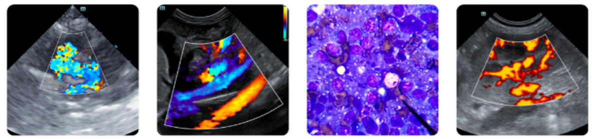


PATIENT

Mallory Lyons

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

8.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Carista

INVOICE

74951

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Ultrasound for weight loss. Currently asymptomatic- no vomiting/diarrhea. Acting normal at home
Normal PE CBC: mild neutrophilia (17.3), lymphocytosis (7.5) Chem NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended, limiting accurate wall assessment. The wall appears mildly thickened (1.77 mm), although this may be overestimated due to underdistension. The urine is anechoic. 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 3.57×2.14 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.13×2.10 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. Color Doppler 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 0.24 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.26 cm at the caudal pole.

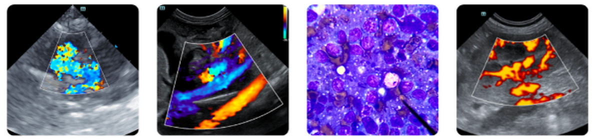
Spleen

Splenic thickness is 0.65 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.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.13 mm and preserved wall layering. Duodenum: 1.33 mm. Jejunum: 2.0 mm (mucosa 1.28 mm, submucosa 0.40 mm, muscularis propria 0.23 mm). Ileum: 3.16 mm (mucosa 0.53 mm, submucosa 0.76 mm, muscularis propria 0.87 mm), with preserved wall layering. The ileocecal junction was not visualized. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. Colon: 1.04 mm, containing formed feces in the descendent segment.

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 measure 5.35–3.78 mm, with normal shape and mildly hypoechoic echogenicity. The iliac trifurcation region appears normal.

PRIMARY FINDINGS

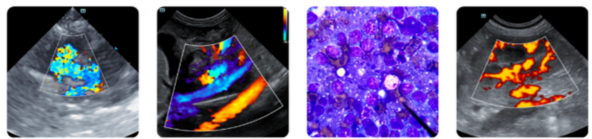
- Segmental ileal wall thickening (3.16 mm) with disproportionate muscularis thickening (0.87 mm)
- Mild prominence of cranial mesenteric lymph nodes (within upper normal limits, mildly hypoechoic)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most relevant finding is segmental thickening of the ileum with marked prominence of the muscularis propria, while wall layering is preserved. The muscularis measures 0.87 mm relative to a mucosal thickness of 0.53 mm, resulting in a muscularis-to-mucosa ratio >1, which exceeds expected values in normal cats (typically <0.5).
This pattern is classically associated with chronic enteropathy, including both inflammatory bowel disease (IBD) and small cell lymphoma, with well-recognized ultrasonographic overlap between these entities.
The remainder of the abdominal study is unremarkable, and there is no evidence of systemic or metastatic disease.

Recommendations

- Complete GI panel (if not already performed)
- Supplement cobalamin if low
- Given the minimal clinical signs, a conservative approach with monitoring is reasonable, including a dietary trial (novel or hydrolyzed diet) ± empirical therapy
- If weight loss progresses or clinical signs develop, consider further diagnostics (intestinal biopsy) if clinically warranted
- Follow-up ultrasound may be considered to assess for progression of ileal changes.



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Educational Teleconsultation Services™

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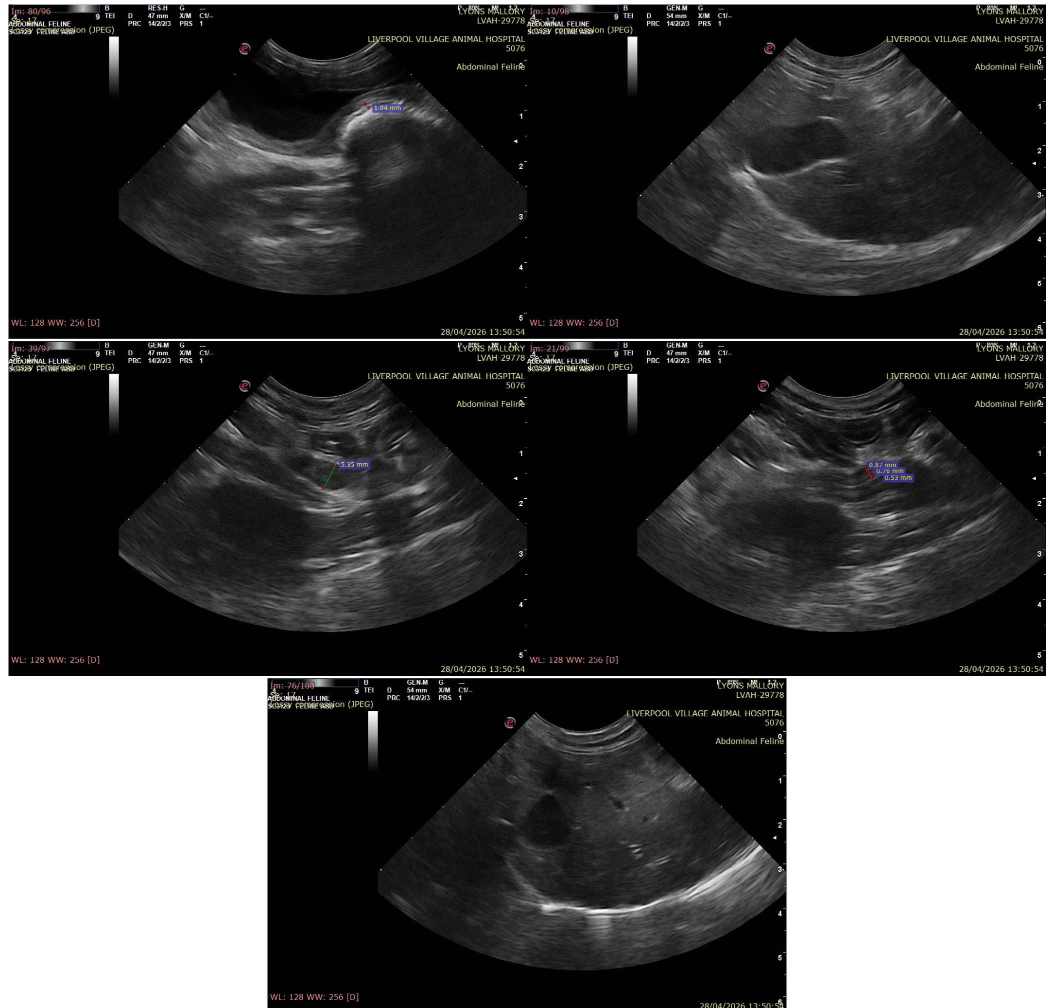
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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