



PATIENT

Atticus Falk

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.09 Pounds

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Rachel Bunn, DVM

HOSPITAL NAME

Wellesley AH

REFERRING VET

Rachel Bunn, DVM

INVOICE

36530

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: P has not wanted to eat since yesterday morning, appetite decreased for about 3 days before that, P has been mouth breathing intermittently since yesterday. Decreased activity yesterday and sleeping most of the day today. O did start using a warm air humidifier today and an air purifier last night. P is still urinating today but has not had bowel movement. O is very worried about P.

Medications & doses: prednisolone 2.5 mg (has not had since Tuesday night due to not eating) Cerenia injection at ER last night around 10pm, cerenia nose drops 7:30 am and 12:00 pm today, mirataz around 3:15pm today. Diet: Hill's GI Biome wet and dry

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic change.

Both kidneys are normal in shape and size. The left kidney measures 4.64×2.78 cm with a cortical thickness of 0.36 cm, and the right kidney measures 4.44×3.03 cm with a cortical thickness of 0.40 cm (sagittal plane). The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color shows a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.38 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measures 0.49 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

Splenic thickness is 0.81cm. 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.

The gallbladder is normally distended, with a thin wall and a moderate amount of biliary sludge. The common bile duct measures 3.84–3.09 mm, which is mildly increased (typically ≤3 mm in most adult cats), although mild dilation can be seen in anorectic or systemically ill patients.

Gastrointestinal

The stomach is distended with ingesta despite a reported 12-hour fast. Wall thickness is 1.44 mm with preserved layering. The pylorus measures 3.31 mm and contains a small amount of fluid.



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The duodenum measures 1.39 mm.

The jejunum measures 2.78 mm, with mucosa 0.94 mm, submucosa 0.42 mm, and muscularis propria 0.98 mm.

The ileum measures 2.81 mm, with mucosa 0.54 mm, submucosa 0.74 mm, and muscularis propria 0.86 mm.

The ileocecal junction measures 4.46 mm, with muscularis propria 1.73 mm.

Wall layering is generally preserved; however, there is a focal segment (2.83–3.06 mm thickness) where layering is poorly defined.

Multiple intestinal loops are mildly to moderately distended with fluid and gas. The presence of intraluminal gas (tympanism) limits full evaluation of some segments. No discrete obstructive pattern or foreign material is definitively identified, although a functional ileus cannot be excluded.

The colon measures 0.96–1.60 mm depending on the segment, with a small amount of soft fecal material.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Marked muscularis thickening in jejunum, ileum, and ileocecal junction.
- Focal segment with loss/poor definition of wall layering
- Gastric retention despite prolonged fasting
- Mild intestinal distension with fluid and gas (suspected ileus)

SECONDARY FINDINGS

- Mild common bile duct dilation.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In cats, a normal muscularis-to-mucosa ratio is typically <0.3–0.4. In this patient, ratios are markedly elevated (≥ 1 in several segments), which is highly suggestive of infiltrative disease, most commonly:

- Small cell lymphoma.
- Severe chronic enteropathy (IBD).

The presence of a focal segment with partial loss of layering further increases concern for a neoplastic process, although inflammatory disease cannot be completely excluded.

The finding of gastric content retention despite appropriate fasting, together with fluid- and gas-distended intestinal loops, supports decreased gastrointestinal motility (functional ileus). This is



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consistent with the clinical findings of anorexia, lethargy, and aerophagia.

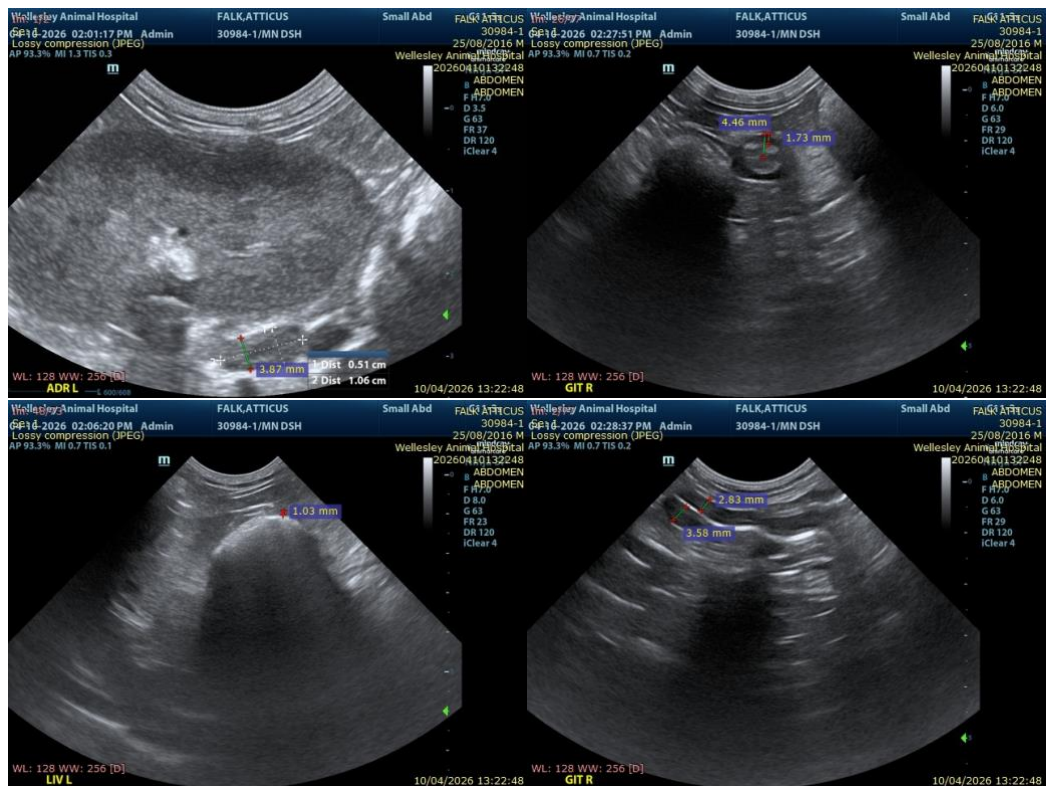
Although the pancreas appears ultrasonographically unremarkable, it is important to recognize that feline pancreatitis may occur without detectable sonographic changes and remains a relevant differential in the context of acute clinical deterioration.

