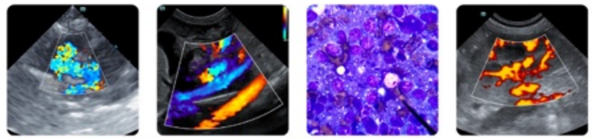


PATIENT

Spirit Ramadei

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 ½ years

WEIGHT

8.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Giuliani

INVOICE

74633

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Pt has hx of hyperthyroidism and previous elevated liver values. O noted continued weight loss even with controlled thyroid. Pt will occasionally vomit, has hx of constipation that o uses miralaxx to help. GI panel done - wnl, bartonella and toxo tests both neg.
Abnormal PE/Chem/CBC/UA Results: Attached most recent bw and GI panel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains anechoic urine. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.29×2.44 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.74×2.21 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

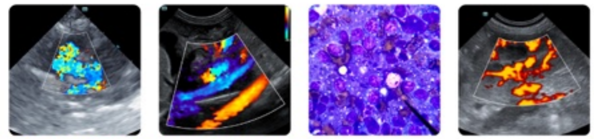
Spleen

Splenic thickness is 0.97 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Doppler color shows normal pattern.

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. A small hypoechoic focus measuring 5.77×6.15 mm is identified. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.82 mm and preserved wall layering. The pylorus measures 3.62 mm. The duodenum measures 1.88 mm. The jejunum measures 2.46 mm, with mucosa 1.41 mm, submucosa 0.57 mm, and muscularis propria 0.16 mm; wall layering is preserved. The ileum measures 2.83 mm, with mucosa 1.12 mm, submucosa 0.81 mm, and muscularis propria 0.70 mm; wall layering is preserved. The ileocecal junction measures 2.82 mm, with muscularis 1.03 mm. A focal segment of the descending colon shows wall thickening measuring 4–5.90 mm, with loss of normal wall layering and possible intraluminal narrowing.

Pancreas

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

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. A medial iliac lymph node measures 3.61 mm, within normal limits. In only one cine loop, an oval, irregular, hypoechoic structure is transiently visualized between the iliac trifurcation and descending colon; however, this structure is not consistently identified and may represent artifact, although an abnormal lymph node cannot be excluded.

PRIMARY FINDINGS

- Focal descending colonic wall thickening (4–5.90 mm) with loss of wall layering and possible luminal narrowing
- Ileal muscularis thickening (muscularis 0.70 mm; ratio ~0.62)
- Ileocecal muscularis thickening (1.03 mm)
- Questionable irregular hypoechoic structure near iliac trifurcation (possible lymph node vs artifact)

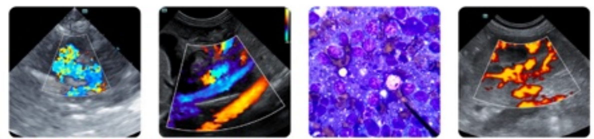
SECONDARY FINDINGS

- Small hypoechoic hepatic focus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is a focal lesion within the descending colon, characterized by marked wall thickening, loss of normal layering, and probable luminal narrowing. This pattern may be consistent with infiltrative disease, with intestinal neoplasia (particularly lymphoma or carcinoma) differential. The loss of layering and focal nature of the lesion make uncomplicated inflammatory disease less likely as the sole explanation.

Additionally, there is muscularis thickening in the ileum (muscularis-to-mucosa ratio ~0.62) and ileocecal region, which slightly exceeds expected values in cats (<0.5–0.6).



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The coexistence of diffuse small intestinal changes with a focal colonic lesion raises concern for either:

- Multifocal or progressive lymphoproliferative disease.
- Or a primary focal neoplasm with secondary/reactive intestinal changes.

