



## PATIENT

Paisley Coleman

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

14 years

## WEIGHT

10 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Jessy Butcher

## HOSPITAL NAME

Hoffman AH

## REFERRING VET

Dr. Greenwood

## INVOICE

74708

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

History: Presenting due to vomiting and decreased appetite. History of hyperthyroidism, considering iodine treatment but wanting to ensure no underlying disease within the abdomen to be causing GI symptoms.

## 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 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 3.83×2.54 cm, with a cortical thickness of 0.43 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.87×2.17 cm, with a cortical thickness of 0.40 cm. In both kidneys, the cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.30 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.28 cm at the caudal pole.

### *Spleen*

Splenic thickness is 1.13 cm. The spleen shows mildly irregular margins. The parenchyma is slightly decreased in echogenicity with a fine homogeneous echotexture and no focal lesions. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin, and the contents are anechoic. The common bile duct measures 1.84 mm, within normal limits for a cat (<3 mm).

### *Gastrointestinal*

The stomach is empty and folded, with a mild fluid pattern, a mural thickness of 1.81 mm, and preserved wall layering. The pylorus measures 2.53 mm. The duodenum measures 1.89 mm. The jejunum measures



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2.00 mm (mucosa 0.95 mm, submucosa 0.48 mm, muscularis propria 0.51 mm). The ileum measures 2.81–2.95 mm (mucosa 0.80 mm, submucosa 1.11 mm, muscularis propria 0.88 mm). Wall layering is preserved throughout. All small intestinal segments demonstrate a corrugated pattern. The colon measures 1.16 mm, with a small amount of semiformal fecal material in the descending segment.

### **Pancreas**

The pancreas measures approximately 8.67 mm in thickness, with mildly irregular margins. The parenchyma is hypochoic relative to adjacent omental fat. The pancreatic duct measures 1.25 mm. No peripancreatic fat changes are identified.

### **Free Abdomen**

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified in the provided videos. The iliac trifurcation is normal.

### **PRIMARY FINDINGS**

- Diffuse small intestinal corrugation.
- Ileal wall thickening (up to ~2.95 mm) with increased muscularis thickness.
- Mild pancreatic enlargement and hypochoicogenicity with slightly irregular margins.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most relevant findings are diffuse intestinal corrugation, mild ileal thickening with muscularis prominence, and subtle pancreatic changes.

The intestinal measurements remain largely within or only mildly above normal limits for a cat (generally  $\leq 2.5$ –3 mm), with preservation of wall layering. The muscularis-to-mucosa ratios (jejunum ~0.54; ileum ~1.1) are mildly increased, particularly in the ileum. This pattern supports chronic enteropathy (inflammatory bowel disease), with a recognized overlap with low-grade (small cell) lymphoma.

The diffuse corrugated intestinal pattern is a nonspecific finding but is most commonly associated with functional or inflammatory processes, including gastrointestinal irritation, dysmotility, or pancreatitis.

The pancreas is mildly enlarged and hypochoic with irregular margins, although there are no associated peripancreatic fat changes. In cats, pancreatitis often lacks prominent peripancreatic fat reaction, and these findings are therefore compatible with mild or chronic pancreatitis, particularly in the context of vomiting.

Mild splenic changes are nonspecific and may be reactive.

### **Recommendations**

- Further evaluation (cobalamin/folate, fPLI, or intestinal sampling) may be considered.



