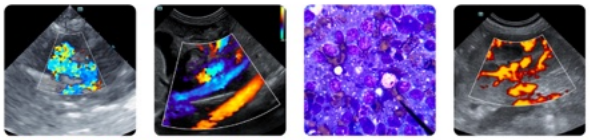


PATIENT

Bella Kee

SPECIES

Feline

BREED

Bengal

SEX

Spayed female

AGE

14 years

WEIGHT

6 lbs 7.5 oz

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

74872

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: History of chronic vomiting (years) when she was a patient at another veterinary clinic. She had elevated liver enzymes at that time, unsure of how high. Owner tried a ZD diet and she would not eat it at that time. She has been a chronic vomiter since she started as a patient at our practice a few years ago. 1 pound weight loss in the last few months. Still wanting to eat, no diarrhea. Very finicky per owner, has not been able to do a food trial. No fever
Abnormal PE/Chem/CBC/UA Results: Limited PE is NSF, pet is slightly fractious. Boarding at our clinic this week and she has vomited 2 times. CBC/Chem/UA/T4 -Leukocytosis of almost 40, 000. 18,000 neutrophils, 16,000 neutrophils, 2,500 monocytes, and 2,000 eosinophils. Decreased Cr 0.7. ALT 306, AST 105, ALP 106. USPG 1.021 with pH 8.0 T4 3.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin, smooth wall. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.54×1.82 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.73×1.87 cm, with a cortical thickness of 0.32 cm in the sagittal plane. In both kidneys, the cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits 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 0.20 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.27 cm at the caudal pole.

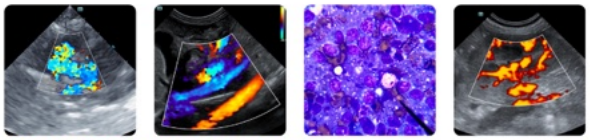
Spleen

Splenic thickness is 0.70 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, with a normal echotexture. Two small hyperechoic foci are identified measuring 0.48×0.64 cm and 0.65×0.97 cm. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended, with a thin wall and anechoic contents. The common bile duct measures 2.57–2.54–1.45 mm from proximal to distal.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.50 mm and preserved wall layering. The pylorus measures 2.64 mm. Duodenum: 2.60 mm. Jejunum: 2.92 mm (mucosa 1.63 mm, submucosa 0.81 mm, muscularis propria 0.35 mm). Ileum: 1.82 mm (mucosa 0.76 mm, submucosa 0.69 mm, muscularis propria 0.34 mm). The ileocecal junction measures 3.16 mm, with a muscularis thickness of 1.24 mm. Wall layering is preserved throughout. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. Colon: 1.33–1.85 mm, containing soft fecal material, with preserved wall layering.

Pancreas

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

Free Abdomen

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes measure 6.44 mm in thickness, with normal shape and echogenicity. The ileocecal lymph node measures 4.18 mm, also with normal shape and echogenicity. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

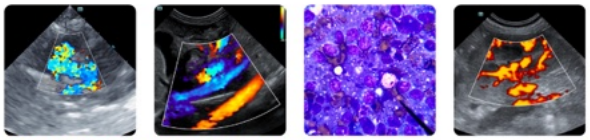
- Disproportionate muscularis thickening at the ileocecal junction.
- Mild jejunal muscularis prominence relative to mucosa (borderline ratio)
- Two small hyperechoic hepatic foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunum muscularis-to-mucosa ratio is 0.21, which remains within normal limits (<0.5). However, the ileocecal junction demonstrates a disproportionately thick muscularis (1.24 mm), which is abnormal and not expected in a healthy cat of this size. This focality is important: early or localized disease—particularly lymphoma—can initially affect the ileocecal region.

Given the chronic vomiting history, recent weight loss, and marked leukocytosis (including eosinophilia), the findings are most consistent with chronic enteropathy. The degree and focal nature of muscularis thickening make small cell lymphoma a significant differential, although IBD (including eosinophilic enteritis) remains a strong competing diagnosis. There is substantial ultrasonographic overlap between these entities, and imaging alone cannot reliably distinguish them.
The absence of mesenteric lymphadenomegaly is somewhat reassuring but does not exclude infiltrative disease, especially small cell lymphoma.

The liver contains two small hyperechoic foci, most consistent with benign incidental findings (vacuolar change, nodular hyperplasia, or fibrosis). There is no ultrasonographic evidence of diffuse hepatopathy or biliary obstruction; however, feline cholangitis/cholangiohepatopathies may occur in the absence of overt ultrasonographic changes.



