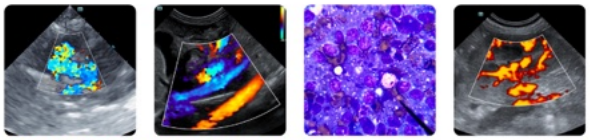


PATIENT

Zorro Williamson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

12.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Samantha Hudgins, DVM

HOSPITAL NAME

Petvacx AH

REFERRING VET

Dr. Kwong

INVOICE

72305

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Soft stools and BM accidents starting early to mid January 2026. Initially improved after a dose of cerenia, Vitamin B12, and starting proviable.
- Diarrhea returned around February 14th 2026. Proviable, biosponge and Biome diet started February 23rd 2026.
- No improvement - metronidazole added February 26th - owner was only able to give two doses.
- No improvement of diarrhea since.
- Bloodwork from January 14th 2026: - Normal CBC other than Monocytes - 0.04 (0.042-0.467) - Normal chemistry other than BUN - 39 (16-37); TCO2 - 23 (12-22); ALT - 270 (27-158); AST - 71 (16-67); Spec fPL - 4.5 (0-4.4) - Negative fecal - Urine Protein - 30 mg/dL, Urine Specific gravity > 1.050

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is markedly 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: 3.98×2.59 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane.

The right kidney is normal in shape and size: 3.97×2.58 cm, and the thickness of the cortex is 0.37 cm in the sagittal plane.

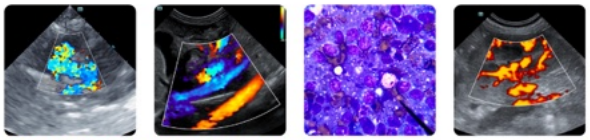
In both kidneys, the cortex is slightly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are within normal limits. The left adrenal gland measures 0.30 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.29 cm at the caudal pole.

Spleen

Splenic thickness measures 0.77 cm. The splenic parenchyma demonstrates normal background echogenicity with the presence of multiple homogeneous hyperechoic foci, the largest measuring approximately 0.6×0.9 cm. The splenic capsule is smooth and regular.



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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 preserved echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a 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 2.11 mm and preserved wall layering. The pylorus measures 3.43 mm.

The duodenum measures 1.91 mm. The jejunum measures 2.52 mm. The mucosa measures 1.40 mm, the submucosa 0.66 mm, and the muscularis propria 0.54 mm. The ileum measures 2.33 mm. The mucosa measures 0.82 mm, the submucosa 1.09 mm, and the muscularis propria 0.60 mm. Wall layering is preserved. The ileocecal junction itself was not clearly visualized; however, the most distal ileal segment measured approximately 1.82 mm, which is within normal limits. No ultrasonographic evidence of intestinal obstruction, ileus, or foreign material is identified.

The colon measures 1.11 mm in the ascending segment, 2.03 mm in the transverse segment, and 2.27–2.44 mm in the descending segment. The lumen contains soft fecal material.

Pancreas

The right pancreatic limb measures 5.61 mm and the left limb 4.79 mm. The pancreatic parenchyma appears slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic evidence of peripancreatic fat inflammation is identified.

Peritoneal Cavity

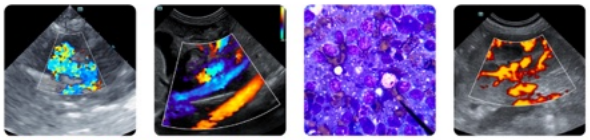
No abdominal effusion or ultrasonographic evidence of peritonitis is observed.

Cranial and caudal mesenteric lymph nodes are not clearly visualized. However, ileocecal lymph nodes are markedly enlarged, measuring:

- 1.26×0.56 cm
- 1.29×0.56 cm
- 0.87×0.36 cm

These lymph nodes appear markedly hypoechoic, with increased echogenicity of the surrounding mesenteric fat.

