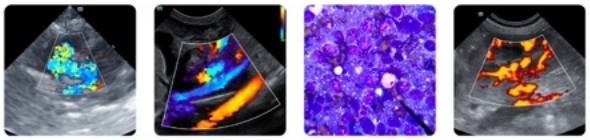


PATIENT

Kenny Heath

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

9.06 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Brian Hougentogler

HOSPITAL NAME

K Vet Animal Care

REFERRING VET

Dr. Bouch

INVOICE

72264

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Patient has had chronic intermittent vomiting; also has been exhibiting abnormal behaviors (spraying, mounting, etc.)
- Unremarkable Physical Exam
- Cerenia has been given as needed for vomiting and has helped, but vomiting persists.
- fPL - 10.7

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 predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.86×2.31 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 4.08×2.11 cm, and the thickness of the cortex is 0.42 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

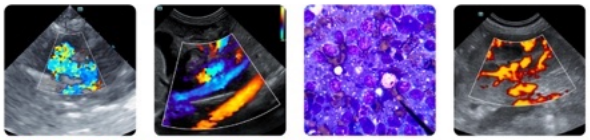
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are within normal limits. The left adrenal gland measures 0.31 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.62 cm. The parenchyma demonstrates normal echogenicity and a 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 hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No focal hepatic lesions are identified. 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 with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 2.27 mm and preserved wall layering. The pylorus measures 2.90 mm.

The duodenum measures 2.32 mm. The jejunum measures 2.56–2.85 mm. Within the jejunal wall, the mucosa measures 1.66 mm, the submucosa 0.92 mm, and the muscularis propria 0.36 mm. The ileum measures 2.55 mm. Within the ileal wall, the mucosa measures 0.72 mm, the submucosa 0.74 mm, and the muscularis propria 0.90 mm. Wall layering is preserved. The ileocecal junction measures 3.65 mm. The mucosa measures 0.93 mm and the muscularis measures 1.51 mm. No signs of ileus, obstruction, or foreign material are identified.

The colon shows normal wall thickness. The transverse colon measures 0.57 mm and the descending colon 0.77 mm, with formed fecal material present within the lumen.

Pancreas

The right pancreatic limb measures 7.33 mm in thickness and the left pancreatic limb 6.06 mm. The pancreatic parenchyma appears mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.01–1.66 mm in diameter. No local free fluid or ultrasonographic evidence of active peripancreatic inflammation is identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed.

Cranial mesenteric lymph nodes measure 3.95–5.01 mm in diameter, and ileocecal lymph nodes measure 2.65–3.47 mm. All maintain an oval shape and normal echogenicity.

The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild pancreatic enlargement with mild hypoechogenicity. Dilated pancreatic duct measuring up to 1.66 mm.
- • Mild small intestinal mural thickening.
- • Ileal and ileocecal muscularis thickening.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal wall shows mild mural thickening, most evident in the jejunum and ileum. Jejunal thickness reaches 2.85 mm, which is slightly above commonly reported reference ranges in cats.

The jejunal muscularis-to-mucosa ratio (~0.22) remains within values described in normal cats or those with mild inflammatory enteropathy. In contrast, the ileal muscularis-to-mucosa ratio is increased (~1.25), indicating muscularis hypertrophy, a finding reported in both chronic inflammatory enteropathy and low-grade alimentary lymphoma. These entities cannot be reliably differentiated by ultrasonography alone.

Mesenteric lymph nodes are normal in size and morphology, which does not support advanced intestinal neoplasia, although early or low-grade lymphoma cannot be excluded.

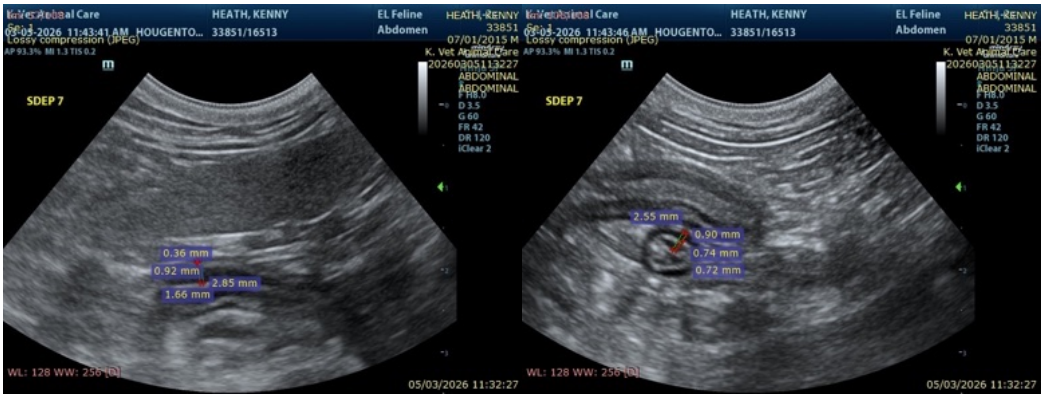
The pancreas shows mild enlargement and mild parenchymal hypoechogenicity, with dilation of the pancreatic duct.

