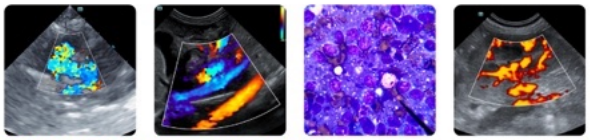


PATIENT

Benji Molta

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

11.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Scott

INVOICE

73692

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Excessive vomiting, abdominal rash. No change with novel protein
PE- abdominal rash

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 predominantly anechoic with scant suspended echoes. 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: 4.23×3.44 cm, and the thickness of the cortex is 0.29 cm in the sagittal plane. The right kidney is normal in shape and size: 4.55×2.58 cm, and the thickness of the cortex is 0.32 cm in the sagittal plane. In both kidneys, the cortex is mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.25 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland is not visualized.

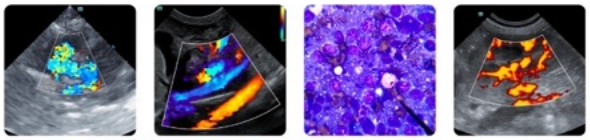
Spleen

Splenic thickness is 0.75 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 is uniform and isoechoic compared 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 primarily anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is distended and contains ingesta, with mural thickness (1.71 mm) and preserved wall layering. The pylorus measures 2.79 mm.

Duodenum: 2.52 mm, mildly distended with mixed fluid and mucosal content and mildly corrugated. The duodenal papilla measures 4.23×5.47 mm. Jejunum: 2.74 mm (mucosa: 1.49 mm; submucosa: 0.58 mm; muscularis propria: 0.68 mm). Ileum: 2.61 mm (mucosa: 0.61 mm; submucosa: 0.76 mm; muscularis propria: 1.10 mm). Wall layering is preserved. The ileocecal junction is not visualized. No evidence of obstruction, ileus, or foreign material is identified.

Colon: transverse colon 1.09 cm with small amounts of soft content; descending colon 0.48 cm with soft fecal material.

Pancreas

Right limb/body measures 7.76 mm; left limb measures 6.32–8.31 mm in thickness. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.16 mm. No peripancreatic fat inflammation is identified.

Free Abdomen

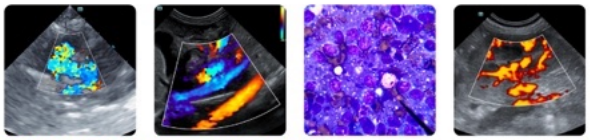
No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Increased intestinal muscularis thickness (notably ileum; muscularis/mucosa ratio >1).
- Subtle duodenal corrugation.
- Pancreatic enlargement and hypoechogenicity.
- Mild pancreatic duct dilation (1.16 mm).

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Mild biliary sludge.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract shows preserved wall layering and thicknesses within accepted feline reference ranges (generally <2–3 mm), with no ultrasonographic evidence of obstructive or focal infiltrative disease. However, the increased muscularis thickness relative to the mucosa, particularly at the ileum (muscularis/mucosa ratio >1), is a relevant finding and supports a chronic enteropathy. In this context, differentials include inflammatory bowel disease and small cell lymphoma, which cannot be reliably distinguished on ultrasound alone.

Mild duodenal corrugation is a nonspecific finding that may be associated with inflammatory or functional gastrointestinal disease and can also be seen with adjacent pancreatic inflammation.

Pancreatic findings are compatible with pancreatitis, acknowledging that feline pancreatitis often lacks overt surrounding inflammatory changes.

Mild bilateral renal cortical hyperechogenicity is noted, representing a nonspecific finding that may reflect early or subclinical renal change.

The stomach is markedly distended with ingesta. Correlation with fasting status is recommended, as this finding may be within normal limits in a non-fasted patient; however, if the patient was appropriately fasted, delayed gastric emptying should be considered, particularly given the history of vomiting.

Overall, findings support a chronic gastrointestinal process, with concurrent pancreatic changes. Given the history and dermatologic signs, an inflammatory or immune-mediated condition (including eosinophilic disease) is considered possible; however, early small cell lymphoma cannot be definitively excluded based on ultrasonography alone, even in the absence of lymphadenopathy.

Recommendations

- Further differentiation of chronic enteropathy:
    - Gastrointestinal panel (cobalamin/folate).
    - Consider intestinal biopsies for a definitive diagnosis.
- Pancreatic assessment:
    - fPLI testing to support suspected pancreatitis.
- Consider evaluation for eosinophilic or allergic disease given dermatologic findings.
- Supportive gastrointestinal management.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status and ongoing response to treatment.

