

PATIENT

Boba Messersmith

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 months

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

74530

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Acute onset vomit/diarrhea that has persisted despite medical mgmt. Diarrhea initially improved with metronidazole but then another acute v/d/anorexia at end of 10 day course. Anorexia/hyporexia - seems hungry but refuses most food - currently will eat chicken baby food from spoon. Vomit fluid, not food low grade every few days. Diarrhea seems more small bowl with no urgency, blood, mucous, or straining though maybe slight increase frequency. Treated with nexgard combo for earmites and as emperic dewormer. Low grade fever 102.8-103
Patient does go outside on leash and Patient has been seen chewing wood from indoor wood pile.
Abnormal PE/Chem/CBC/UA Results: cpk 632, Na/k 31, plt 733, chol 66 UA 1.059, 6.5, 1+p, UPC 0.1 FeLV/FIV neg/neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.66×2.30 cm in the sagittal plane, with a cortical thickness of 0.37 cm. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

The right kidney is normal in shape and size, measuring 4.14×1.71 cm in the sagittal plane, with a cortical thickness of 0.30 cm. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.21 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.23 cm at the caudal pole.

Spleen

Splenic thickness is 0.59 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.



PATIENT

Boba Messersmith

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 months

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

74530

DATE

4/16/26

The gallbladder is normally distended, with a thin wall and predominantly anechoic contents. The cystic duct measures 4.91 mm, and the common bile duct measures 4.57–3.44–2.13 mm from proximal to distal. These values are mildly increased, as the common bile duct in cats is typically ≤ 4 mm.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.62 mm and preserved wall layering. The pylorus measures 3.24 mm. Duodenum: 2.07 mm. The duodenal papilla measures 2.85×3.50 mm. Jejunum: 2.82 mm (mucosa 1.06 mm; submucosa 0.40 mm; muscularis propria 1.23 mm). Ileum: 2.67 mm (mucosa 0.79 mm; submucosa 0.50 mm; muscularis propria 1.38 mm), with preserved wall layering. The ileocecal junction was not confidently visualized. No foreign material or obstructive pattern is identified. Colon: 1.28–1.31 mm, containing formed feces in the descending segment.

Pancreas

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

Free Abdomen

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure 4.61 mm in thickness and ileocecal lymph nodes measure 2.64–3.03 mm; all are normal in shape and echogenicity. The iliac trifurcation region is unremarkable.

PRIMARY FINDINGS

- Diffuse small intestinal muscularis thickening (jejunum and ileum), with preserved wall layering.

SECONDARY FINDINGS

- Mild dilation of the cystic duct and common bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The predominant ultrasonographic finding is diffuse small intestinal muscularis thickening with preserved wall layering, which is a well-recognized pattern in cats associated with chronic enteropathy, including inflammatory bowel disease (IBD) and, less commonly in a patient of this age, low-grade lymphoma. Given the patient's young age and clinical history, a primary inflammatory or functional enteropathy is considered most likely.

The presence of hypocholesterolemia further supports a malabsorptive process, reinforcing suspicion for chronic enteropathy and/or small intestinal dysbiosis as the primary underlying disorder. Infectious causes should also be considered in this age group. While the clinical presentation is not typical for large bowel diarrhea, parasitic and protozoal infections (particularly *Giardia spp.* and, less classically, *Tritrichomonas foetus*) cannot be excluded and may contribute to or mimic chronic enteropathy.



PATIENT

Boba Messersmith

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 months

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

74530

DATE

4/16/26

No evidence of gastrointestinal obstruction, focal mass lesion, or clinically significant lymphadenopathy is identified.

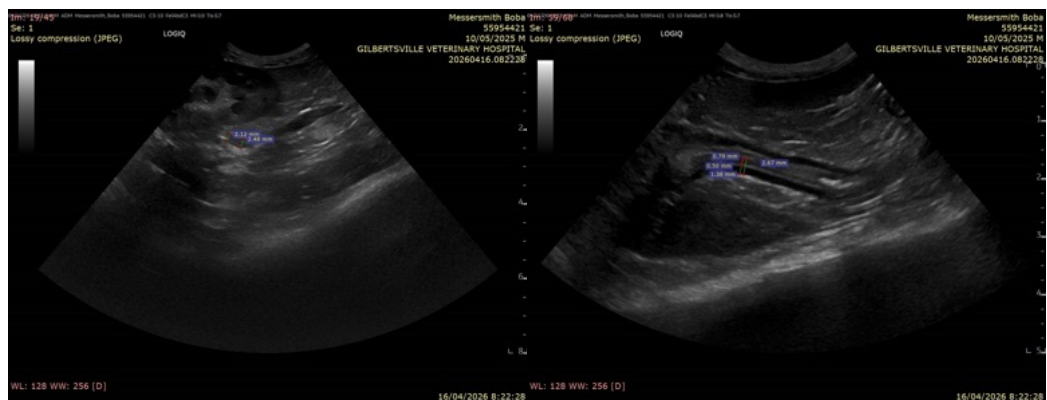
Mild dilation of the cystic duct and proximal common bile duct is noted, without evidence of obstruction. In this clinical context, this finding is most likely functional and secondary to anorexia and/or adjacent duodenal inflammation, rather than indicative of primary biliary disease.

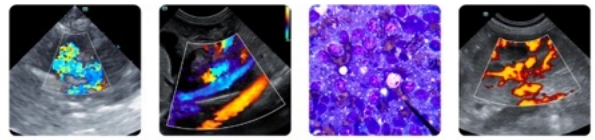
Overall, the findings are most consistent with a chronic inflammatory or malabsorptive enteropathy, with infectious differentials remaining relevant, particularly in a young cat.

