



PATIENT

Boy Cat McMurtrie

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

9.9 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Sims

INVOICE

74440

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Unexplained weight loss, acting different per O; favoring back right leg. BW unremarkable
P was fasted for US. No sedation needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No uroliths or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size (3.89×2.20 cm), with cortical thickness measuring 0.37 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size (4.07×1.90 cm), with cortical thickness measuring 0.36 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.35 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.39 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

Splenic thickness is 0.85 cm, within normal limits. The parenchyma demonstrates normal echogenicity and homogeneous echotexture, with multiple small hyperechoic nodules (2–3 mm) and one measuring up to 0.57 cm, consistent with myelolipomas. 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 moderately distended, with a thin wall and predominantly anechoic contents. The common bile duct measures 3.21–2.92–2.40–2.01 mm from proximal to distal, within normal limits for a cat (typically ≤4 mm).



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.21 mm and preserved wall layering (within normal limits). The pylorus measures 3.20 mm (within normal limits). The duodenum measures 1.63 mm (within normal limits). The jejunum measures 2.21 mm, within normal limits. Layer measurements: mucosa 1.06 mm, submucosa 0.62 mm, muscularis propria 0.46 mm, resulting in a muscularis-to-mucosa ratio of approximately 0.43 (within normal limits, typically <0.5–0.6). The ileum measures 2.52 mm. Layer measurements: mucosa 0.61 mm, submucosa 0.73 mm, muscularis propria 0.82 mm, with a segment measuring up to 1.20 mm. The muscularis-to-mucosa ratio ranges from approximately 1.34 to 1.97, which is increased. Wall layering is preserved. The ileocecal junction measures 4.8 mm, with muscularis thickness up to 2.0 mm. The colon measures 1.40–1.46–2.70 mm in diameter, containing a small amount of very soft fecal material within the descending segment.

Pancreas

The pancreas measures approximately 5.5 mm in thickness, within normal limits. The parenchyma is isoechoic relative to adjacent omental fat. No peripancreatic fat changes are identified. No ultrasonographic evidence of pancreatitis is observed.

Free Abdomen

No abdominal effusion or peritonitis is observed. Ileocolic lymph nodes measure approximately 0.4–0.6 cm and are normal in shape and echogenicity. Cranial mesenteric lymph nodes are not confidently visualized, but the surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Increased muscularis-to-mucosa ratio in the ileum (segmentally marked).

SECONDARY FINDINGS

- Multiple splenic myelolipomas (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant finding is the segmental increase in ileal muscularis thickness, resulting in an elevated muscularis-to-mucosa ratio (normal <0.5–0.6 in cats). This pattern, with preserved wall layering and normal overall wall thickness, is consistent with a chronic small intestinal disease process, including inflammatory bowel disease or low-grade intestinal lymphoma.

Comparison with the previous ultrasound study from July 2024 indicates that muscularis layer prominence was already present, along with more diffuse intestinal involvement and mild lymph node reactivity. In the current study, the changes appear more localized (predominantly ileal), without lymphadenomegaly, suggesting a persistent but not clearly progressive pattern.



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The colon is within normal limits in thickness, although it appears mildly thickened in the distal segment; however, this region is poorly distended, which may result in overestimation of mural thickness. Wall layering is preserved, and only minimal soft fecal material is present.

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The visualized portion of the pancreas is within normal limits in size; however, parenchymal detail is not well defined in this study, limiting complete evaluation.

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The splenic nodules are consistent with benign myelolipomas and are considered incidental.

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Taken together, the imaging findings and their temporal evolution favor a chronic, likely inflammatory enteropathy, although low-grade lymphoma cannot be definitively excluded given the known overlap in ultrasonographic appearance, particularly in feline patients with ileal involvement.

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Recommendations

- Further evaluation of the suspected chronic enteropathy is recommended, particularly with measurement of serum cobalamin and folate, given the ileal involvement.
- If clinical signs persist or weight loss progresses, intestinal biopsy remains the only reliable method to differentiate inflammatory bowel disease from low-grade lymphoma and should be considered in discussion with the attending clinician.
- Empirical medical management may be considered at the clinician's discretion, particularly if clinical suspicion for inflammatory enteropathy is high.
- Close clinical monitoring is advised.