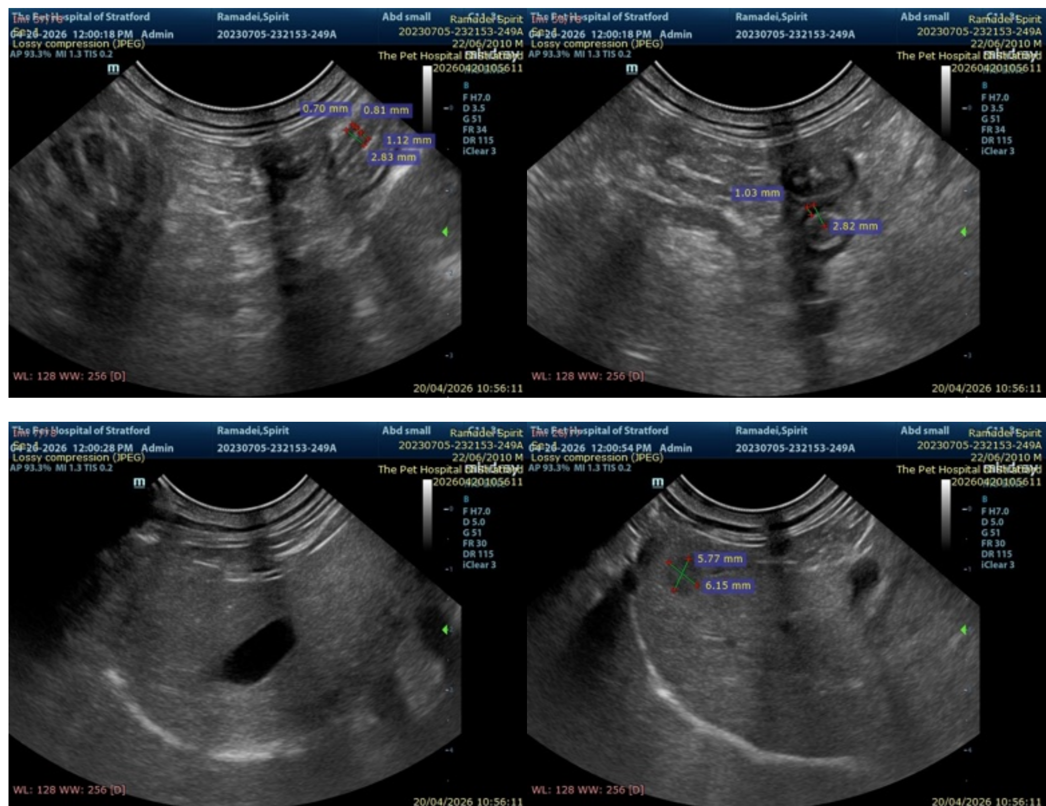
The small hypoechoic hepatic focus is nonspecific and may represent nodular hyperplasia, a benign lesion, or less likely metastatic disease; its significance is uncertain in isolation.

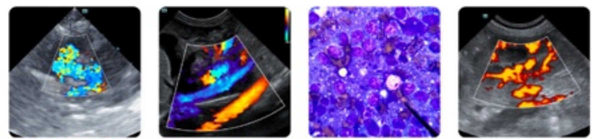
The questionable hypoechoic structure near the iliac trifurcation cannot be definitively characterized due to limited visualization. While it may represent artifact, the possibility of an abnormal lymph node cannot be excluded and is relevant given the colonic findings.

Recommendations

- Given the focal colonic lesion with loss of wall layering and possible luminal narrowing, endoscopic evaluation with targeted biopsies is recommended, as it allows direct visualization and more reliable tissue sampling compared to fine-needle aspiration.
- Assessment of regional lymph nodes should be repeated and targeted for sampling if confirmed.
- Consider hepatic FNA if clinically indicated, although the lesion is small and nonspecific.

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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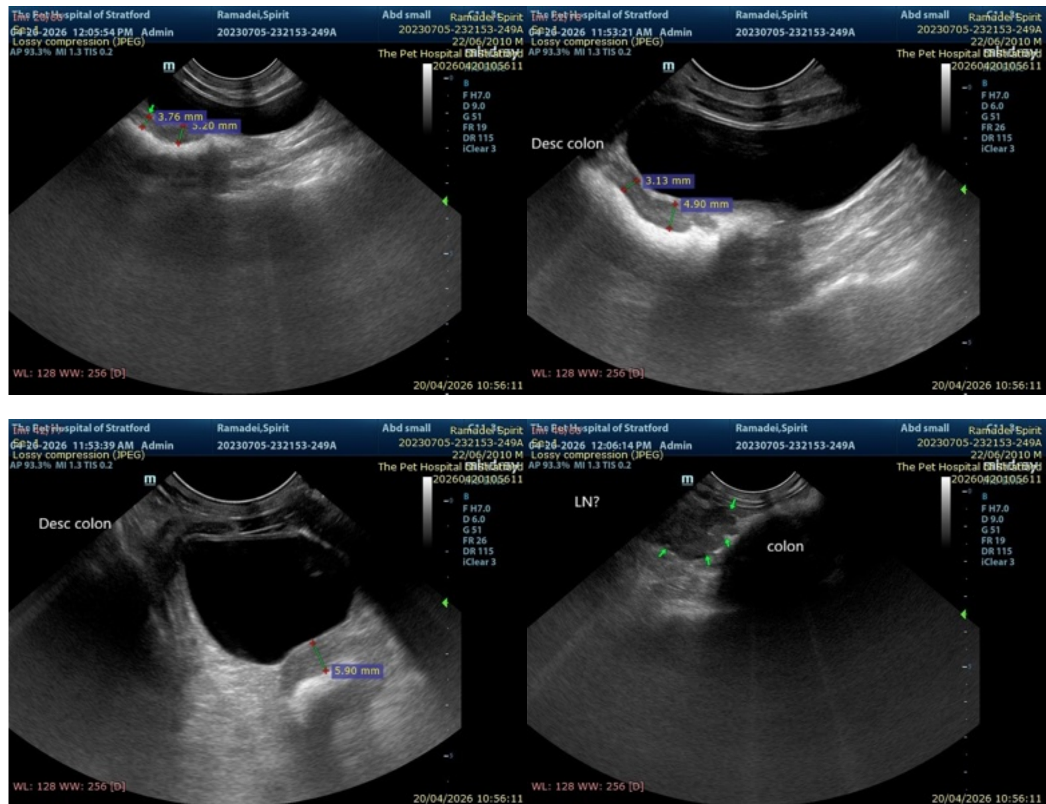

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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