



PATIENT

Molly Barron

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

15 years

WEIGHT

6.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Robert Mason, DVM

HOSPITAL NAME

Straley VA

REFERRING VET

Jenny Wenrich, DVM

INVOICE

74097

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Patient has been vomiting daily. Occurs at different times throughout the day . Patient is also losing weight.
- CBC/ Chemistry /UA unremarkable.
- Patient is having normal bowel movements.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The luminal contents are predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 2.90×1.86 cm in the sagittal plane. Cortical thickness is 0.29 cm. The right kidney is normal in shape and size, measuring 3.29×1.72 cm in the sagittal plane. Cortical thickness is 0.32 cm.

Both kidneys show cortical echogenicity within normal limits (isoechoic relative to hepatic parenchyma). The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.25 cm at the cranial pole and 0.27 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. These measurements are within normal limits for a cat.

Spleen

Splenic thickness is 0.84 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 margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat. No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall measures 1.12 mm and appears mildly hyperechoic. The lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.98 mm and preserved layering. The pylorus measures 3.09 mm.

Duodenum: 2.41–2.57 mm, containing a small amount of fluid. The duodenal papilla measures 2.91×3.93 mm.

Jejunum: 1.97 mm, with mucosa 1.10 mm, submucosa 0.49 mm, and muscularis propria 0.25 mm. Ileum: 1.85 mm, with mucosa 0.52 mm, submucosa 0.67 mm, and muscularis propria 0.34 mm. Wall layering is preserved throughout.

The ileocecal junction measures 2.86 mm, with muscularis thickness of 1.02 mm, which is increased relative to expected values.

Colon: 0.65–0.76 mm, containing gas and a moderate amount of feces.

Pancreas

Pancreatic thickness is approximately 0.86 cm. The margins appear mildly irregular, and the parenchyma is hypoechoic relative to the surrounding omental fat. The pancreatic duct does not appear dilated. No hyperechoic changes in the surrounding fat are identified.

Free Abdomen

A mild amount of abdominal effusion is present.

Cranial mesenteric lymph nodes measure 2.34–2.90 mm, and ileocecal lymph nodes measure 1.74–1.77 mm; both are within normal size limits and maintain normal morphology and echogenicity.

The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Focal muscularis thickening at the ileocecal junction (1.02 mm.)
- Mild pancreatic hypoechoic with irregular margins.

SECONDARY FINDINGS

- Minimal abdominal effusion.
- Moderate biliary sludge with mildly hyperechoic gallbladder wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This ultrasound demonstrates subtle but clinically meaningful abnormalities in a geriatric cat with chronic vomiting and weight loss. While much of the gastrointestinal tract remains within normal thickness limits and retains normal layering, there is focal disproportionate thickening of the muscularis layer at the ileocecal junction (1.02 mm), exceeding expected feline reference values (<0.7 mm). This pattern, particularly when segmental and muscularis-predominant, is classically associated with chronic



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enteropathy, including both inflammatory bowel disease and low-grade (small cell) lymphoma. Importantly, the remainder of the small intestine does not show diffuse muscularis thickening, and mesenteric lymph nodes remain normal in size and morphology, which does not support advanced or disseminated involvement. However, given the focal nature of the muscularis thickening and the patient's age and clinical signs, an early or localized infiltrative process cannot be excluded, and there is recognized ultrasonographic overlap between IBD and small cell lymphoma in this context.

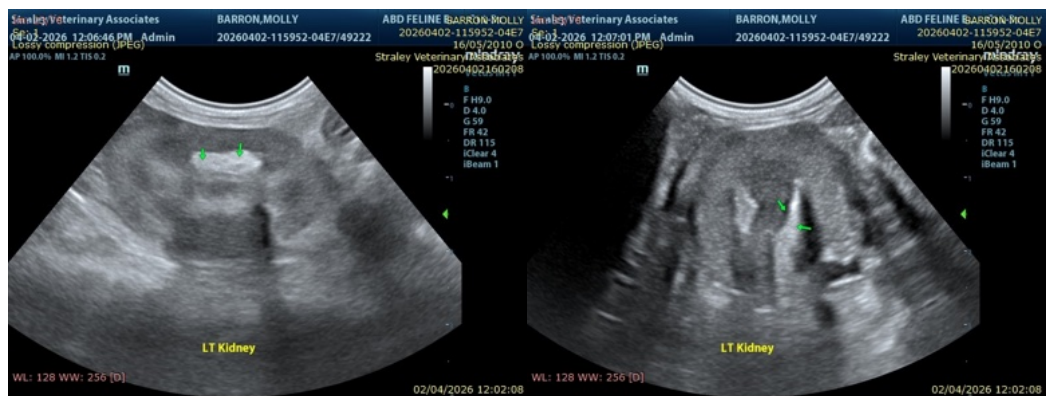
The pancreas appears mildly hypoechoic with irregular margins, findings that, in feline patients, may represent chronic pancreatitis, even in the absence of peripancreatic fat changes. The presence of mild abdominal effusion, together with biliary sludge and mild gallbladder wall changes, supports the possibility of a triaditis-like process, although none of these findings are severe or specific in isolation.

Overall, the findings are most consistent with a chronic inflammatory enteropathy with concurrent mild pancreatic and biliary involvement, although early small cell lymphoma remains a valid differential diagnosis given the clinical presentation and imaging features.

Recommendations

- Antiemetic therapy as needed and a dietary trial (highly digestible or hydrolyzed diet).
- Complete gastrointestinal panel, including fPL, with cobalamin assessment; supplementation recommended as indicated.
- Further differentiation (if poor response or clinical progression): intestinal biopsy.

