



PATIENT

Elliot Livingston

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

8.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

74928

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: yellow mucous membranes, pt lethargic for the last 3-4 days.
pt also not eating.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and 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 3.22×1.88 cm, with a cortical thickness of 0.27 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.40×2.05 cm, with a cortical thickness of 0.30 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 0.25 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.29 cm at the caudal pole.

Spleen

Splenic thickness is 0.64 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 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 thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed (1.63-1.31-1.25 mm from proximal to distal).

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.61 mm and preserved wall layering. The pylorus measures 3.44 mm. Duodenum: 2.03 mm. Jejunum: 1.18 mm (mucosa 0.59 mm, submucosa 0.32 mm; muscularis not reliably measured). Ileum: 1.93 mm (mucosa 0.63 mm, submucosa 0.66 mm, muscularis propria 0.63 mm), with preserved layering. The ileocecal junction measures 2.93 mm, with



PATIENT

Elliot Livingston

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

8.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

74928

DATE

4/28/26

muscularis measuring 0.99 mm. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. Colon: ascending 1.19 mm, transverse 1.61 mm, descending 0.94 mm, containing a small amount of soft fecal material. Wall layering appears preserved.

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 lymph nodes are not visualized, and the surrounding mesentery appears unremarkable. Ileocecal lymph nodes measure 3.82–2.03 mm, with normal shape and echogenicity. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Relative thickening of the ileal and ileocecal muscularis layer.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ileum measures 1.93 mm in total thickness, which a muscularis-to-mucosa ratio of approximately 1:1, which is increased compared to expected values (typically <0.5 in normal cats). Similarly, the ileocecal junction shows a muscularis thickness of 0.99 mm relative to a total wall thickness of 2.93 mm, also indicating relative muscularis prominence. This pattern is classically associated with chronic enteropathy, including both inflammatory bowel disease (IBD) and small cell lymphoma, with significant overlap between these entities on ultrasound. The absence of lymphadenomegaly, normal mucosal architecture, and young age favor inflammatory disease over neoplasia, although this distinction cannot be made definitively based on imaging alone.

Despite the marked hyperbilirubinemia and liver enzyme elevations documented in laboratory testing, the hepatobiliary system appears ultrasonographically unremarkable, with no evidence of biliary obstruction, ductal dilation, or structural hepatic disease. In cats, this scenario is well recognized, as cholangitis/cholangiohepatitis and early or partial biliary obstruction may occur in the absence of overt ultrasonographic changes.

Taken together, the findings support a primary gastrointestinal process (chronic enteropathy) with possible concurrent hepatobiliary involvement, which may explain the severe biochemical abnormalities despite minimal imaging changes.

Recommendations

- A complete GI panel would provide important functional information.
- Consider cobalamin supplementation, regardless of levels.
- If clinical signs persist or worsen:
 - Consider empirical dietary and/or anti-inflammatory therapy
 - Consider biopsy if differentiation between IBD and lymphoma becomes clinically



PATIENT

Elliot Livingston

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

8.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

74928

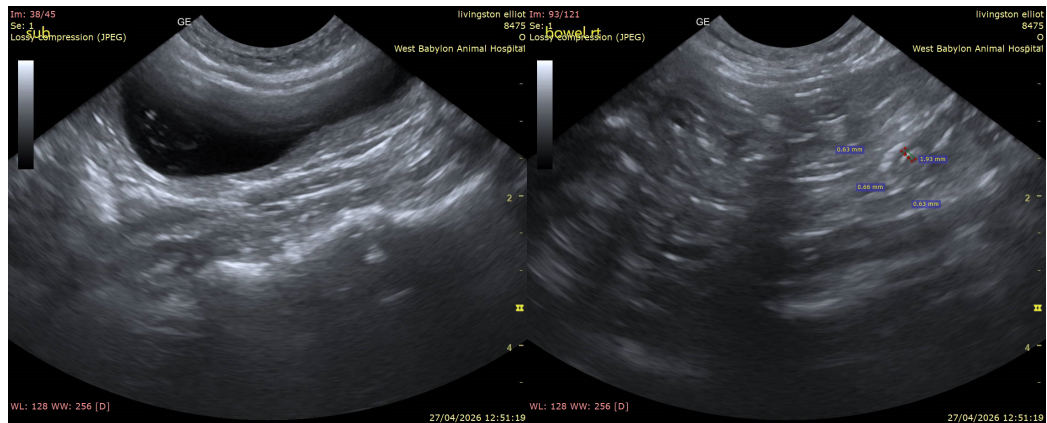
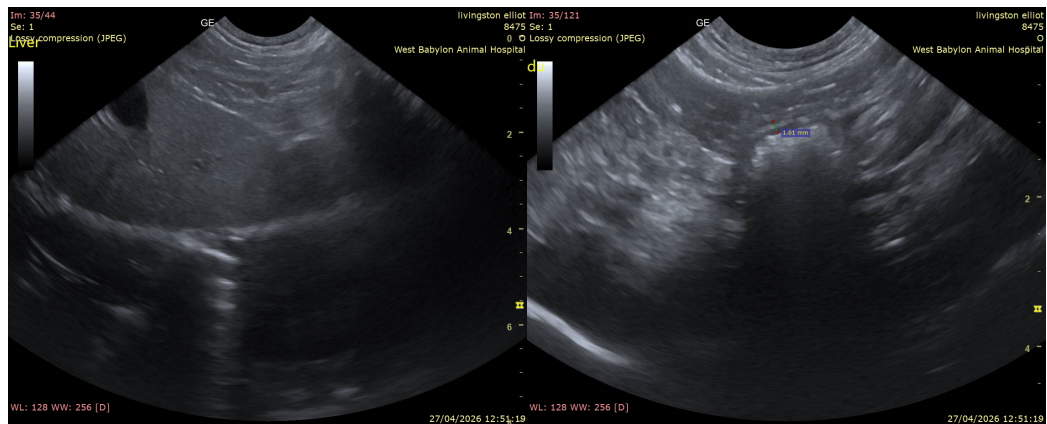
DATE

