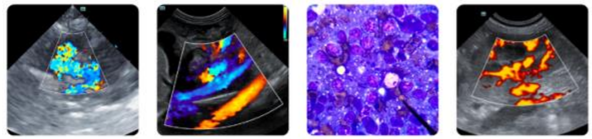


PATIENT

Buster Wiginton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

12.3 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Amanda Favis

HOSPITAL NAME

Ruidoso Animal Clinic

REFERRING VET

Dr. Amanda Favis

INVOICE

15121

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Weight loss, acute onset vomiting. Good appetite.

CBC - mild neutrophilia. Chemistry and T4 wnl. UA - USG>1.045, quiet sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is markedly turbid, with abundant suspended echogenic material and floating sediment. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of mural inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.99×2.49cm, with a cortical thickness of 0.39cm.
The right kidney measures 4.79×2.42cm, with a cortical thickness of 0.40cm.
In both kidneys, the cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is 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 0.27 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.35 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

Splenic thickness is 0.76 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

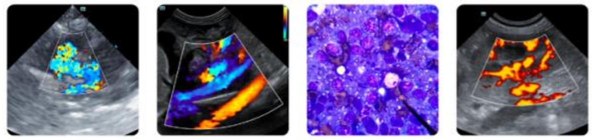
Liver

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 predominantly anechoic contents, containing a small amount of biliary sludge. The common bile duct measures 3.15–2.57mm from proximal to distal.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.24mm and preserved layering.
The pylorus measures 3.06mm.
The duodenum measures 2.29mm.
The jejunum measures 3.15mm (mucosa 1.19mm, submucosa 0.53mm, muscularis propria 1.16mm), with preserved wall layering.
The ileum measures 2.98mm (mucosa 0.52mm, submucosa 0.85mm, muscularis propria 1.29mm), with



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preserved wall layering.
The ileocecal junction measures 3.10mm, with a muscularis thickness of 1.24mm.

No evidence of ileus, focal inflammation, or foreign material is identified.
The colon measures 1.05–1.67mm and contains 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 abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 4.49–5.07mm and are normal in shape and echogenicity. Ileocolic lymph nodes are not visualized; the surrounding region is unremarkable. The iliac trifurcation region is normal.

PRIMARY FINDINGS

- Jejunum: muscularis/mucosa ratio ≈ 0.97
- Ileum: muscularis/mucosa ratio ≈ 2.48
- Ileocecal region: muscularis 1.24mm

SECONDARY FINDINGS

- Mild common bile duct dilation (up to 3.15mm).
- Turbid urinary contents with abundant suspended debris.
- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

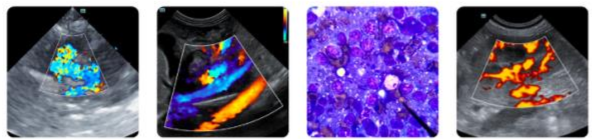
The most significant finding is the diffuse, segmental muscularis thickening of the small intestine, most pronounced in the ileum. In cats, a normal ratio is typically <0.5; therefore, these findings represent a clear and significant abnormality. This pattern is classically associated with chronic enteropathy or small cell lymphoma, with known ultrasonographic overlap. The lack of significant lymphadenopathy does not exclude lymphoma, as small cell lymphoma in cats frequently presents with minimal or no nodal involvement.

The common bile duct measures up to 3.15mm, which is at the upper limit to mildly increased for a cat. In the absence of hyperbilirubinemia and without clear evidence of obstruction, this may represent early or mild cholestasis.

The markedly turbid urine with suspended debris is suggestive of crystalluria, cellular debris, or inflammatory sediment, despite a previously reported inactive sediment. This discrepancy warrants correlation with urinalysis and may reflect sampling timing or evolving lower urinary tract changes.

Mild renal cortical hyperechogenicity is nonspecific and may reflect early age-related or metabolic changes, particularly given preserved renal architecture and function.

Recommendations



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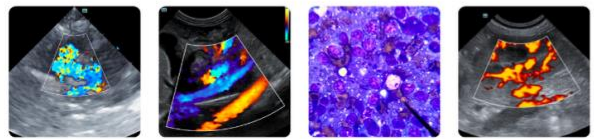
- Cobalamin and folate assessment and empirical cobalamin supplementation.
- Spec fPL may be considered to assess for concurrent pancreatitis.
- Consider intestinal biopsies if differentiation between IBD and small cell lymphoma will influence treatment decisions.
- Repeat urinalysis ± sediment evaluation to clarify the significance of the bladder findings.

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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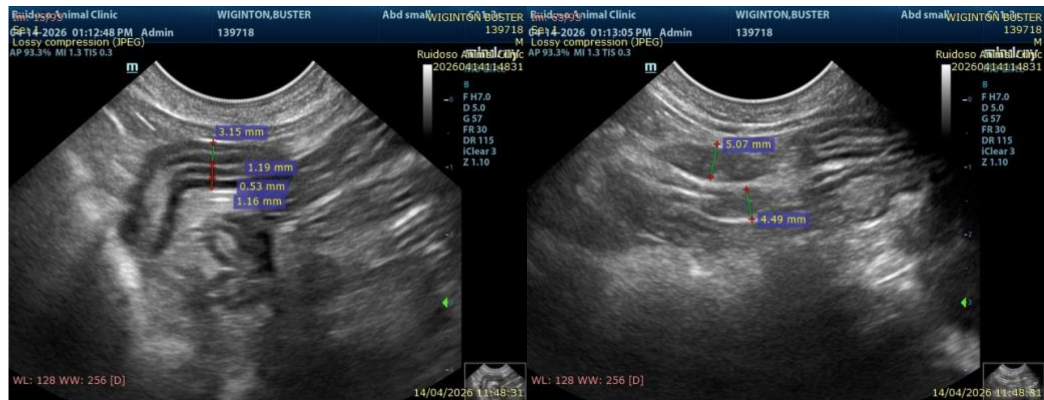

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com