The iliac trifurcation appears normal.



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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked ileocecal lymphadenopathy with hypoechoic nodes and surrounding mesenteric fat echogenicity.
- Increased ileal muscularis-to-mucosa ratio (~0.73).
- Mildly increased jejunal muscularis-to-mucosa ratio (~0.39)

SECONDARY FINDINGS

- Mild pancreatic hypoechogenicity.
  Mild renal cortical hyperechogenicity with medullary rim sign.
  Multiple benign-appearing splenic hyperechoic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, findings are most consistent with chronic small intestinal disease centered in the ileocecal region, with IBD and low-grade alimentary lymphoma remaining the primary differential diagnoses. Definitive differentiation between these entities typically requires histopathologic evaluation. Colonic wall thickness is at the upper limit of reported reference ranges, which may be related to the partially collapsed state of the colon. No ultrasonographic features of structural colitis are identified.

Multiple markedly enlarged and hypoechoic ileocecal lymph nodes are present, with increased echogenicity of the surrounding mesenteric fat, supporting the presence of significant regional intestinal disease.

The pancreas appears mildly hypoechoic without peripancreatic inflammatory changes. The borderline elevation of Spec fPL may therefore reflect mild or chronic pancreatitis, which may occur concurrently with intestinal disease in cats.

Splenic nodules are most compatible with benign changes such as myelolipomas, siderotic plaques / Gamna-Gandy bodies, or nodular hyperplasia.

Both kidneys show mild cortical hyperechogenicity with a subtle medullary rim sign, findings that may represent mild age-related renal changes, particularly in the context of preserved renal architecture and excellent urine concentrating ability.

Recommendations

• If clinically indicated, cytologic sampling of the enlarged ileocecal lymph nodes may be considered to further characterize the underlying disease process.

• If clinical signs persist, endoscopic or surgical intestinal biopsies may be required to definitively differentiate IBD from low-grade alimentary lymphoma.

• Correlation with the borderline Spec fPL elevation is recommended, as ultrasonography may have limited sensitivity for mild or chronic pancreatitis in cats.

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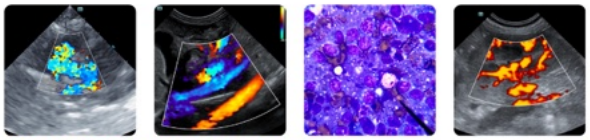

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Educational Teleconsultation Services™