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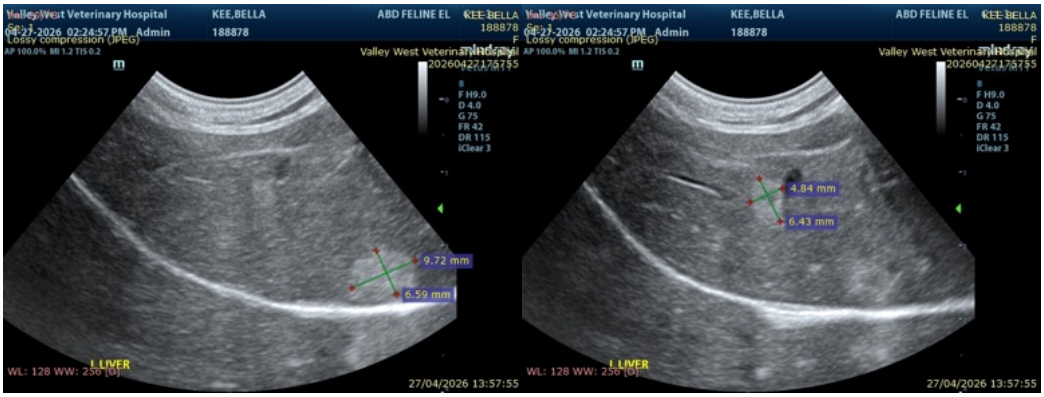
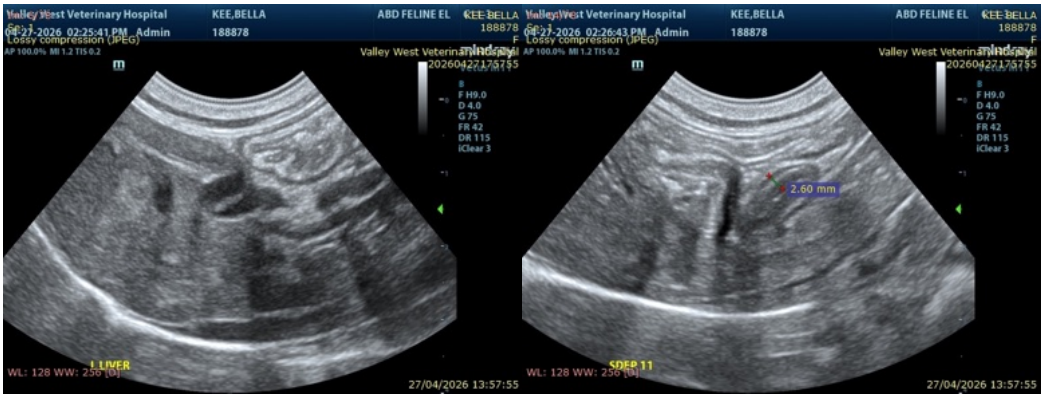
The pancreas appears unremarkable; however, in cats, pancreatitis may be present without ultrasonographic changes, and concurrent “triaditis” (enteropathy, pancreatitis, cholangitis) remains possible.

Recommendations

- Definitive differentiation (IBD vs small cell lymphoma) requires biopsy, but a stepwise, non-invasive approach is reasonable in this case.
- Trial a highly digestible or alternative diet that the cat will accept (compliance prioritized).
- Start cobalamin supplementation.
- Consider empirical corticosteroid trial.
- Empirical hepatobiliary support may be considered, recognizing that feline cholangitis can occur without ultrasonographic changes.
- Clinical monitoring is recommended, with follow-up abdominal ultrasound to assess for progression or evolution of the intestinal changes.

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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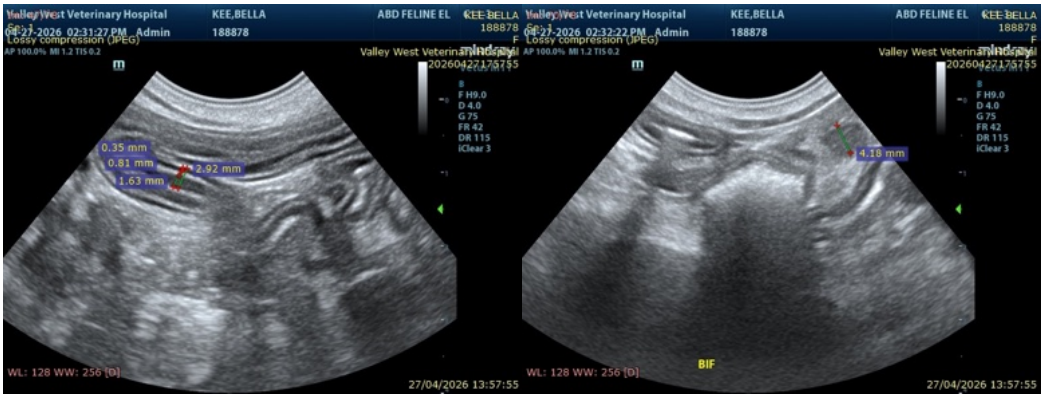

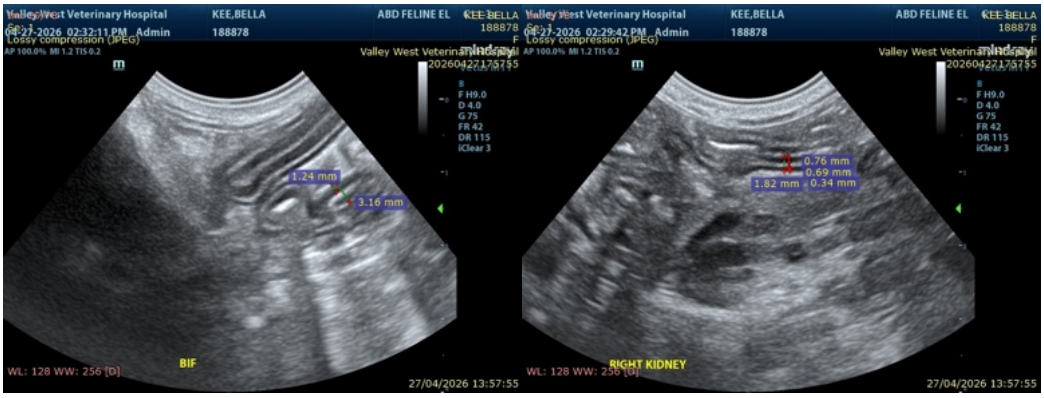

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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