



## PATIENT

Fritz Wade

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

3 years

## WEIGHT

7.9 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Grace Jayne, CVT

## HOSPITAL NAME

Ark Animal Homecare

## REFERRING VET

Dr. DeBeckers

## INVOICE

74929

## DATE

4/28/26

## PRESENTING CLINICAL SIGNS

History: - Follow-up visit to check on Fritz's stomach condition.

- Owner reports improvement in stool consistency and less crying when Fritz was given probiotic powder on his food.

- After finishing probiotics, stool softened again and leakage occurred.

- Diet was changed; vitamin B drops given twice daily on food.

- Appetite has decreased over the past few days since stomach issues returned.

- Vomited once two days ago; vomitus was hairball and firm.

- Fritz cries when needing to defecate, indicating distress or belly pain.

- Stool has been soft with occasional blood noted, and Fritz has had to be cleaned due to diarrhea leakage.

- Owner reports Fritz going around in circles and crying when defecating.

Abnormal PE/Chem/CBC/UA Results: - Blood work showed normal results except for elevated eosinophils, suggesting possible parasitic infection or inflammatory bowel disease (IBD). - IBD suspected based on clinical signs and blood work. - Differential diagnoses include parasitic infection (unlikely due to indoor status) and IBD. Texas A&M GI panel pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended, with a thin, smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.16×1.78 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The cortex is isoechoic compared 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. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.35×1.84 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The cortex is isoechoic compared 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. Color Doppler demonstrates a normal vascular pattern.

### Adrenal Glands

The left adrenal gland is within normal size limits, measuring 0.18 cm at the cranial pole and 0.20 cm at the caudal pole (reference feline dorsoventral thickness typically ≤0.40–0.45 cm). The right adrenal gland is not confidently visualized.

### Spleen

Splenic thickness is 0.67 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 thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

## Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.80 mm and preserved layering (within normal feline reference range of ~2–3 mm depending on distension). The pylorus measures 2.41 mm, within normal limits. Duodenal wall thickness is 1.44 mm, within normal limits (reference ~2–3 mm). Jejunal wall thickness is 2.81 mm, within normal limits (reference ~2–3 mm), with preserved layering. Layer measurements: mucosa 1.14 mm, submucosa 0.31 mm, muscularis propria 1.19 mm. The muscularis-to-mucosa ratio is approximately 1.04, which exceeds the expected normal feline ratio (<0.5–0.6), indicating relative muscularis thickening. Ileal wall thickness is 2.58 mm, within normal limits, with preserved layering. Layer measurements: mucosa 0.51 mm, submucosa 0.72 mm, muscularis propria 0.83 mm. The muscularis-to-mucosa ratio is approximately 1.63, also increased above expected normal values. The ileocecal junction measures 2.52 mm, with a muscularis thickness of 1.03 mm, supporting similar changes at this level. No ultrasonographic evidence of ileus, obstructive pattern, or foreign material is identified. The colon demonstrates the following measurements: ascending colon 0.95 mm, transverse colon 1.07 mm, and descending colon 1.51 mm. The transverse colon is mildly dilated with semiliquid content, and the descending colon contains scant soft material.

## Pancreas

Pancreatic thickness is 5.33 mm, which is within acceptable limits for a cat (typically up to ~6–7 mm depending on body size). The parenchyma is isoechoic relative to surrounding fat. The pancreatic duct measures 0.68 mm, which is mildly prominent (upper reference typically ~0.5–0.7 mm in adult cats). No peripancreatic fat hyperechogenicity or fluid is observed.

## Free Abdomen

No abdominal effusion or signs of peritonitis are present. Cranial mesenteric lymph nodes are not visualized, but the surrounding mesentery appears unremarkable. Ileocecal lymph nodes measure 2–3 mm, with normal shape and echogenicity. The iliac trifurcation region appears normal.

## PRIMARY FINDINGS

- Diffuse relative thickening of the muscularis layer in the jejunum, ileum, and ileocecal junction with increased muscularis-to-mucosa ratios (>1)
- Mild dilation of the transverse colon with semiliquid content





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