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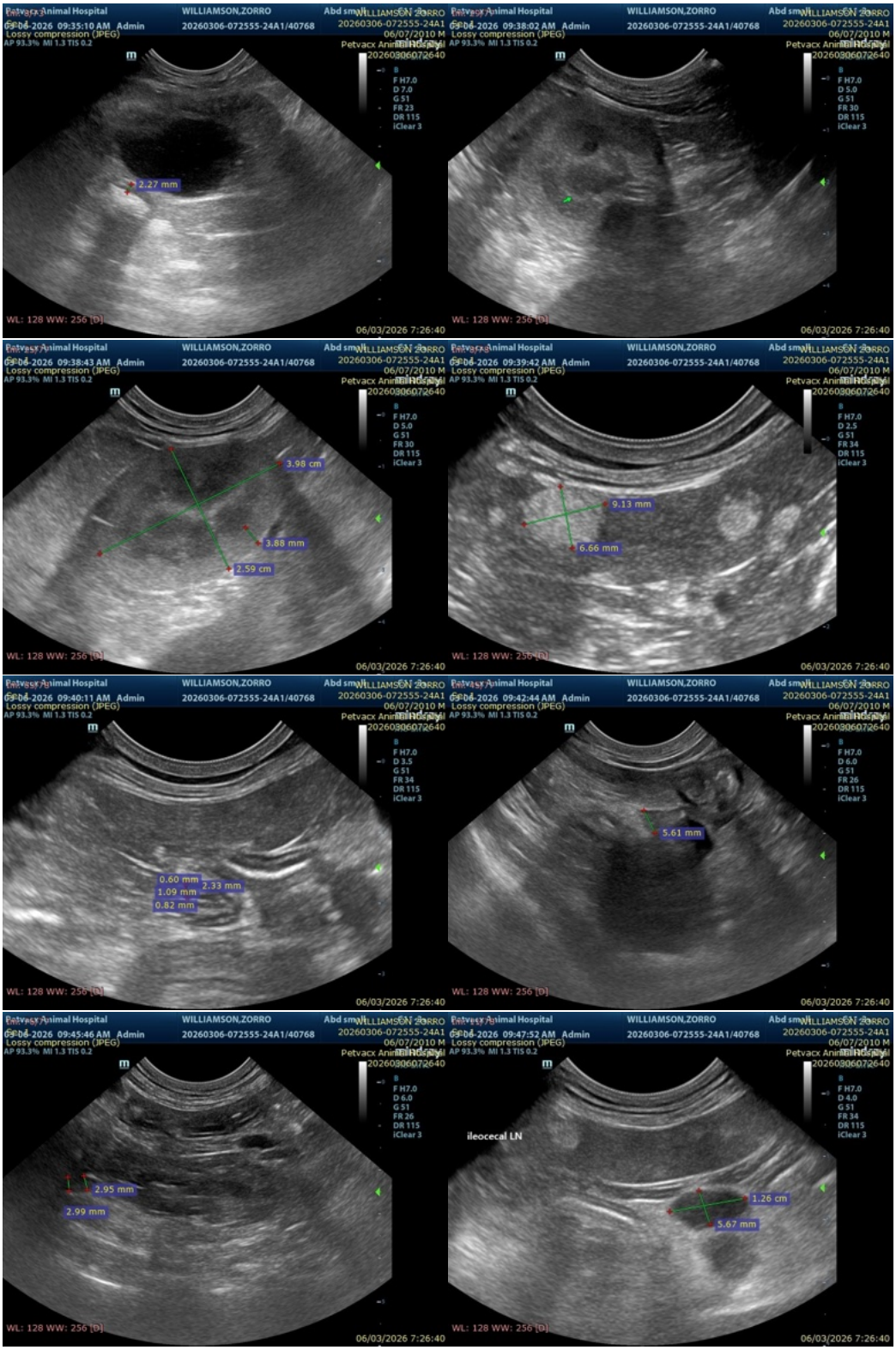

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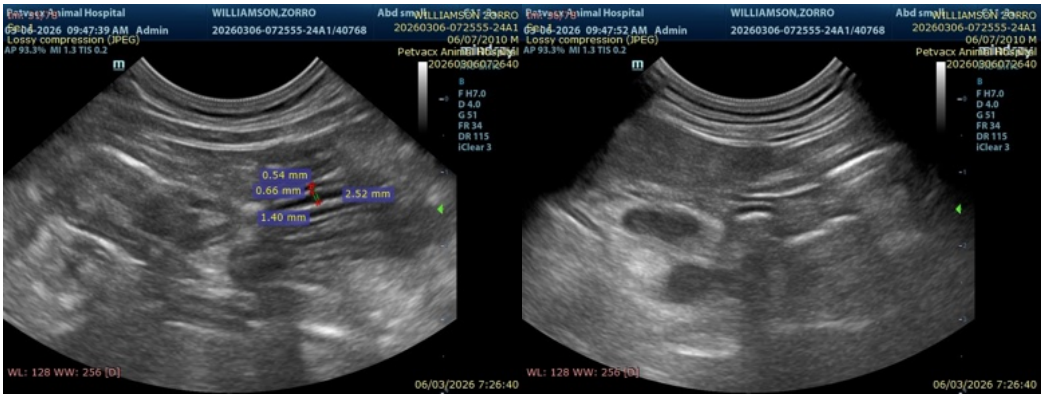

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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