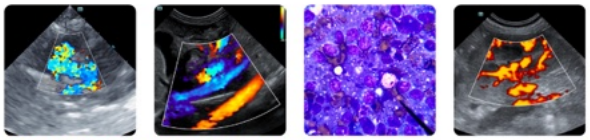


PATIENT

Pumpkin Smith

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

10.94 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Emilia Monachino

HOSPITAL NAME

Finger Lake AH

REFERRING VET

Dr. Monachino

INVOICE

72182

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting for at least 3 years
- Intermittent constipation, has improved since giving Miralax BID
- Weight loss of 3 lbs in the past year and has continued to lose weight despite increasing food intake
- Hyporexia in the past week that resolved with Cerenia
- Currently eating EN and i/d canned only
- Also taking daily proviable
- Moderate dental disease and mild muscle loss on exam. CBC/CHEM/T4 WNL. UA - 1.042, 1+ protein, quiet sediment. Fecal negative for parasites. Thoracic and abdominal radiographs were unremarkable. Texas GI panel is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the wall appears thin and smooth. The urine is anechoic. 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 3.65×1.90 cm, with cortical thickness measuring 0.35 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.

The right kidney is normal in shape and size, measuring 3.91×1.89 cm, with cortical thickness measuring 0.30 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.

Renal length and cortical thickness fall within expected reference ranges for adult cats.

Adrenal Glands

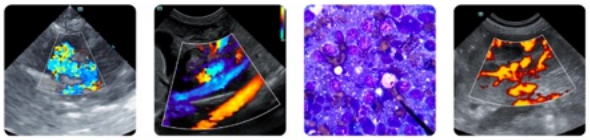
Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland: 0.27 cm (cranial pole) and 0.25 cm (caudal pole).
- Right adrenal gland: 0.28 cm (cranial pole) and 0.29 cm (caudal pole).

These measurements are within normal limits for cats (typically <0.45 cm).

Spleen

Splenic thickness measures 0.95 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is 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 with a very small amount of biliary sludge.

The common bile duct measures 1.33–2.14 mm, which remains within normal limits for cats (generally <3 mm).

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.39 mm and preserved wall layering. The pylorus measures 2.36 mm, with a small amount of luminal fluid.

Duodenum:1.76 mm.

Jejunum: 2.37 mm (one segment up to 2.75 mm). Mucosa: 1.32 mm. Submucosa: 0.38 mm. Muscularis propria: 0.96 mm, resulting in a muscularis-to-mucosa ratio of approximately 0.73, indicating disproportionate muscularis thickening.

Ileum: 2.22 mm. Mucosa: 0.54 mm. Submucosa: 0.58 mm. Muscularis propria: 1.08 mm, resulting in a muscularis-to-mucosa ratio of approximately 2.0, consistent with marked muscularis prominence.

The ileocecal junction measures 2.30 mm, with mucosa measuring 0.64 mm and muscularis measuring 0.84 mm, indicating relative muscularis thickening. Wall layering is preserved throughout the examined intestinal segments. No evidence of ileus, obstruction, or intraluminal foreign material is identified.

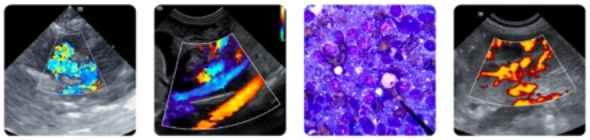
Colon: ascending 0.44 mm, transverse 0.61 mm, descending 0.87 mm, with formed feces present in the descending segment.

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 perinodal mesenteric fat appears mildly increased in echogenicity. Cranial mesenteric lymph nodes measure 3.62–3.70 mm and ileocecal lymph nodes measure 2.15–2.22 mm. These nodes appear mildly hypoechoic with preserved shape and architecture and remain within expected size limits for feline mesenteric lymph nodes. The iliac trifurcation appears normal.



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ULTRASONOGRAPHIC FINDINGS

- Disproportionate muscularis thickening of the jejunum, ileum, and ileocecal junction with preserved wall layering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is disproportionate thickening of the intestinal muscularis layer affecting the jejunum, ileum, and ileocecal junction while maintaining normal wall layering and overall intestinal wall thickness within reference limits. The calculated muscularis-to-mucosa ratios (approximately 0.73 in the jejunum and up to 2.0 in the ileum) exceed expected values for normal feline intestine, in which the muscularis typically measures less than half the mucosal thickness. This pattern indicates selective muscularis hypertrophy rather than diffuse mural thickening. This ultrasonographic pattern is classically associated with chronic enteropathies in cats, most commonly:

- Chronic inflammatory enteropathy (IBD)
- Small cell (low-grade) alimentary lymphoma

Substantial ultrasonographic overlap exists between these conditions, and differentiation cannot be achieved with ultrasound alone. Preservation of wall layering and lack of marked lymphadenopathy may be seen with either disorder.

