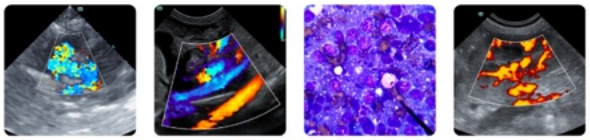


PATIENT

Tortellini Swoboda

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

9.3 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Godwin

INVOICE

73968

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- History of progressive weight loss and cachexia over the last year.
- Has lost about 1.5 lbs in 1 year
- Still eating well per owner, but vomiting about twice weekly
- Stable hyperthyroidism-currently managed with 1.25 mg of methimazole twice daily.
- BCS 4/9. Weight is 9.3 lbs. The patient is noted to be bony over her back with significant muscle wasting (cachexia), particularly over the lumbosacral spine Musculoskeletal: Significant muscle wasting noted over the dorsum and hind limbs. Mild monocytosis in November 2025. Creatinine 0.7 (low) Total T4 2.7 (normal) Repeat CBC/chem 17/T4 3/31/2026-results pending

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 anechoic. 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: 4.06×2.53 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 3.75×2.10 cm, and the thickness of the cortex is 0.34 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

Adrenal Glands

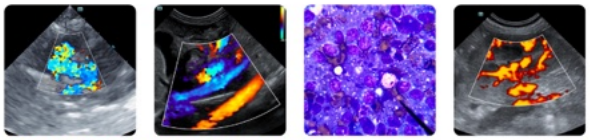
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.27 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.30 cm at the caudal pole.

Spleen

Splenic thickness is 0.79 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.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with minimal luminal fluid, mural thickness 2.16 mm and preserved wall layering. Linear hyperechoic structure without distal acoustic shadowing—likely grass fragment or thread; no obstructive pattern evident. The pylorus measures 4.42 mm.

Duodenum: 1.72 mm. Jejunum: 3.05 mm, mucosa 1.40 mm, submucosa 0.66 mm, muscularis propria 0.81 mm. Ileum: 2.15 mm, mucosa 0.54 mm, submucosa 0.76 mm, muscularis propria 0.65 mm. Normal wall layering. The ileocecal junction was not visualized.

Colon: 0.93 mm, with formed feces in the descending segment.

Pancreas

Pancreas measures 6.54 mm thickness. Parenchyma isoechoic to adjacent omental fat. Pancreatic duct 0.91 mm. No active peripancreatic fat inflammation evident.

Free Abdomen

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

PRIMARY FINDINGS

- Jejunal prominence (3.05 mm, muscularis:mucosa ratio 0.58).
- Ileal muscularis thickening (2.15 mm, ratio 1.20).
- Gastric linear hyperechoic structure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jejunal prominence (3.05 mm) with muscularis:mucosa ratio 0.58 (muscularis 27% wall thickness) and ileum 2.15 mm (ratio 1.20) demonstrate marked muscularis thickening exceeding normal feline reference ranges (muscularis typically 14-32%, ileal ratios rarely >1.0)—highly suspicious for active inflammatory enteropathy though ultrasonographic overlap with early low-grade lymphoma cannot be excluded despite lack of lymphadenopathy. Findings correlate with acute vomiting and poor medical response.
Linear gastric hyperechoic structure without shadowing is observed. Although it most likely represents grass or thread; clinical correlation advised.

Recommendations

- Complete gastrointestinal panel and administer cobalamin supplementation if deficient.

