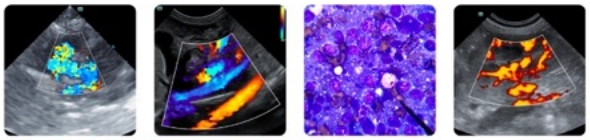

PATIENT

Arlo Boutin

SPECIES

Feline

BREED

Sphynx

SEX

Spayed female

AGE

9 years

WEIGHT

4 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

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INVOICE

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PRESENTING CLINICAL SIGNS

- Acute on chronic vomiting - 4d vomiting food and bile after eating. Still BAR and good appetite. IBD vs pancreatitis/triaditis vs lymphoma vs other. Prior to this hx of chronic vomiting, about 2x/wk – bile. Grade 2/6 heart murmur, normal proBNP. Asthma - fluticasone PRN, none lately
- Raw canned and freeze dried. Picky eater. Prev upper resp - herpes and mycoplasma. Negative after clindamycin and clinically resolved
- Persistent mild leukocytotis and neutrophilia on all previous bloodworks. WBC 19.77 x10^9/L rr 2.87- 17.02 Neutrophils 14.58 x10^9/L\ rr 2.3- 10.29 Normal chemistry Normal T4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.03×2.72 cm, with a cortical thickness of 0.53 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. A medullary rim sign is present. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 3.89×2.84 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The cortex is mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.31 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole.

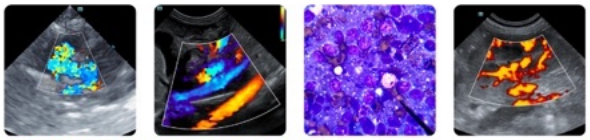
Spleen

Splenic thickness is 1.09 cm. The parenchyma has a mildly mottled appearance. The capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to falciform fat. A small, well-defined cystic lesion measuring 8.11–8.85 mm is identified. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid. Wall thickness measures up to 5.74 mm, with marked submucosal predominance (submucosa up to 4.64 mm). Wall layering is preserved.

The pylorus measures 3.97 mm. The duodenum measures 2.15 mm. The jejunum measures 2.74 mm, with preserved wall layering. The mucosa measures 1.00 mm, the submucosa 0.58 mm, and the muscularis propria 0.58 mm. The ileum measures 2.94 mm, with preserved wall layering. The mucosa measures 1.09 mm, the submucosa 0.92 mm, and the muscularis propria 0.85 mm. The ileocecal junction measures 3.87 mm, with muscularis measuring 1.67 mm.

The colon measures 1.35 mm and contains semiliquid fecal material.

Pancreas

The pancreas measures 1.10–0.83–0.79 cm in thickness. The parenchyma is mildly hypoechoic relative to surrounding mesenteric fat. The pancreatic duct measures 1.19 mm. No peripancreatic inflammatory changes are identified.

Free Abdomen

A trace amount of free fluid is present between the hepatic lobes.

Cranial mesenteric, ileocecal, and pancreaticoduodenal lymph nodes are mildly enlarged but maintain normal shape and echogenicity. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Gastric wall thickening with submucosal predominance
- Mild small intestinal muscularis prominence (ileum/ileocecal junction)
- Mild pancreatic hypoechogenicity
- Mild renal cortical hyperechogenicity with medullary rim sign
- Mild splenic mottling

SECONDARY FINDINGS

- Trace abdominal effusion.
- Mild reactive lymphadenopathy.
- Small hepatic cyst (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric wall thickening characterized by prominent submucosal expansion with preserved layering most strongly supports gastritis, likely inflammatory or edematous in nature.

The small intestine shows mild muscularis prominence, particularly at the ileum and ileocecal junction (muscularis-to-mucosa ratio approximately 0.78–1.5 depending on the segment), which can be seen

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with chronic enteropathy. However, these changes are nonspecific, and there is recognized ultrasonographic overlap between IBD and early small-cell lymphoma.

Pancreatic enlargement with decreased echogenicity and trace abdominal effusion may be consistent with pancreatitis. However, ultrasonography has limited sensitivity for detecting feline pancreatic disease, and reliable differentiation between acute and chronic pancreatitis cannot be achieved based on sonographic findings alone.

Renal cortical hyperechogenicity with a medullary rim sign represents a common, nonspecific finding in cats and may be associated with early or mild renal disease.

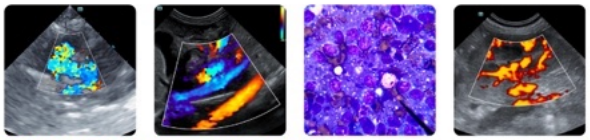
The mildly mottled splenic parenchyma may reflect benign reactive change or extramedullary hematopoiesis; however, overlap with infiltrative disease, including lymphoma.

Overall, the imaging findings are most consistent with an acute exacerbation of chronic gastrointestinal disease, likely inflammatory enteropathy/gastritis, with possible concurrent pancreatic involvement. However, ultrasonography can never exclude low-grade lymphoma.

Recommendations

- fPLI testing to further assess pancreatic involvement.
- Gastrointestinal panel.
- While intestinal biopsy is required for definitive differentiation between inflammatory bowel disease (IBD) and small-cell lymphoma, the most significant changes in this case involve the ileocecal region, which is a common site for feline lymphoma and may not be adequately sampled via endoscopy. Therefore, full-thickness surgical biopsies would provide a higher diagnostic yield if definitive diagnosis is pursued. Splenic sampling may also be considered for further evaluation.
- A conservative approach with dietary modification and medical management (hydrolyzed diet ± cobalamin supplementation, with or without empirical therapy) is another reasonable initial option.
- If empirical corticosteroid therapy is being considered, it is recommended to perform diagnostic sampling beforehand whenever possible, as treatment may affect histopathologic interpretation.

Ultimately, the choice between a conservative or diagnostic approach should be guided by the attending clinician based on clinical priorities and client preferences.



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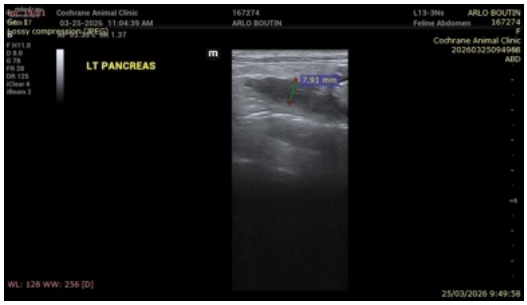

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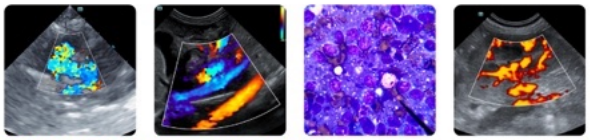

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com