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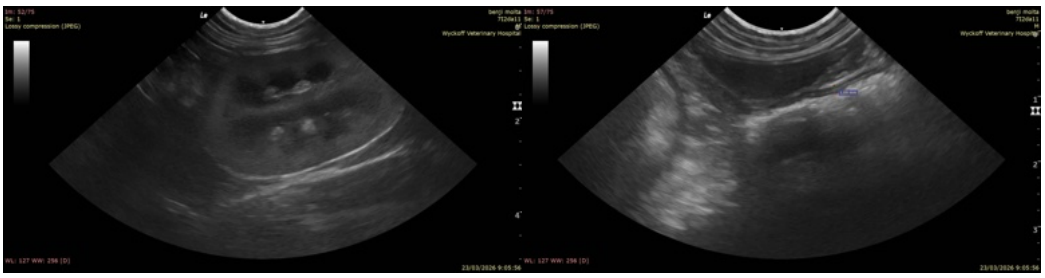

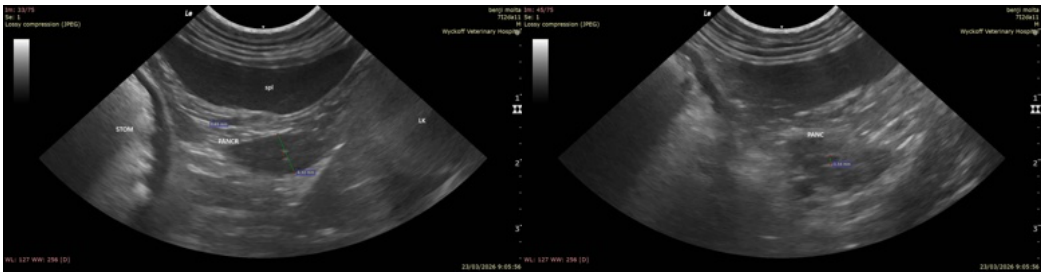

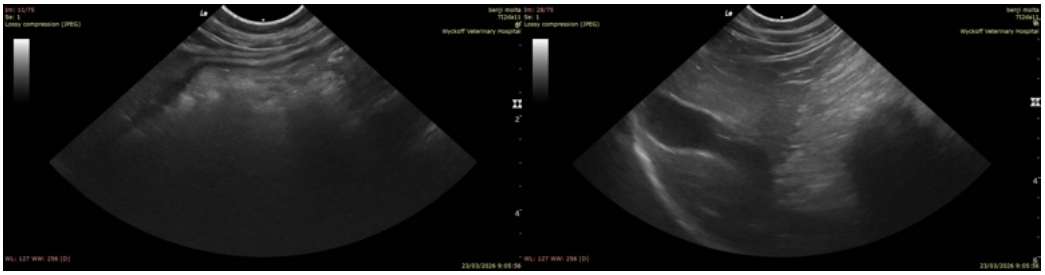

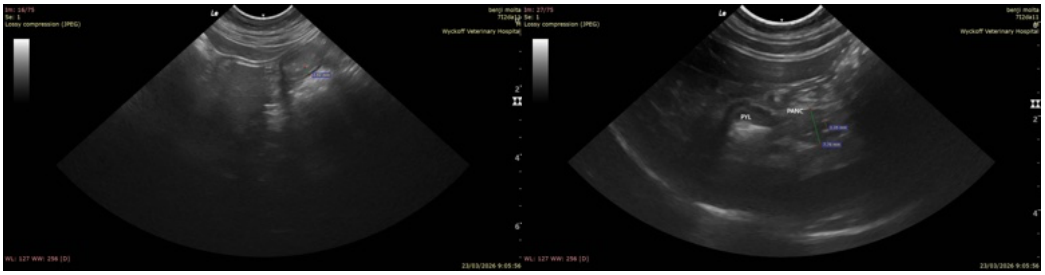

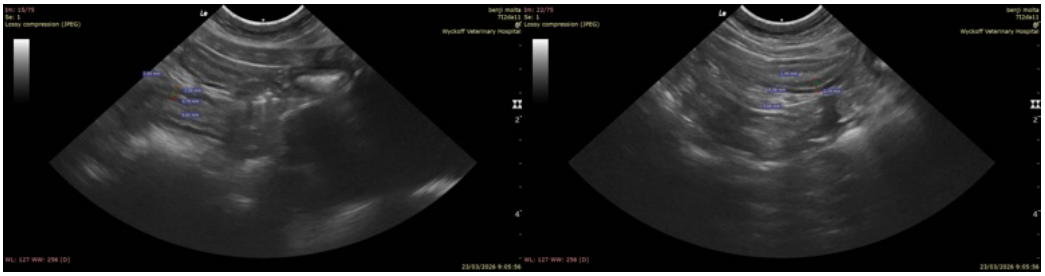

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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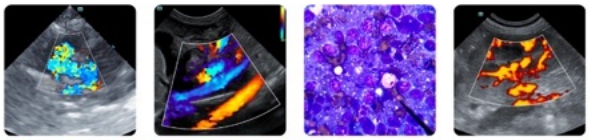

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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