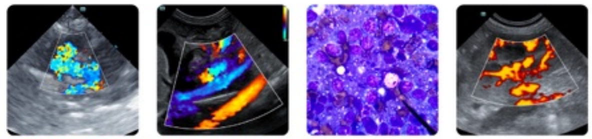


PATIENT
Hank Ambrosini

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
11 years

WEIGHT
12 lbs

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Danielle Shemanski, DVM, MA

HOSPITAL NAME
Western New York VS

REFERRING VET
Brenda Buck, DVM

INVOICE
74819

DATE
4/24/26

PRESENTING CLINICAL SIGNS

Owner reports recent vomiting, currently managed with Cerenia for the past three days. The patient is able to retain water and small amounts of baby food, though appetite remains decreased. No recent bowel movements reported. The patient has experienced progressive weight loss, with a loss of over 3 lbs in the past year and nearly 1 lb since February. History includes intermittent vomiting and frequent diarrhea; no prior GI panel has been performed. A patient is an indoor-only cat in a multi-cat household (five cats). Currently not on a hypoallergenic diet; feeding management has been complicated by another cat in the household with chronic kidney disease.
MEDICATIONS: Cerenia (maropitant) – given for the past 3 days for vomiting
April 22, 2026 Blood Chem Glu 191 HIGH (71-159 mg/dL) Phos 2.8 LOW (Ref 3.1-8.5 mg/dL) CBC Lym 0.33 LOW (Ref 0.92-6.88 K/uL) Baso 0.33 HIGH (Ref 0.01-0.26 K/uL) Urinalysis: Epithelial cells YES Casts YES Appearance: DARK YELLOW, CLEAR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 3.99 × 2.28 cm, with a cortical thickness of 0.46 cm in the sagittal plane, within normal limits for a cat (typically ~2.5–4.5 cm). The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

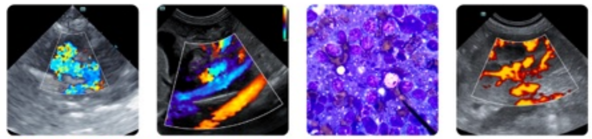
The right kidney measures 4.06 × 1.89 cm, with a cortical thickness of 0.40 cm, within normal limits. The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

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 0.33 cm at the caudal pole. The right adrenal gland measures 0.35 cm at the cranial pole and 0.39 cm at the caudal pole.

Spleen

Splenic thickness is 1.34 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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.

The gallbladder lumen is normally distended. The wall is 1.10 mm and the contents are primarily anechoic. No evident dilation of the c common bile duct is observed (2.66 mm)

Gastrointestinal

The stomach contains a small amount of ingesta, with a mural thickness of 1.45 mm and preserved wall layering. The pylorus measures 3.29 mm. Duodenum: 2.62 mm. Jejunum: 4.25–4.76 mm (mucosa 1.20 mm, submucosa 0.48 mm, muscularis 1.88 mm). Ileum: 5.18 mm (mucosa 0.33 mm, submucosa 1.64 mm, muscularis 2.28 mm). The ileocecal junction measures 4.66 mm (mucosa 1.43 mm, muscularis 2.15 mm). There is marked diffuse small intestinal thickening, with severe muscularis hypertrophy and preserved wall layering, most pronounced in the jejunum, ileum, and ileocecal region. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. The colon measures 0.70–1.30 mm, within normal limits, with minimal luminal content.

Pancreas

The pancreas measures approximately 5.66–7.65 mm in thickness and appears hypoechoic relative to the surrounding fat. The pancreatic duct measures approximately 1.31 mm, mildly dilated. No overt peripancreatic fat inflammation or free fluid is identified.

Free Abdomen

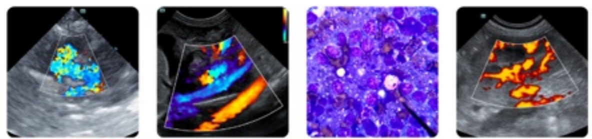
No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation region appears normal.

PRIMARY FINDINGS

- Marked diffuse small intestinal thickening, most pronounced at the jejunum and ileum. Severe muscularis hypertrophy (muscularis-to-mucosa ratio >1, markedly increased)
- Involvement of the ileocecal junction with similar changes
- Pancreatic enlargement with hypoechoic parenchyma and mildly dilated pancreatic duct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates marked and diffuse small intestinal thickening, affecting the jejunum, ileum, and ileocecal junction, characterized by severe muscularis hypertrophy with preserved wall layering. In cats, this pattern is highly suggestive of chronic infiltrative intestinal disease: inflammatory bowel disease, and low-grade (small cell) lymphoma.



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Given the degree of thickening, distribution, and associated clinical history (chronic vomiting, diarrhea, and significant weight loss), this represents a clinically significant and advanced process. While ultrasound cannot definitively differentiate inflammatory from neoplastic disease, the findings are strongly supportive of a chronic infiltrative intestinal disorder.

Additionally, the pancreas is enlarged and hypoechoic, with mild dilation of the pancreatic duct. Although there is no overt peripancreatic fat inflammation, these findings are compatible with pancreatic involvement, and may represent chronic pancreatitis or concurrent pancreatic disease, which is commonly associated with intestinal disease in cats.

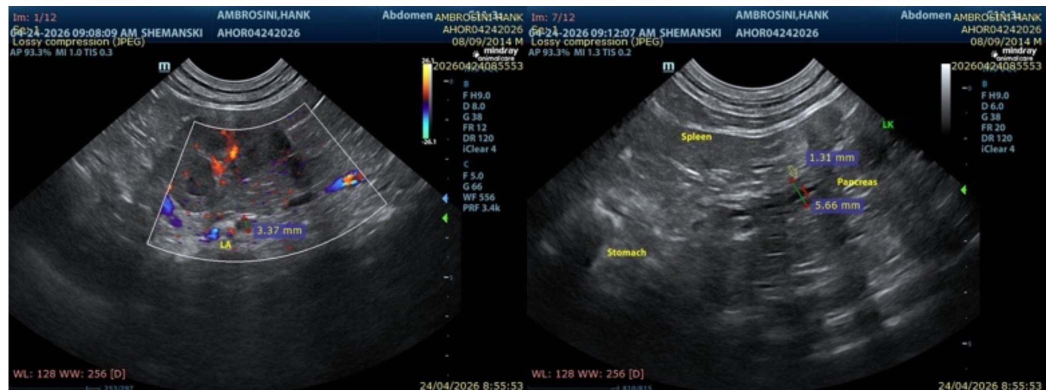
Recommendations

Further diagnostic evaluation is strongly recommended:

- Gastrointestinal panel (including cobalamin and folate)
- Measurement of feline pancreatic lipase (fPLI), if not already performed
- Endoscopic or full-thickness intestinal biopsy for definitive diagnosis

A therapeutic trial without a definitive diagnosis may be considered in selected cases; however, given the severity of the ultrasonographic findings and the clinical progression, histopathologic confirmation and targeted therapy are recommended when feasible.

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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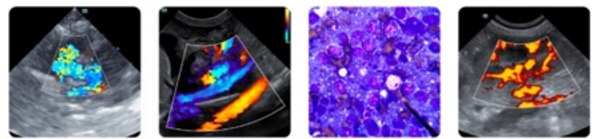

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Educational Teleconsultation Services™

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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