The pancreas appears ultrasonographically normal; however, mild or chronic pancreatitis cannot be excluded, as ultrasound sensitivity for subtle pancreatic disease in cats is limited.

Overall, the findings are most consistent with chronic small intestinal disease characterized by muscularis hypertrophy, with IBD and small cell lymphoma representing the primary differential diagnoses.

Recommendations

- Correlate findings with the pending Texas GI panel.
- Serum cobalamin supplementation should be considered if hypocobalaminemia is identified.
- If a definitive diagnosis is desired, intestinal biopsy is required to differentiate inflammatory bowel disease from small cell lymphoma.
- If a less invasive approach is preferred, a dietary trial and medical management may be considered, potentially including cobalamin supplementation and immunomodulatory therapy at the discretion of the attending clinician, with clinical and ultrasonographic monitoring.

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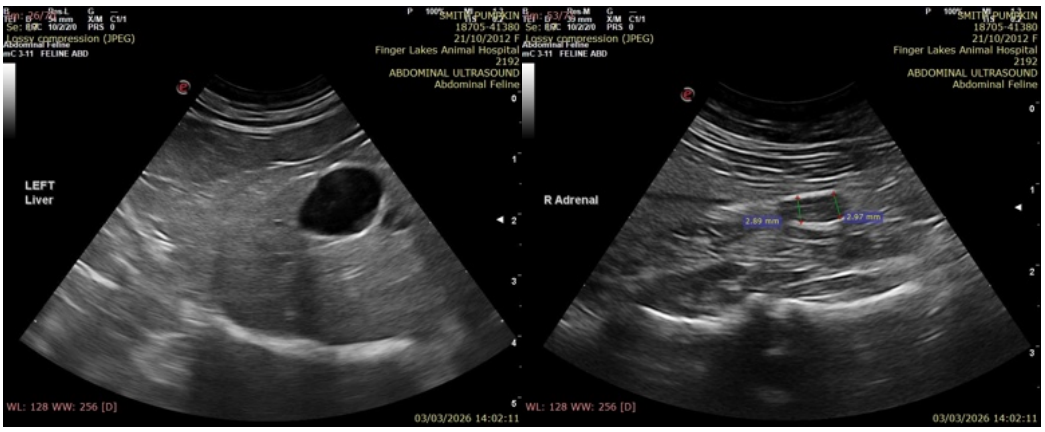

