



PATIENT

Pip Romanosky

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

13.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Ashley McCaughan,
DVM

HOSPITAL NAME

Marina Village &
Veterinary Integrative
care

REFERRING VET

Dr. McCaughan

INVOICE

72318

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Several days hyporexia. Mild, progressive weight loss since 11/2025.
- PE NSF. No vomiting, no diarrhea. CBC - 20,000 WBC; 16,000 neutrophils. No other abnormalities on Chemistry, T4 or UA. Concern for IBD vs LSA. Discussed endoscopy for biopsies.

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. 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: 3.91 × 2.63 cm, and the thickness of the cortex is 0.36 cm in the sagittal plane.

The right kidney is normal in shape and size: 3.73 × 2.25 cm, and the thickness of the cortex is 0.32 cm in the sagittal plane.

Both: The cortex is slightly hyperechogenic compared to liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

No videos of the spleen are available for evaluation.

Liver

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



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Gastrointestinal

The stomach is empty and folded, with mural thickness (1.60 mm) and preserved wall layering. The pylorus (3.76 mm). Duodenum: 1.96 mm. Jejunum: 2.64 mm. Mucosa: 1.22 mm. Submucosa: 0.82 mm. Muscularis propria: 0.40 mm. Ileum: 2.89 mm. Mucosa: 1.02 mm. Submucosa: 0.90 mm. Muscularis propria: 0.99 mm. Normal wall layering. The ileocecal junction 3.16 mm, muscularis 1.13 mm. No signs of inflammation, ileus, or foreign material are identified.

Colon: ascending segment 1.24 mm with gas. Transverse segment 1.04 mm with scant content. Descending segment 1.36 mm, with few formed feces in the lumen.

Pancreas

Pancreas measures 7.45 mm in thickness. The parenchyma of the pancreas is isoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 1.44 mm. No signs of active inflammation of the peripancreatic fat are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 3.34–3.81 mm and ileocecal lymph nodes 3.42 mm, with normal shape and echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

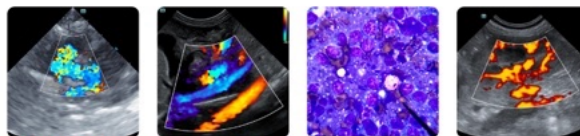
- Jejunal wall thickness at the upper limit of normal with preserved wall layering.
- Ileal wall thickness within normal limits but with relative prominence of the muscularis layer.
- Increased muscularis-to-mucosa ratio in the ileum (~0.97), approaching values described in chronic enteropathy.
- Mildly reactive mesenteric and ileocecal lymph nodes, maintaining normal shape, echogenicity, and architecture without ultrasonographic criteria of malignancy.

SECONDARY FINDINGS

- Mildly increased renal cortical echogenicity compared with hepatic parenchyma (nonspecific and may be seen in age-related renal changes or as an incidental finding in older cats with otherwise normal renal function).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In this patient, the jejunum measures 2.64 mm, which falls within the upper range of normal limits. The ileum measures 2.89 mm, also within the reported normal range for cats. Normal wall layering is preserved throughout the examined intestinal segments.



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Overall, the jejunal ratio remains within normal limits, while the ileal ratio is borderline increased. A clear disproportionate thickening of the muscularis relative to the submucosa is not identified. These findings may be compatible with early or mild chronic enteropathy, although they remain nonspecific, and similar ultrasonographic findings may be seen with both inflammatory bowel disease (IBD) and small-cell alimentary lymphoma.