4/28/26

necessary

- Given severe hyperbilirubinemia:
 - Close monitoring of liver values is recommended
 - Consider empirical hepatobiliary therapy (antibiotics ± ursodiol) depending on clinical suspicion.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





PATIENT

Elliot Livingston

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

8.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

**IMAGING
PERFORMED BY**

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

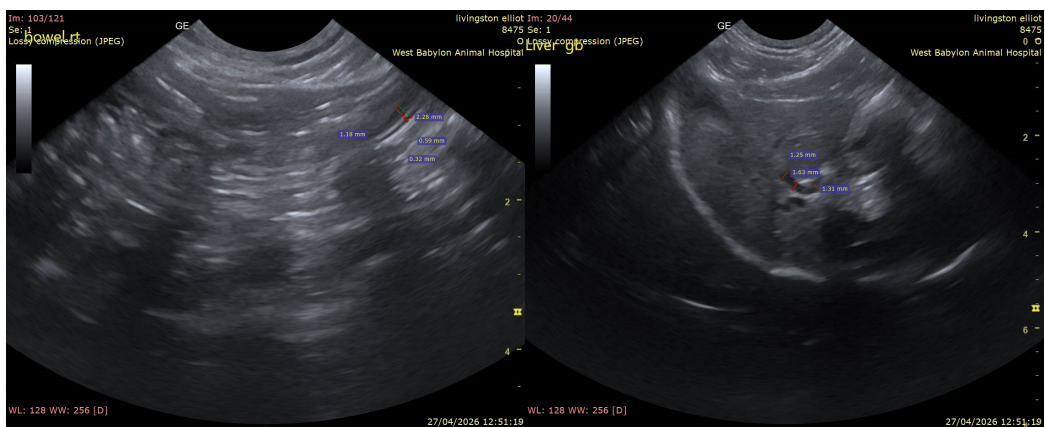
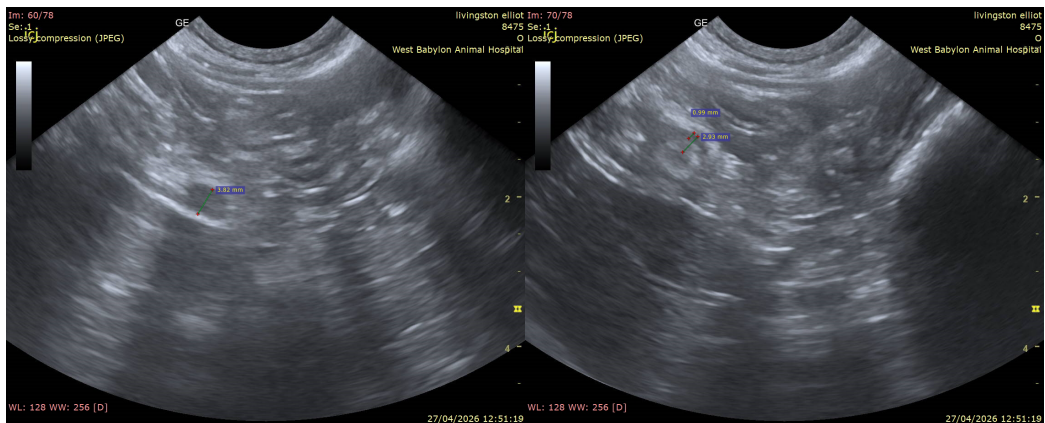
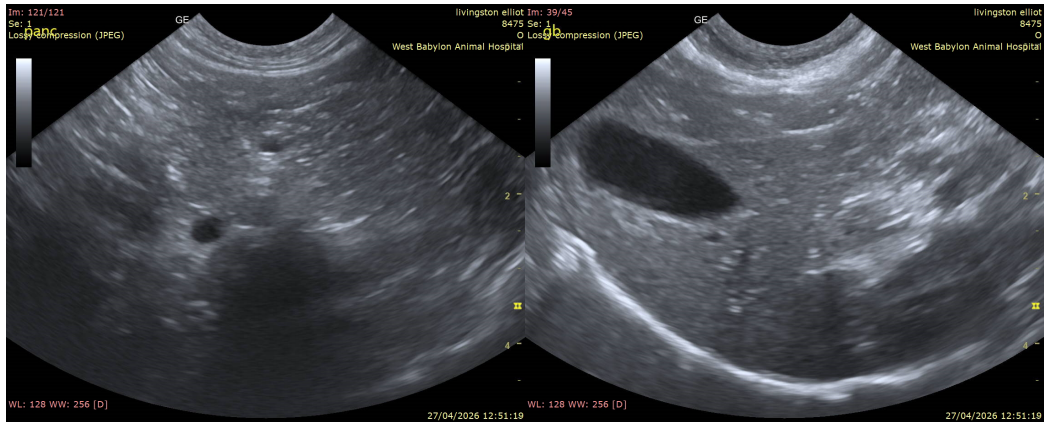
Dr. Sreenivasa
Maddineni

INVOICE

74928

DATE

4/28/26



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.



PATIENT

info@SonoPath.com

Elliot Livingston

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

8.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

**IMAGING
PERFORMED BY**

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

74928

DATE

4/28/26