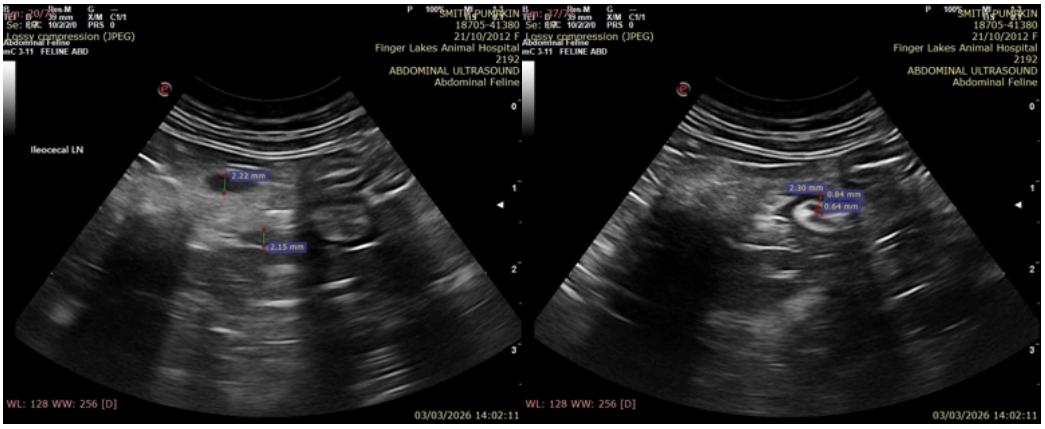

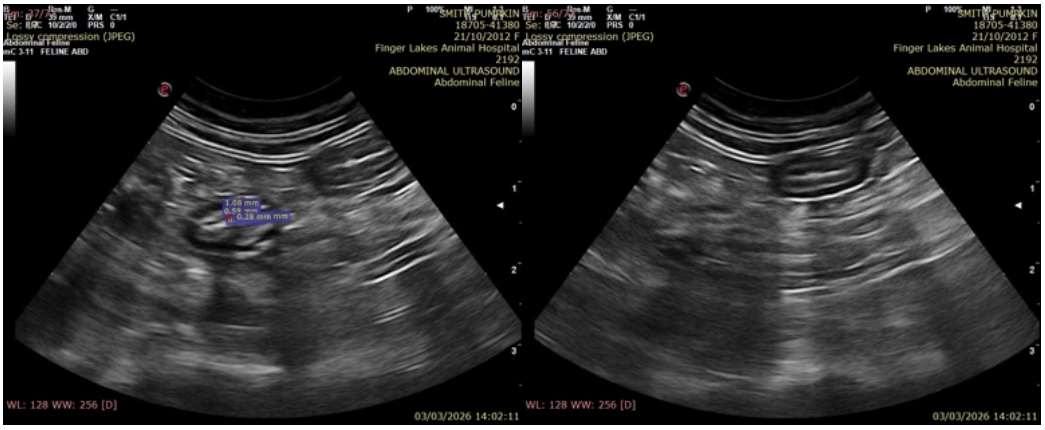

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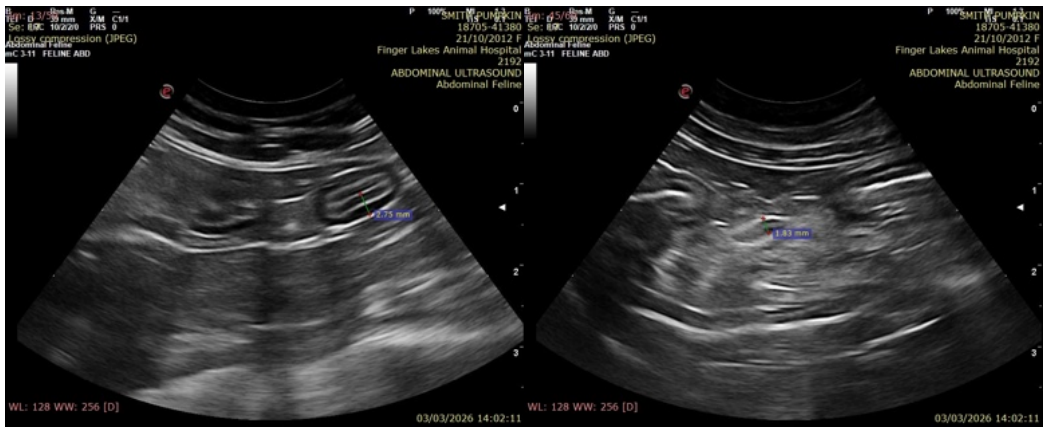

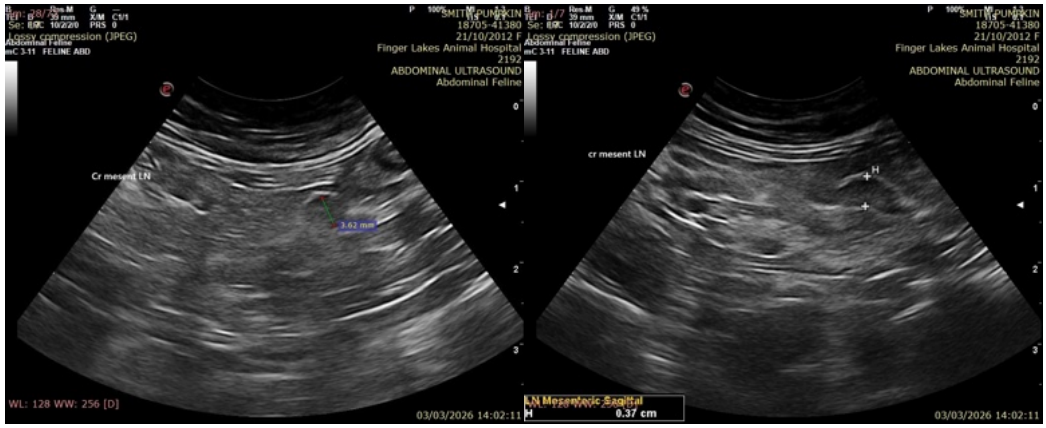

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com