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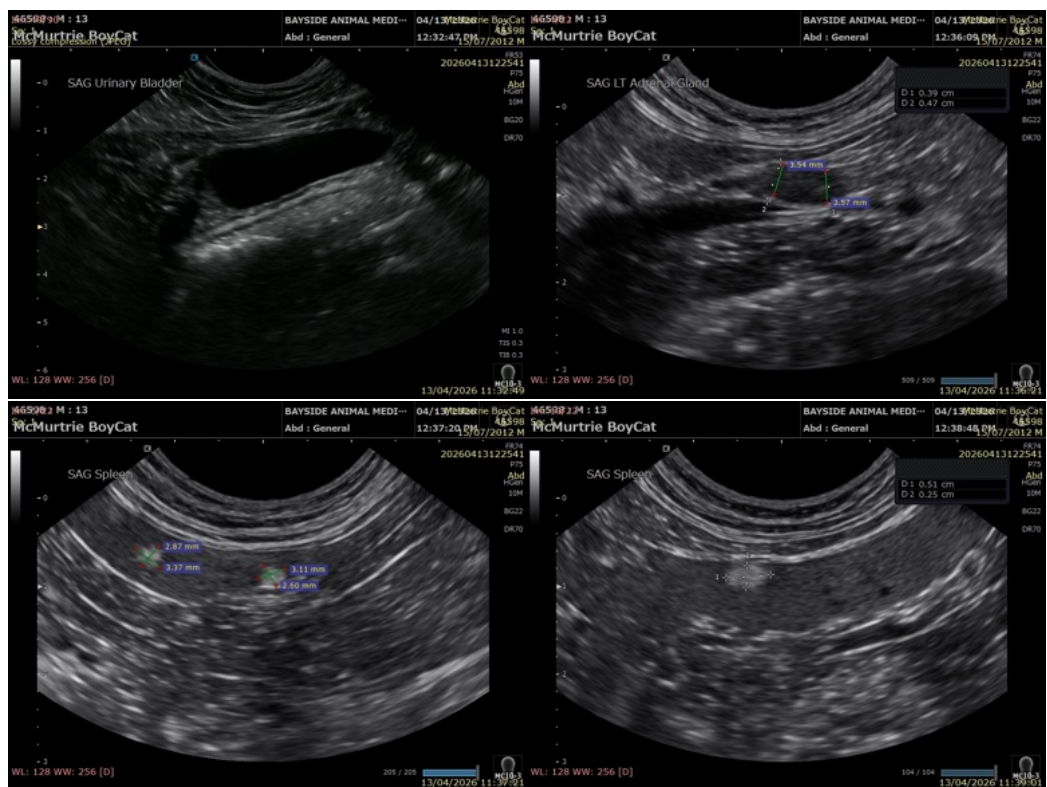
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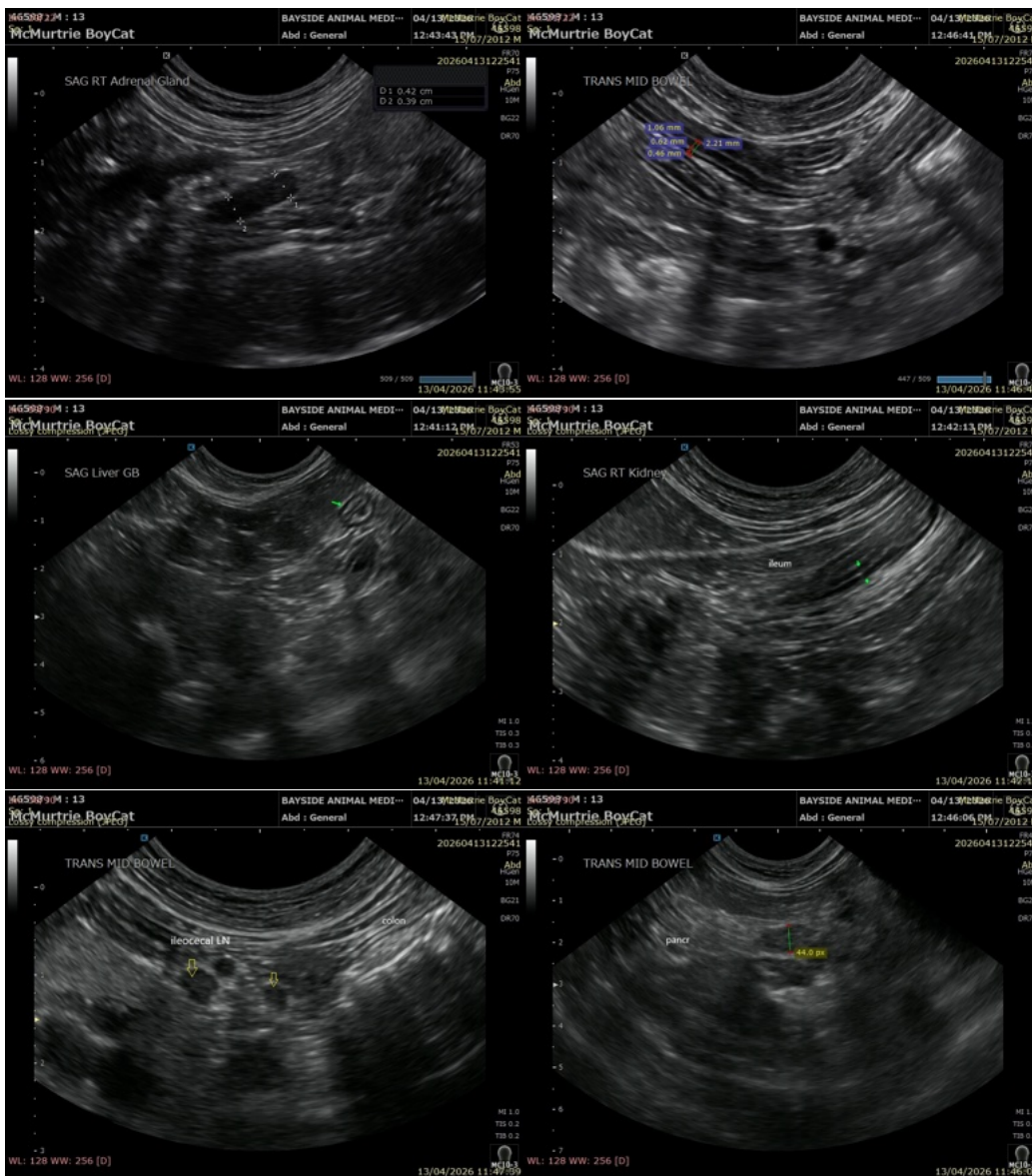
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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