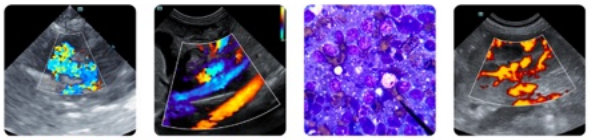


PATIENT

Luna Gaghan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

72184

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Diarrhea
- Not eating
- CBC: HCT 28% (L), WBC 27.64 (H), neut 12.22 (H), mono 1.28 (H), eos 8.81 (H), baso 3.83 (H)
  UA: USG 1.024 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, and the wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.56×2.29 cm, with cortical thickness measuring 0.32 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.74×2.13 cm, with cortical thickness measuring 0.34 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland was not clearly visualized.

The right adrenal gland measures 0.24 cm at the cranial pole and 0.22 cm at the caudal pole, which is within normal limits for cats.

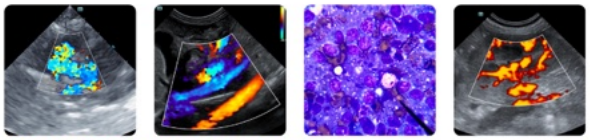
Spleen

Splenic thickness measures 0.60 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and the contents are predominantly anechoic.



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The common bile duct measures 2.08–3.22 mm, which is at the upper limit of normal for cats, without additional sonographic evidence of biliary obstruction.

Gastrointestinal

The stomach is distended and contains fluid within the lumen. Gastric wall thickness measures 1.21 mm with preserved wall layering. The pylorus measures 3.15 mm.

Duodenum: 1.98 mm, with preserved wall layering. Jejunum: 2.46 mm. Mucosa: 1.65 mm. Submucosa: 0.65 mm. Muscularis propria: 0.42 mm. Ileum: 3.05 mm. Mucosa: 1.06 mm. Submucosa: 0.57 mm. Muscularis propria: 1.43 mm, indicating marked muscularis prominence. The ileocecal junction measures 6.47 mm, with muscularis measuring 2.97 mm, indicating severe muscularis thickening. Wall layering is preserved throughout the examined intestinal segments.

Colon: 2.78 mm, empty and collapsed with preserved wall layering.

Pancreas

The evaluated pancreatic regions do not show sonographic evidence of overt inflammation or focal mass lesions.

Peritoneal Cavity

No abdominal effusion or peritonitis is identified.

The cranial mesenteric lymph nodes are markedly enlarged, measuring 1.58–1.71 cm, and appear hypoechoic with increased echogenicity of the surrounding perinodal mesenteric fat.

Additional lymph nodes include:

- Hepatic lymph nodes: 0.5×0.7 cm and 0.5×0.89 cm.
- Right gastric lymph node: 1.35×0.51 cm.
- Pancreaticoduodenal lymph node: 0.8×0.96 cm, rounded and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

- Marked enlargement of cranial mesenteric lymph nodes with perinodal fat hyperechogenicity.
- Severe muscularis thickening of the ileum and ileocecal junction.
- Rounded hypoechoic pancreaticoduodenal lymph node.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

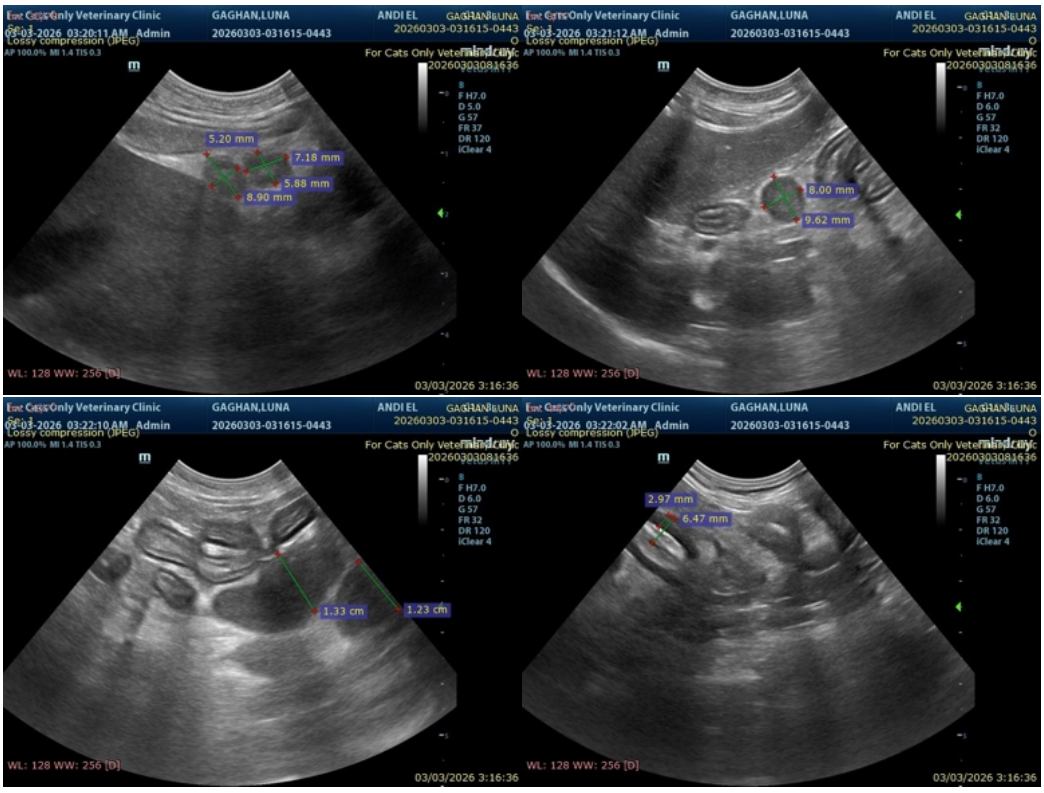
The most significant abnormalities are marked enlargement and hypoechogenicity of the cranial mesenteric lymph nodes with associated perinodal mesenteric fat hyperechogenicity, together with severe muscularis thickening affecting the ileum and ileocecal junction.

Disproportionate thickening of the intestinal muscularis layer with preservation of mural layering is a recognized ultrasonographic pattern in cats with chronic enteropathy, particularly small cell alimentary lymphoma and inflammatory bowel disease. In this case, the degree of mesenteric lymphadenomegaly is greater than typically expected with uncomplicated inflammatory enteropathy, and the lymph nodes appear rounded and hypoechoic, which increases concern for lymphoma.

The marked eosinophilia and basophilia identified on the CBC broaden the differential considerations and may also be compatible with eosinophilic enteropathy or mast cell–associated gastrointestinal disease. These entities can occasionally produce similar intestinal wall changes and lymph node enlargement.

Recommendations

- Ultrasound-guided fine needle aspiration of the enlarged mesenteric lymph nodes is strongly recommended, as these represent accessible and high-yield diagnostic targets.
- If cytology is nondiagnostic, intestinal and lymph node biopsy may be required to differentiate inflammatory enteropathy, eosinophilic enteritis, mast cell–associated gastrointestinal disease, and alimentary lymphoma.



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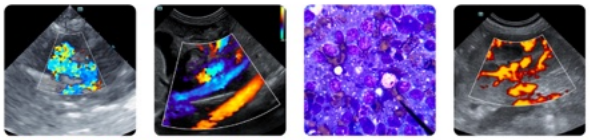

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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