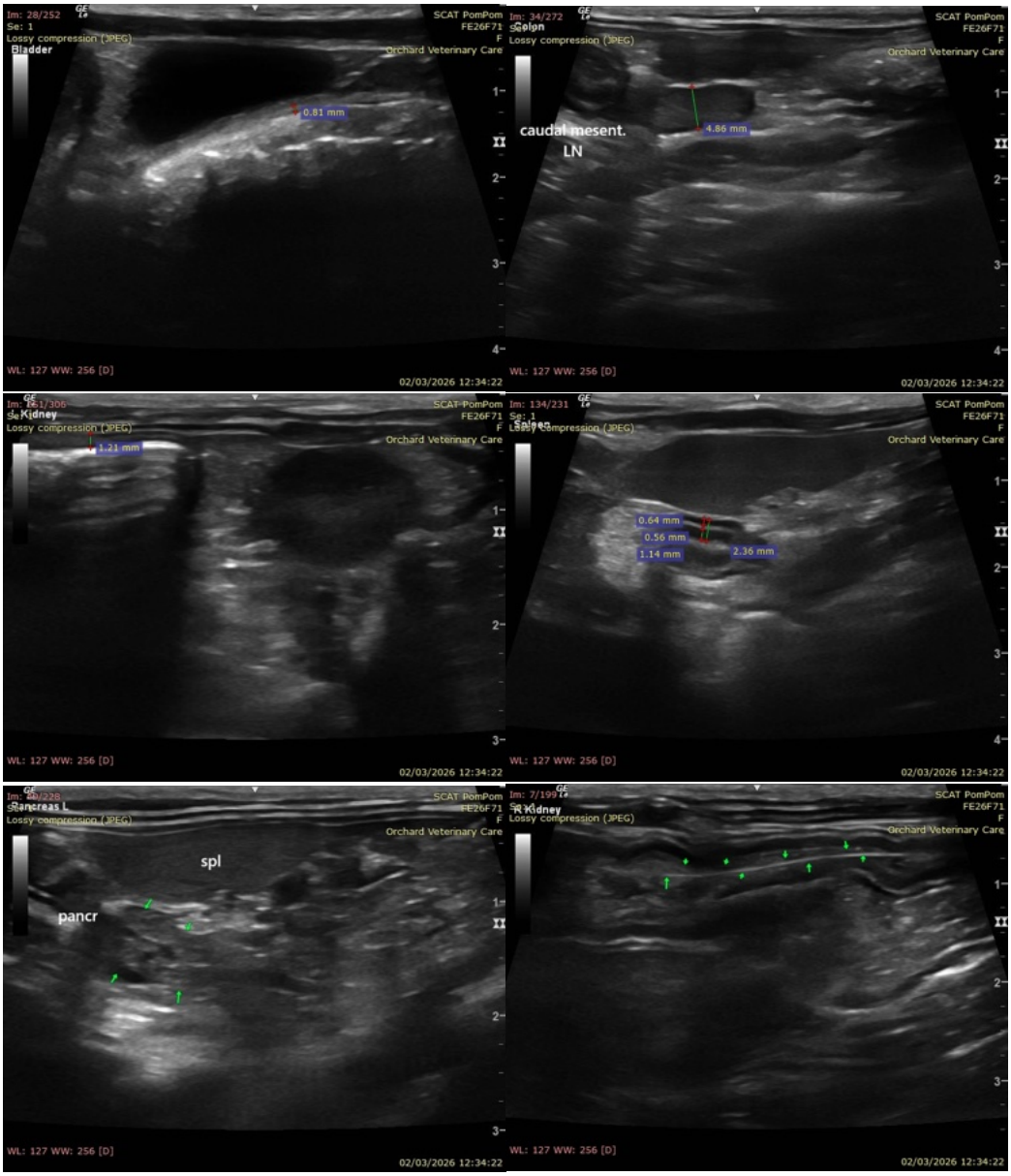

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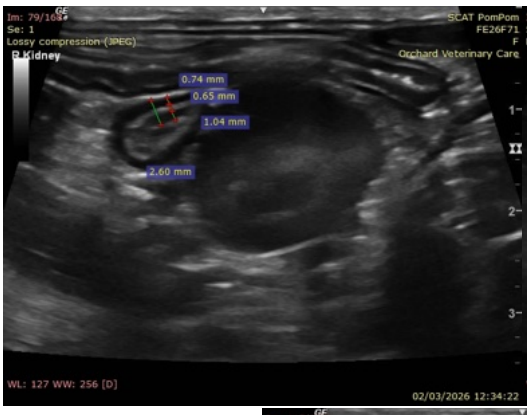

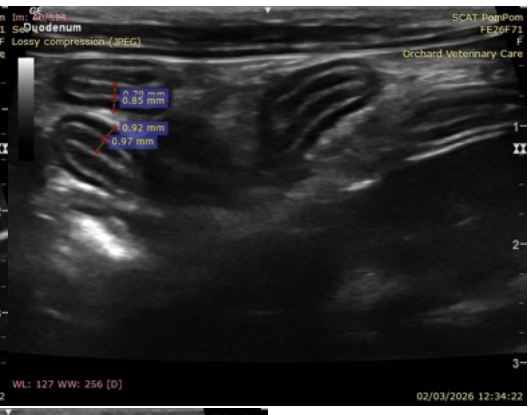

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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