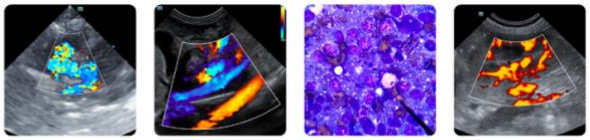


PATIENT

Samba SCAT (Street Cat Rescue)

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard Veterinary Care

REFERRING VET

Dr. DeWalt

INVOICE

15382

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Abdominal ultrasound for recent constipation, now turned into diarrhea that is leaking out of her. Painful/tender abdomen, low energy.

Abnormal PE/Chem/CBC/UA Results: high wbc TBIL: 19 (0-15 umol/L) Amyl 2078 (500-1500 u/l) Lipa 4670 (100-1400 u/l)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is 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 disease.

The left kidney is normal in shape and size, measuring 2.99×2.20 cm, with a cortical thickness of 0.29 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 3.18×2.00 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.44 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measures 0.45 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

In the expected splenic region, there is a markedly abnormal structure characterized by severely irregular margins and a heterogeneous, multinodular appearance, lacking the normal homogeneous echotexture of splenic parenchyma. The architecture is effaced, and the organ cannot be confidently recognized as normal spleen.

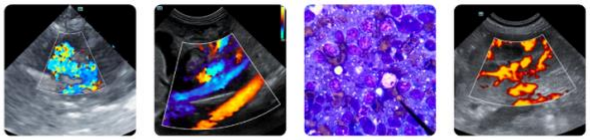
Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to surrounding fat. A small hypoechoic focus measuring 5.10×8.96 mm is identified. No hepatic lymphadenopathy is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.57 mm. The muscularis measures 0.97 mm. Wall layering is preserved.

Small intestines:
The pylorus measures 3.09 mm, with muscularis 2.13 mm. The duodenum measures 1.99 mm. The jejunum measures 1.74 mm (mucosa 0.96 mm, submucosa 0.44 mm, muscularis 0.22 mm). The ileum



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measures 1.79 mm (mucosa 0.40 mm, submucosa 0.54 mm, muscularis 0.58 mm). The ileocecal junction measures 4.42 mm, with muscularis 2.19 mm.

Colon: measures 0.98–1.27 mm, with preserved layering and minimal soft intraluminal content.

Pancreas

The pancreas measures 6.72 mm in thickness (increased for a feline patient). The margins are irregular. The parenchyma is hypoechoic relative to adjacent fat. The pancreatic duct measures 0.87 mm (mildly dilated). There is increased echogenicity of the peripancreatic fat, consistent with inflammation.

Free Abdomen

No abdominal effusion is identified. Cranial mesenteric lymph nodes measure 4.31–4.51 mm, and ileocecal lymph nodes measure 1.87–3.61 mm. Nodes are mildly hypoechoic but maintain normal shape. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Severely abnormal splenic architecture (multinodular, heterogeneous, irregular).
- Mild dilation of the common bile duct.
- Marked muscularis thickening (pylorus, ileocecal junction).
- Pancreatic enlargement, hypoechogenicity, ductal dilation, and peripancreatic fat reactivity.

SECONDARY FINDINGS

- Small focal hepatic hypoechoic lesion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are consistent with clinically significant pancreatitis, characterized by pancreatic enlargement, hypoechogenicity, ductal dilation, and peripancreatic fat reactivity, correlating well with the marked lipase elevation and clinical presentation (abdominal pain and lethargy). The mild dilation of the common bile duct is most likely secondary to pancreatitis, reflecting functional or inflammatory obstruction at the level of the pancreaticobiliary junction, a well-recognized finding in feline patients in the absence of a discrete obstructive lesion.

The gastrointestinal findings, particularly the marked thickening of the muscularis layer at the pylorus and ileocecal junction, are most consistent with chronic enteropathy. Differential diagnoses include inflammatory bowel disease and low-grade lymphoma. In feline patients, a recognized overlap exists between these conditions, and distinction based on imaging findings alone may be challenging.

Overall, the combination of pancreatic, intestinal, and mild biliary changes is most consistent with a triaditis spectrum disorder (pancreatitis with concurrent chronic enteropathy ± cholangitis).