Mild common bile duct prominence and biliary sludge are most likely secondary to decreased gallbladder motility associated with anorexia, rather than primary hepatobiliary disease, given the absence of biochemical abnormalities.

Recommendations

- Supportive care and analgesia (particularly given suspicion of pancreatitis or ileus).
- Pancreatic lipase is recommended, recognizing that ultrasound may be insensitive in feline pancreatitis.
- Definitive diagnosis (intestinal biopsy) should be considered once the patient is clinically stable.
- If biopsy is not pursued empirical treatment for small cell lymphoma (chlorambucil + prednisolone) may be appropriate.

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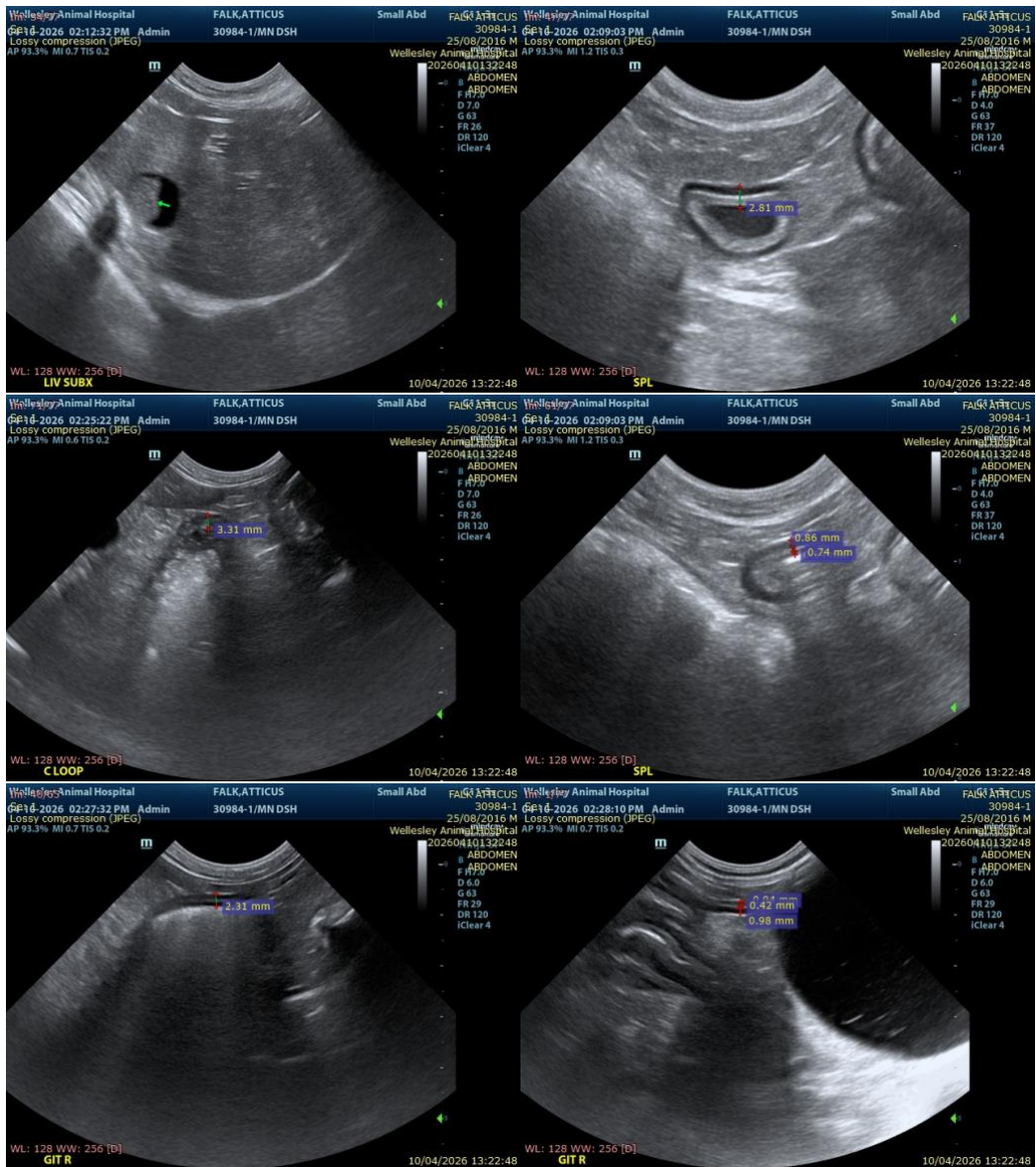
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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