Recommendations

- Proceed with malabsorption panel (TLI, cobalamin, folate) as planned.
- Perform fecal testing targeting infectious causes, ideally including:
 - PCR panel (e.g., *Giardia*, *Tritrichomonas foetus*, *Cryptosporidium*)
 - ± fecal flotation/antigen testing
- Initiate or continue a strict dietary trial (highly digestible or hydrolyzed diet).
- Empirical cobalamin supplementation is recommended if low or borderline.
- If clinical signs persist despite appropriate medical management and infectious causes are excluded consider biopsies for a definitive diagnosis.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





PATIENT

Boba Messersmith

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 months

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

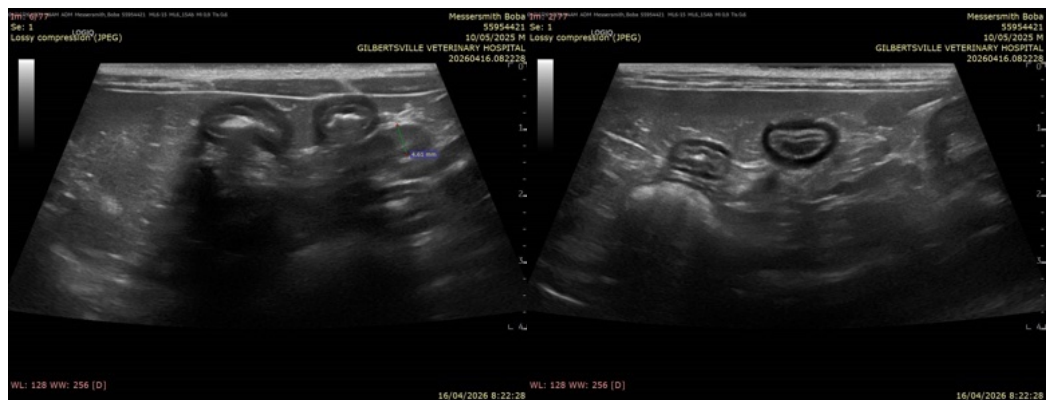
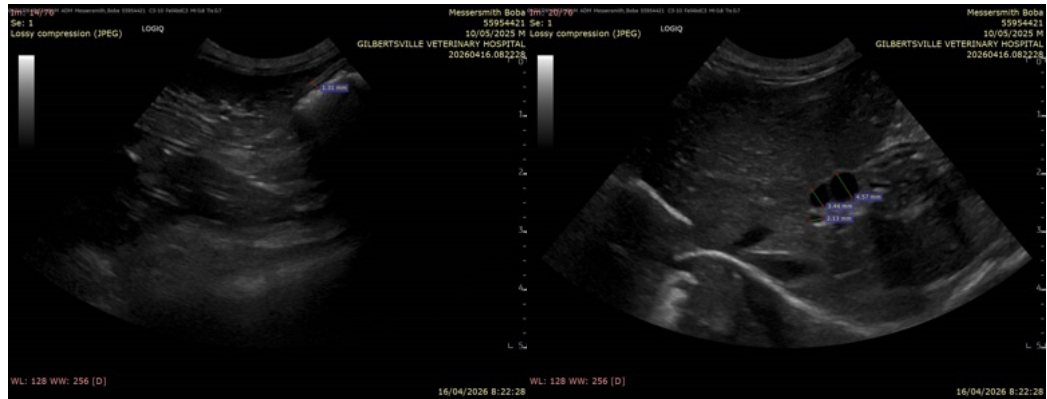
Dr. Arms

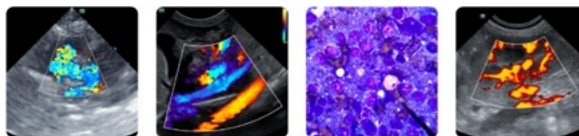
INVOICE

74530

DATE

4/16/26





PATIENT

Boba Messersmith

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 months

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

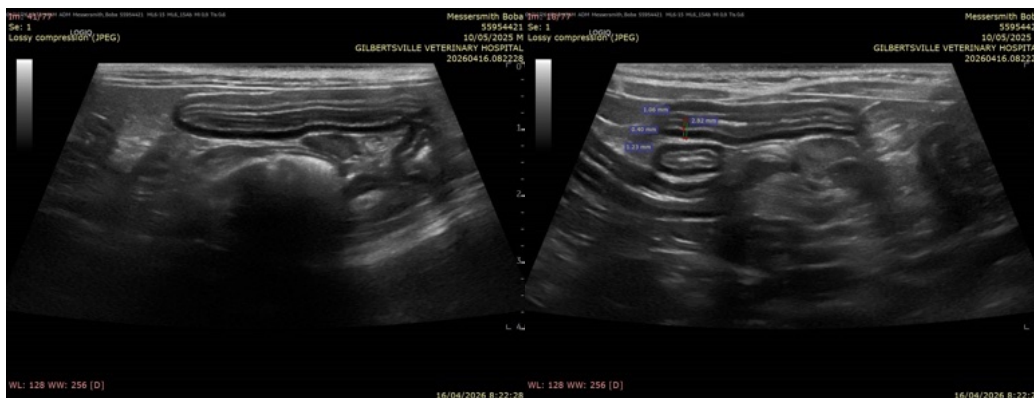
Dr. Arms

INVOICE

74530

DATE

4/16/26



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