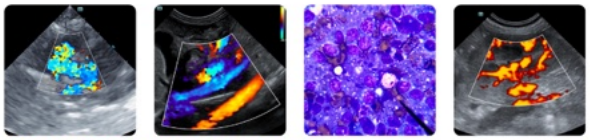


PATIENT

Myson Mazza

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

12 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

73836

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Severe weight loss over few months with poor appetite
- CBC/chem WNL- slightly elevated free T4 some dental disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, with a thin and smooth wall. The urine is turbid with abundant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.85×2.92 cm, with a cortical thickness of 0.50 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.50×2.87 cm, with a cortical thickness of 0.48 cm in the sagittal plane.

In both kidneys, 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

Not visualized.

Spleen

Splenic thickness is 0.61 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

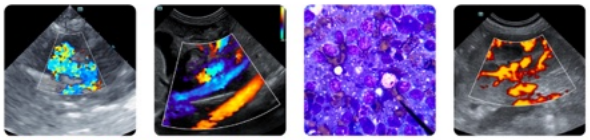
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks 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 anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach contains a small amount of ingesta, with a wall thickness of 1.49 mm and preserved layering. The pylorus measures 2.50 mm.



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The duodenum measures 1.97 mm. The jejunum measures 2.92 mm, with preserved wall layering. The mucosa measures 1.78 mm, the submucosa 0.51 mm, and the muscularis propria 0.69 mm. The ileum measures 3.02 mm, with preserved wall layering. The mucosa measures 0.87 mm, the submucosa 0.87 mm, and the muscularis propria 1.04 mm. The ileocecal junction measures 2.92 mm, with muscularis thickness of 0.74 mm. No evidence of obstruction, ileus, or intraluminal foreign material is identified.

The colon measures 0.85 mm and contains formed feces.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or peritonitis is observed.

Cranial mesenteric lymph nodes measure approximately 1.18×0.63 cm and are rounded and hypoechoic, with increased echogenicity of the surrounding fat.

Ileocecal lymph nodes measure approximately 4.47–4.58 mm, are hypoechoic, and are also associated with mildly increased perinodal fat echogenicity.

The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild ileal muscularis thickening.
- Mesenteric and ileocecal lymphadenopathy with reactive features (perinodal fat changes).

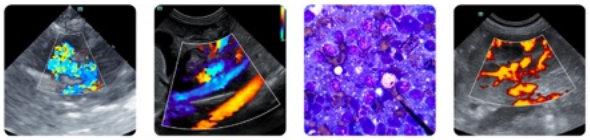
SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity
- Turbid urine with suspended echoes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a diffuse muscularis thickening of the ileum, with an increased muscularis-to-mucosa ratio, while jejunal measurements remain within normal limits. This segmental pattern is commonly described in feline chronic enteropathy and overlaps with early small-cell lymphoma.
More significantly, the cranial mesenteric lymph nodes are clearly abnormal, characterized by enlargement, rounded morphology, marked hypoechogenicity, and associated hyperechogenicity of the surrounding mesenteric fat.

The combination of ileal muscularis thickening and markedly abnormal mesenteric lymph nodes raises increased concern for an infiltrative process as lymphoma. While an inflammatory etiology (active chronic enteropathy) remains a differential diagnosis—particularly given the patient's history—the severity and appearance of the lymph nodes make a purely reactive process less likely.