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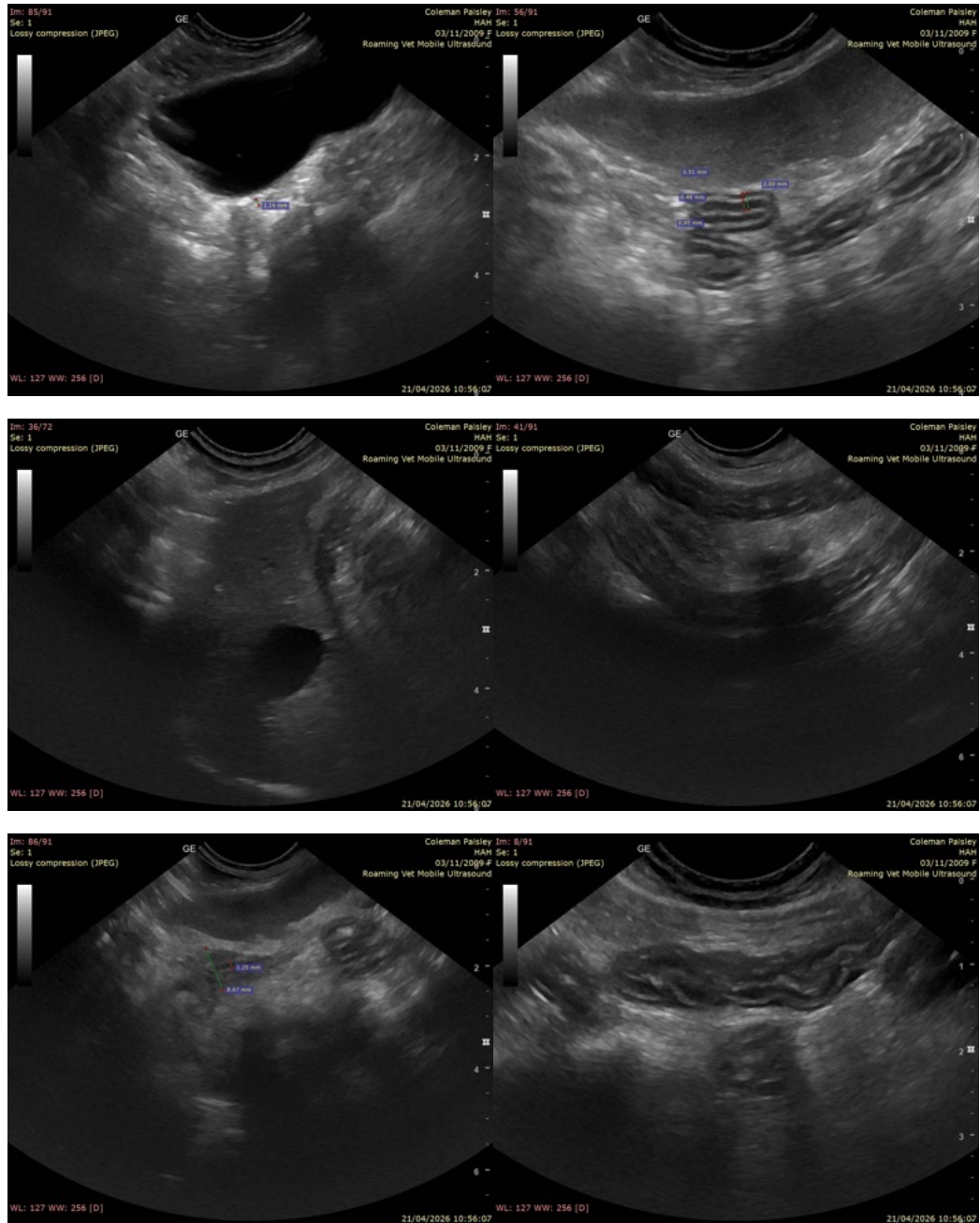
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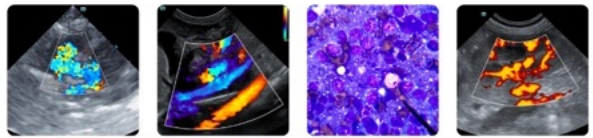
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- Medical management for chronic enteropathy and pancreatitis may be considered (dietary modification, supportive therapy as clinically indicated).

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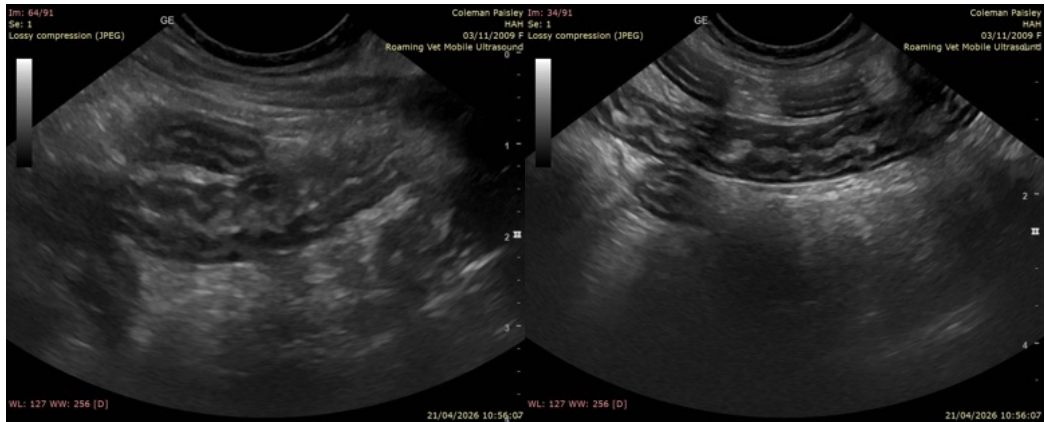
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)