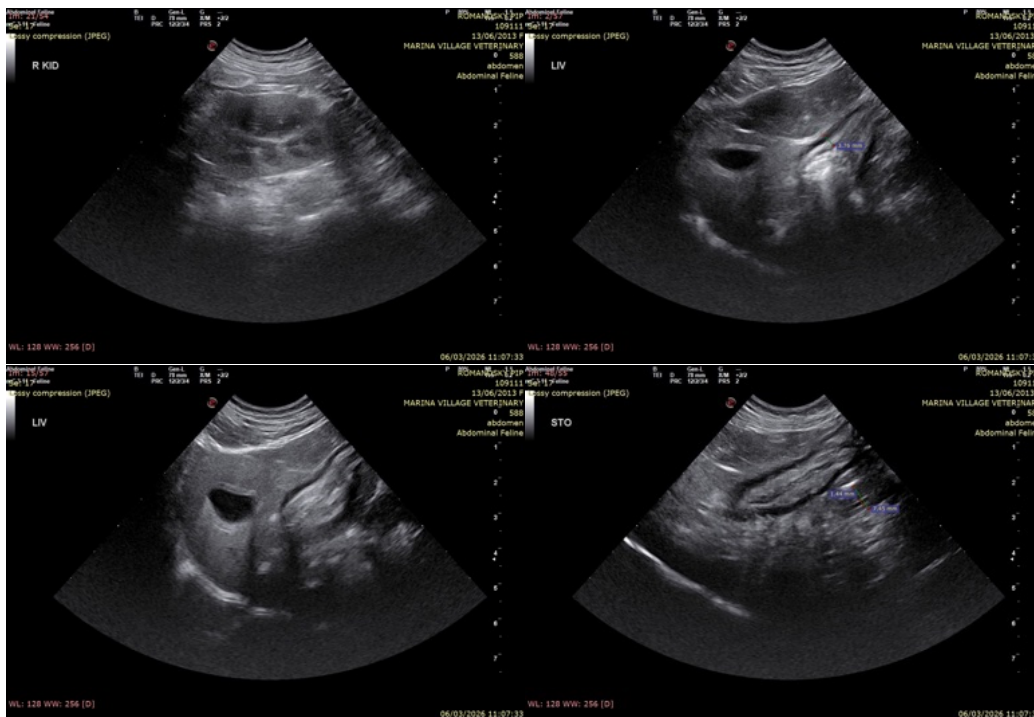
The mesenteric and ileocecal lymph nodes are mildly reactive in size but maintain normal shape, echogenicity, and architecture, without ultrasonographic features suggestive of malignancy.

Given the patient's history of hyporexia, progressive weight loss, and mild neutrophilic leukocytosis, an underlying chronic inflammatory or infiltrative gastrointestinal disorder remains a primary clinical consideration, despite the relatively mild ultrasonographic findings.

Recommendations

- Comprehensive gastrointestinal panel.
- Consideration of intestinal biopsies for definitive differentiation between chronic inflammatory enteropathy (IBD) and alimentary lymphoma.
- Alternatively, depending on clinical preference, a therapeutic trial may be considered, consisting of a strict hydrolyzed or novel protein diet trial, cobalamin supplementation if hypcobalaminemia is identified ± empirical corticosteroid therapy (prednisolone), with clinical and ultrasonographic follow-up to assess response to treatment.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, taking into account the patient's complete clinical picture.





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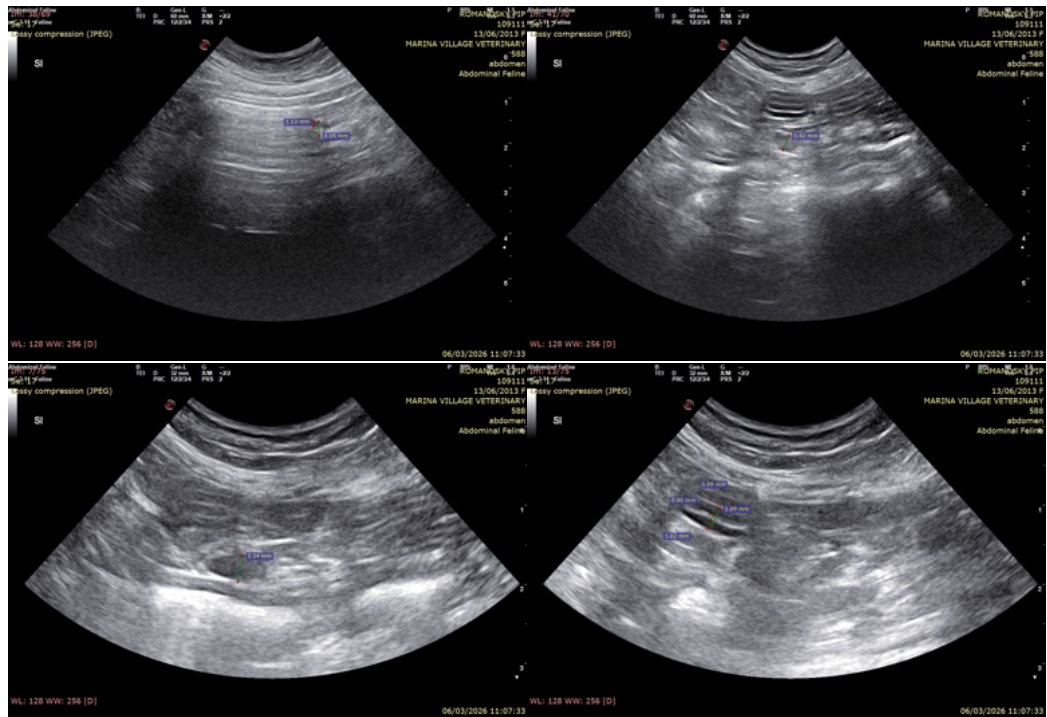
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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