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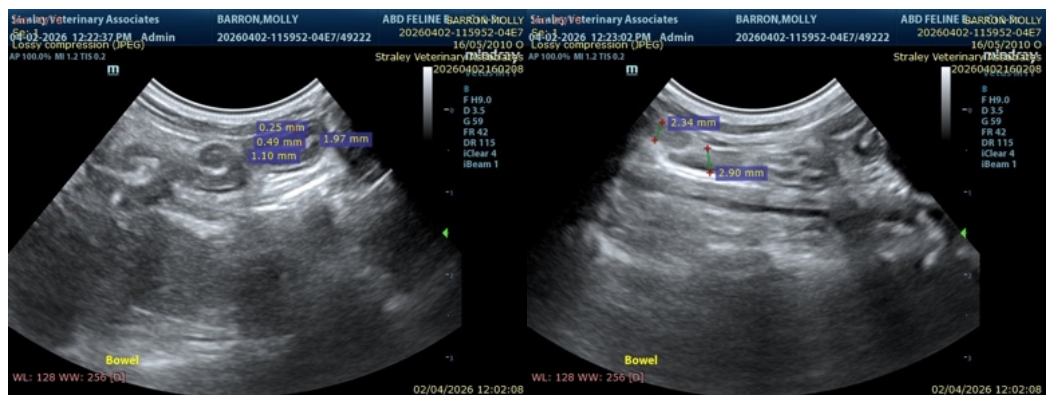
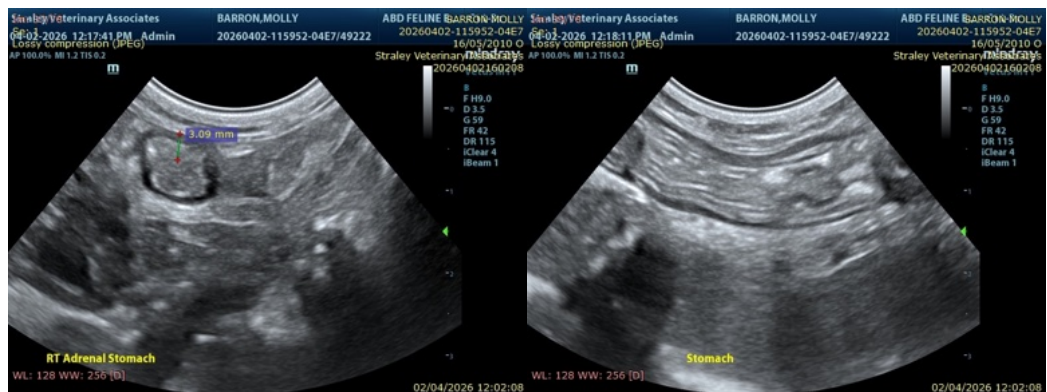
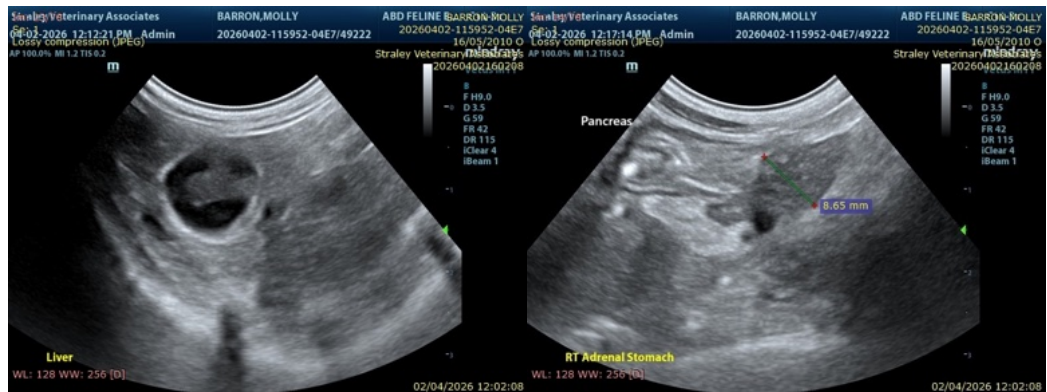
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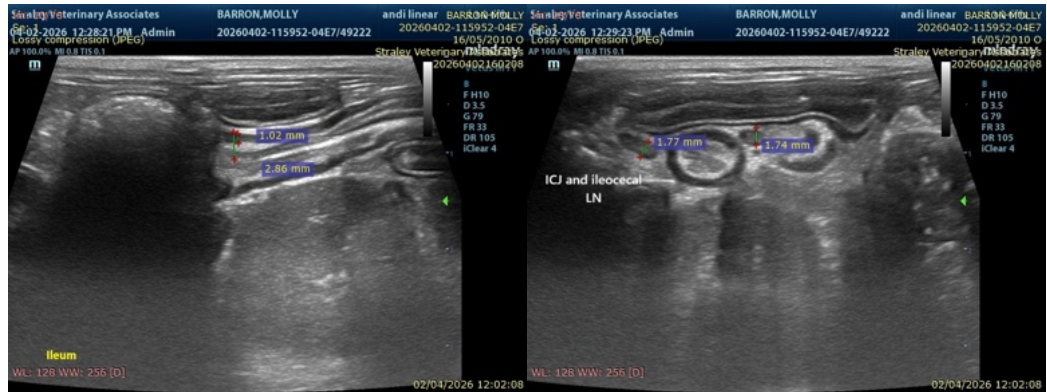
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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