Within this context, however, the splenic appearance is markedly abnormal and cannot be readily explained as a reactive change. The spleen demonstrates severe architectural distortion with a heterogeneous, multinodular pattern and irregular margins, which is not typical of congestion or systemic inflammatory response alone. This raises concern for a concurrent splenic process, including infiltrative disease (lymphoma), atypical nodular hyperplasia, or other primary splenic pathology, and should be considered clinically significant and independent from the pancreatobiliary findings.

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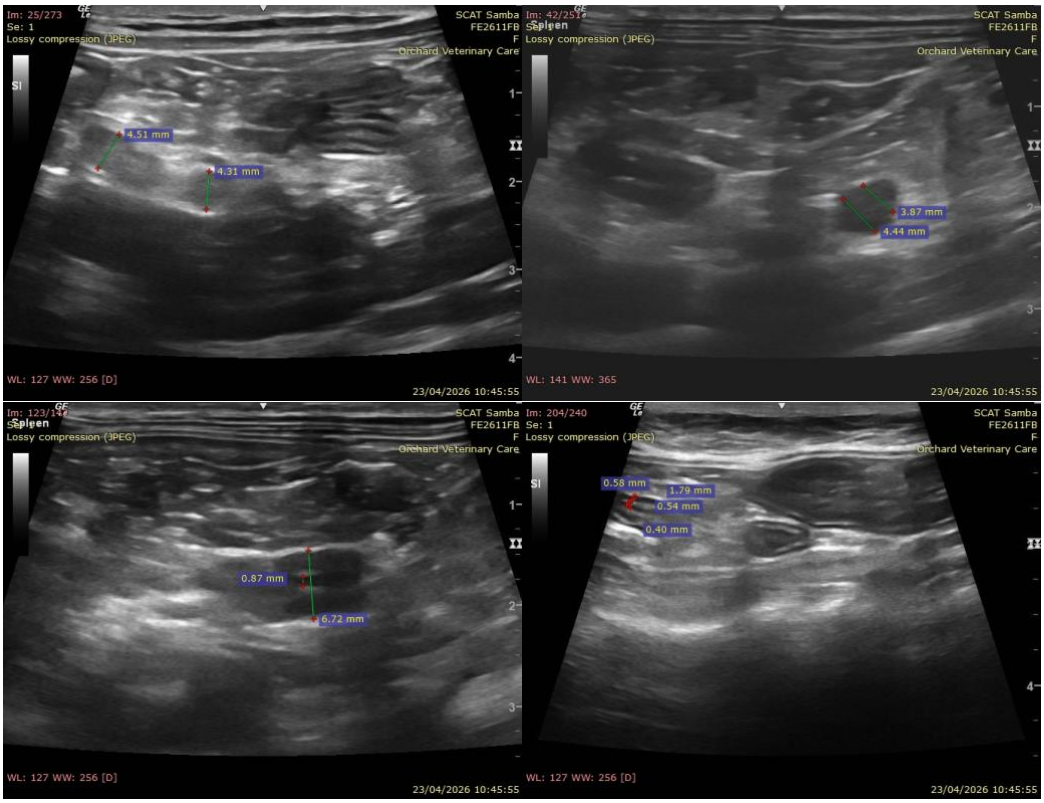
Adrenal glands are at the upper limits of normal in size, without focal enlargement or asymmetry. No definitive ultrasonographic evidence of adrenal disease is identified.

Recommendations

- Initiate supportive and medical management for pancreatitis (analgesia, antiemetics, and appropriate nutritional support).
- Assessment of serum cobalamin and folate concentrations is recommended; given the high suspicion for chronic enteropathy, empirical cobalamin supplementation is advised regardless of results.
- Fine-needle aspiration of the spleen is strongly recommended to further characterize the marked structural abnormality.
- Serial ultrasonographic monitoring is recommended to assess progression or evolution of the gastrointestinal, pancreatic, and splenic findings.
- While imaging findings are compatible with chronic enteropathy, it should be noted that definitive differentiation between inflammatory bowel disease and intestinal lymphoma requires histopathology.