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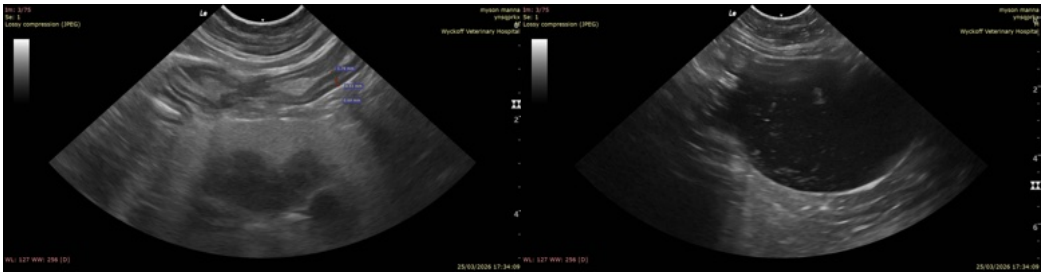
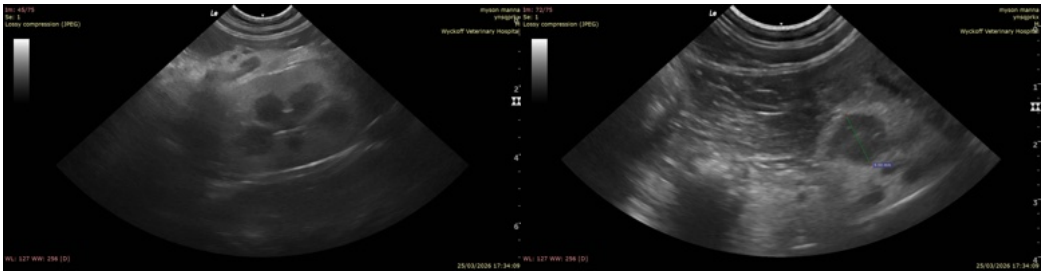
Mild renal cortical hyperechogenicity is noted, which may reflect early or mild chronic change but is of uncertain clinical significance given preserved architecture. Turbid urine with suspended echoes may represent sediment (crystalluria or cellular debris) and should be correlated with urinalysis.

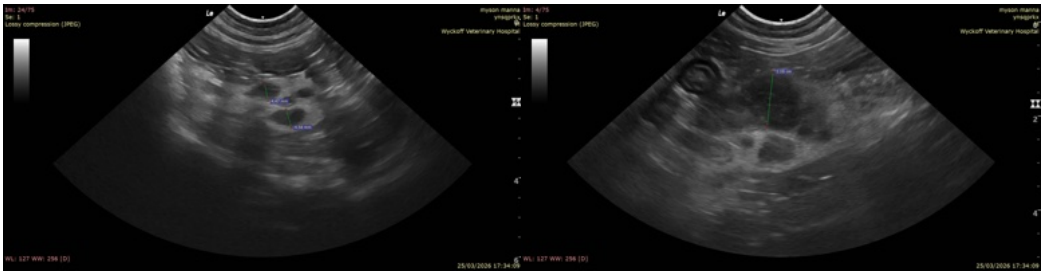
Recommendations

- Given the history of chronic enteropathy and prior treatment, reassessment of medical management (reintroduction or adjustment of prednisolone) may be considered. However, if definitive diagnosis is desired, cytology of the affected lymph nodes or biopsy should be pursued prior to initiating corticosteroid therapy.
- Consider GI panel (cobalamin/folate) if not recently performed. Continue or reassess cobalamin supplementation as indicated.
- Consider fPLI if pancreatitis remains a clinical concern.
- Correlate urinary findings with urinalysis ± sediment exam.

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







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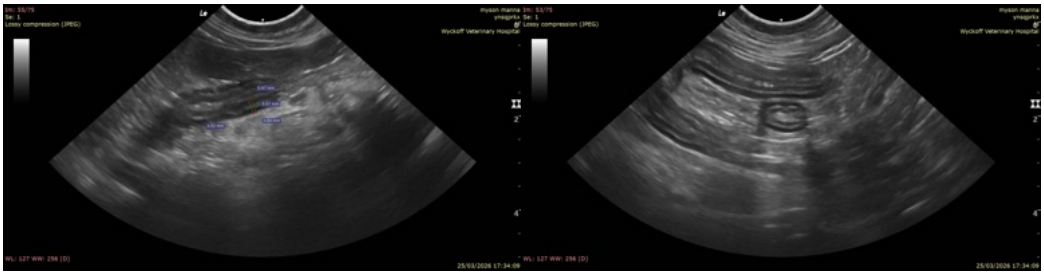

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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