Pancreatic findings are most compatible with chronic pancreatitis, although reactivation or an acute flare of chronic pancreatitis cannot be excluded, despite the ultrasonographic changes being mild to moderate.

Overall, findings are most consistent with chronic enteropathy (IBD vs. low-grade lymphoma) with concurrent mild pancreatitis.

Recommendations

- Clinical management of suspected pancreatitis.
- Further evaluation such as serum cobalamin measurement (or complete GI panel), dietary trials, or intestinal biopsies may be considered at the clinician's discretion.
- Follow-up abdominal ultrasonography may be helpful to monitor pancreatic and intestinal changes depending on clinical progression.



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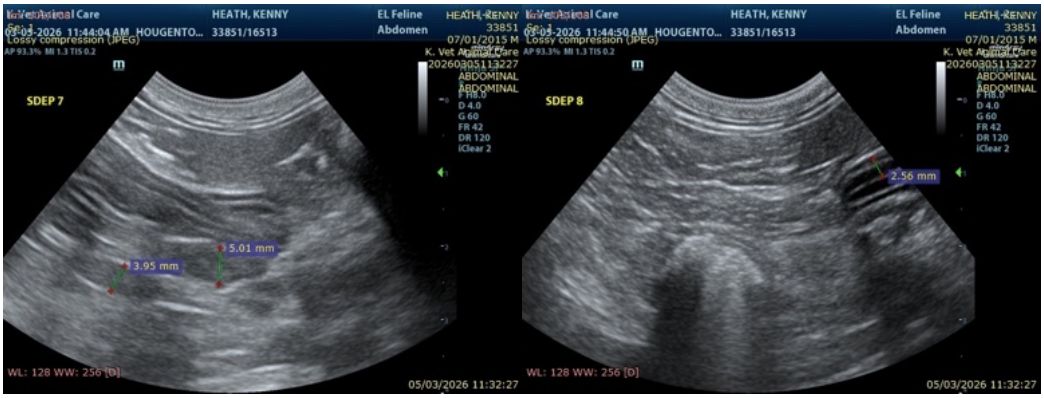

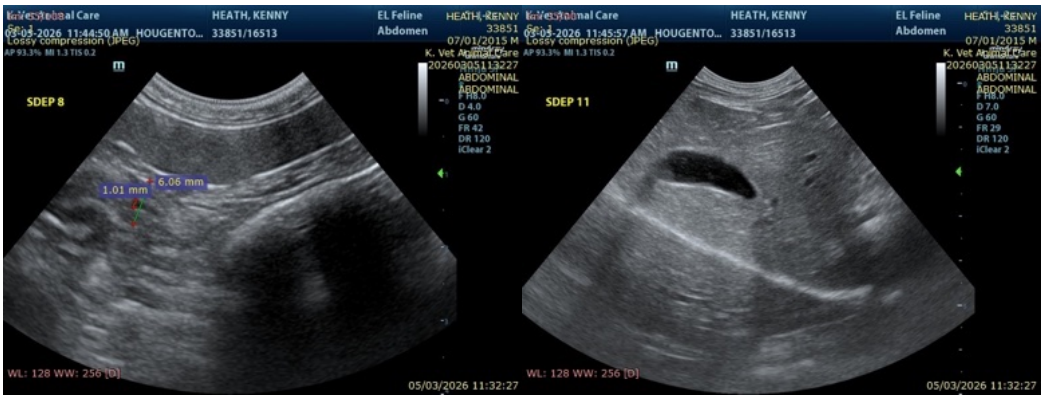

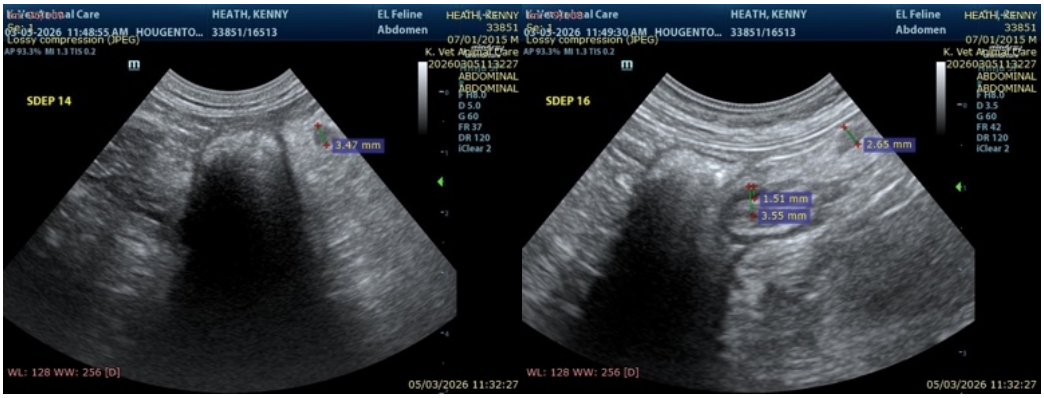

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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