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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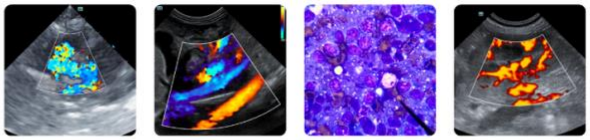

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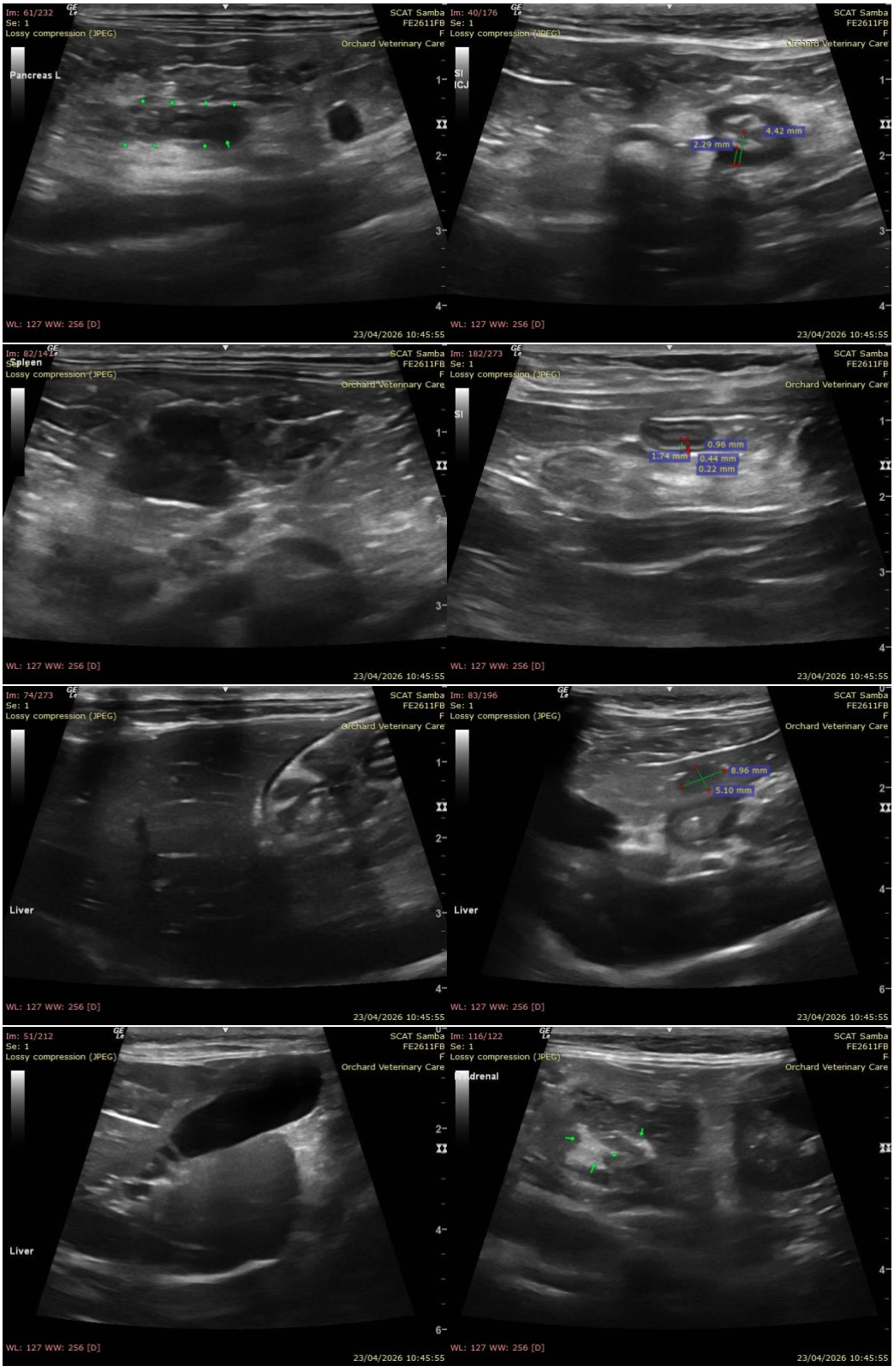

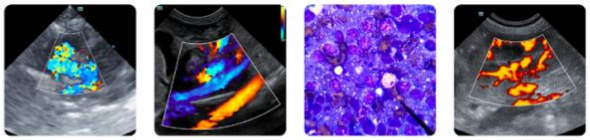

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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