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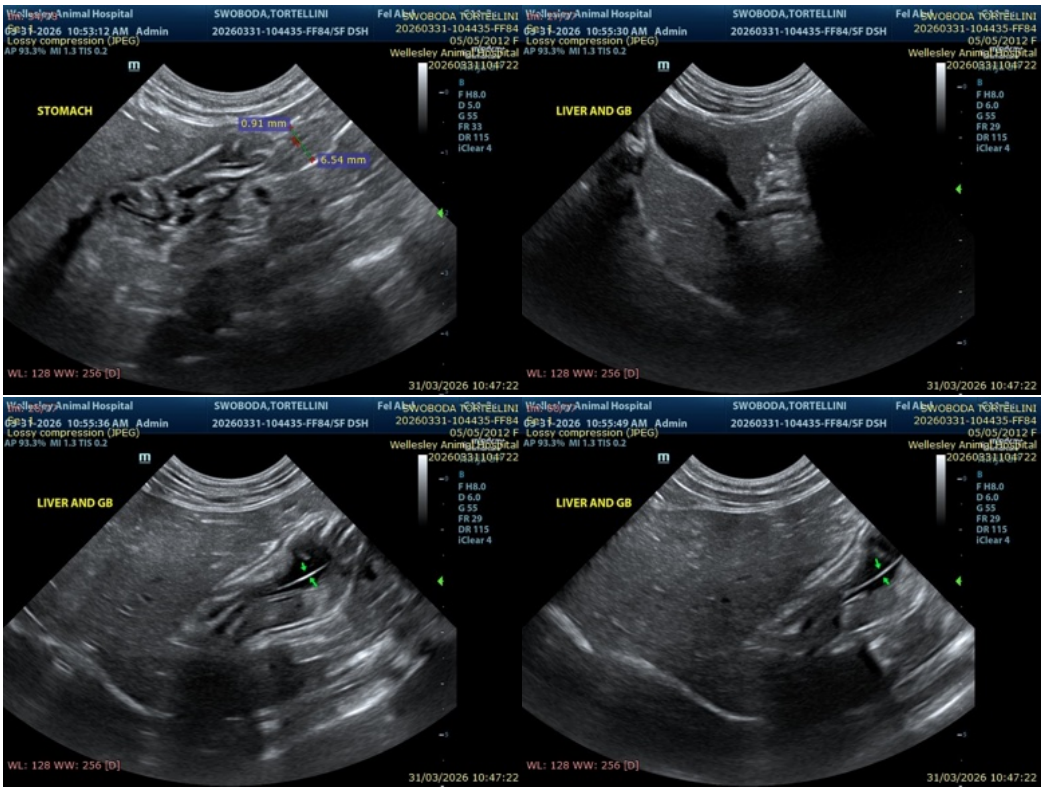
- Hypoallergenic or novel protein diet.
- Consider immunosuppressive therapy as clinically indicated, ideally after diagnostic sampling.
- Endoscopic or full-thickness biopsies are recommended if clinical signs persist, to differentiate inflammatory bowel disease from lymphoma.
- Correlate the suspected linear foreign material with the patient's history, including potential ingestion of foreign objects, as reported by the owner.

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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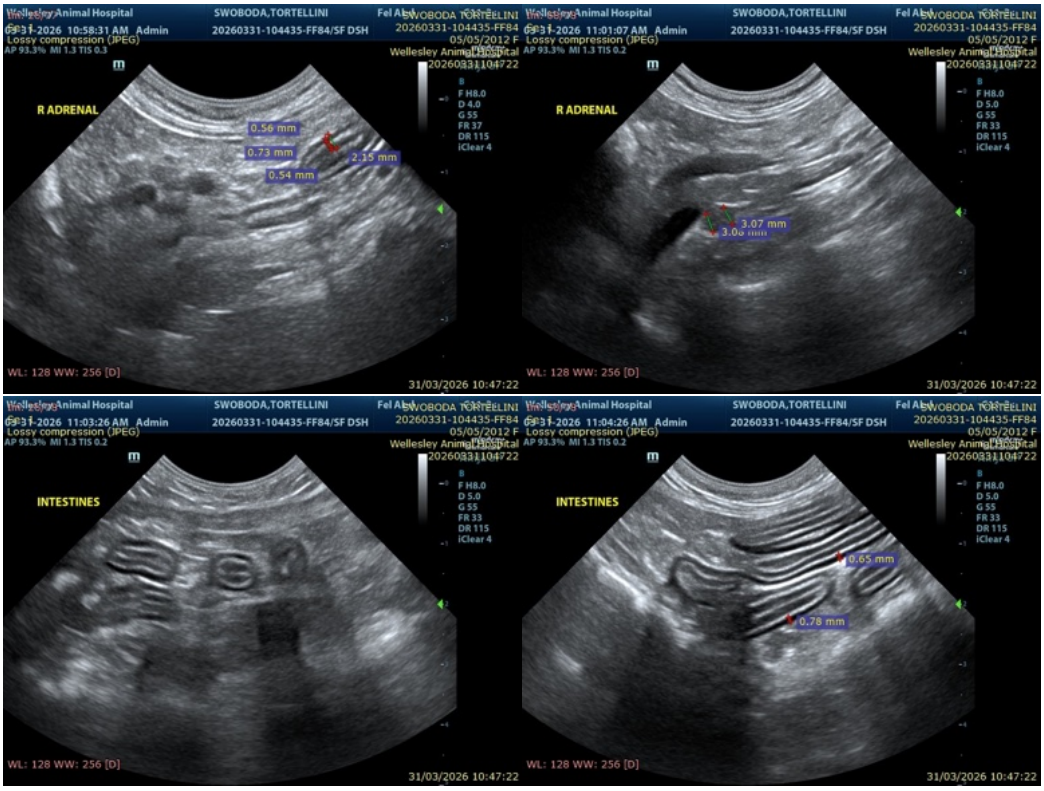

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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