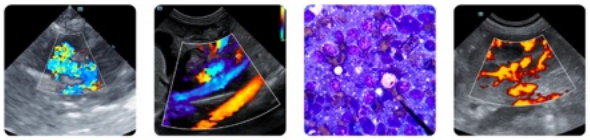


PATIENT

Roxie Glorioso

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

13 years

WEIGHT

10.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Andrews

INVOICE

74160

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- History of weight loss, and GI signs. Recommended u/s and GI Panel
- Eosinophils 14% (2-12) Absolute Eosinophils 1022/µL (0-1000)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.70×1.91 cm in the sagittal plane. Cortical thickness is 0.27 cm. The cortex is isoechoic compared to the hepatic 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 3.62×1.99 cm in the sagittal plane. Cortical thickness is 0.28 cm. The cortex is isoechoic compared to the hepatic 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

Not confidently visualized.

Spleen

Splenic thickness is 0.74 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

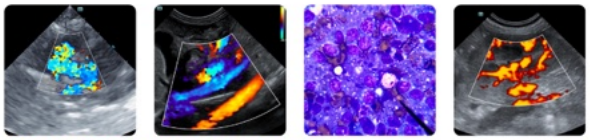
Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is adequately distended. The wall is thin and regular. The luminal contents are anechoic. The common bile duct measures 2.29–1.62 mm, within accepted limits for a cat. No biliary dilation is identified.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.80 mm and preserved layering. The pylorus measures 3.68 mm.



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Duodenum: 2.05 mm. Jejunum: 2.92 mm (layer measurements not obtained). Ileum: 2.55 mm, with mucosa 1.06 mm, submucosa 0.94 mm, and muscularis propria 0.45 mm. Wall layering is preserved. The ileocecal junction measures 3.41 mm, with muscularis thickness of 1.40 mm.

A segment of small intestine measures up to 3.48 mm in total thickness, with muscularis propria measuring 1.19 mm. An additional segment measures 3.62 mm, where wall layering appears mildly indistinct and not clearly delineated.

Colon: 1.43 mm, containing formed fecal material within the lumen.

Pancreas

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

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 5.59–6.06 mm, and ileocecal lymph nodes measure 3.19–1.99 mm; all maintain normal shape and echogenicity. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Focal small intestinal thickening (up to 3.62 mm) with mild loss of normal wall layering.
- Segmental muscularis thickening (up to 1.19 mm; ileocecal muscularis 1.40 mm).
- Mildly increased total intestinal wall thickness in segments.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Total wall thickness in affected segments (up to 3.48–3.62 mm) exceeds typical feline reference values (generally ≤2.5–3.0 mm), supporting true mural thickening rather than variation. The muscularis propria is disproportionately thickened, indicating a muscularis-to-mucosa ratio well above expected values (~>0.5). This pattern is characteristic of chronic enteropathy in cats.
In typical cases, preserved layering with muscularis hypertrophy raises concern for inflammatory bowel disease or low-grade lymphoma. In this study, the presence of segmental loss or blurring of layering introduces additional concern, as this finding is less typical of purely inflammatory disease and may indicate more advanced or infiltrative pathology.

Mild eosinophilia on laboratory work may support an underlying inflammatory or hypersensitivity-related enteropathy (eosinophilic or food-responsive disease); however, this finding is nonspecific and does not exclude lymphoproliferative disease.

Mesenteric and ileocecal lymph nodes are within normal limits in size, shape, and echogenicity. However, ultrasound cannot reliably differentiate inflammatory bowel disease from low-grade lymphoma, and overlap between these entities is well recognized.

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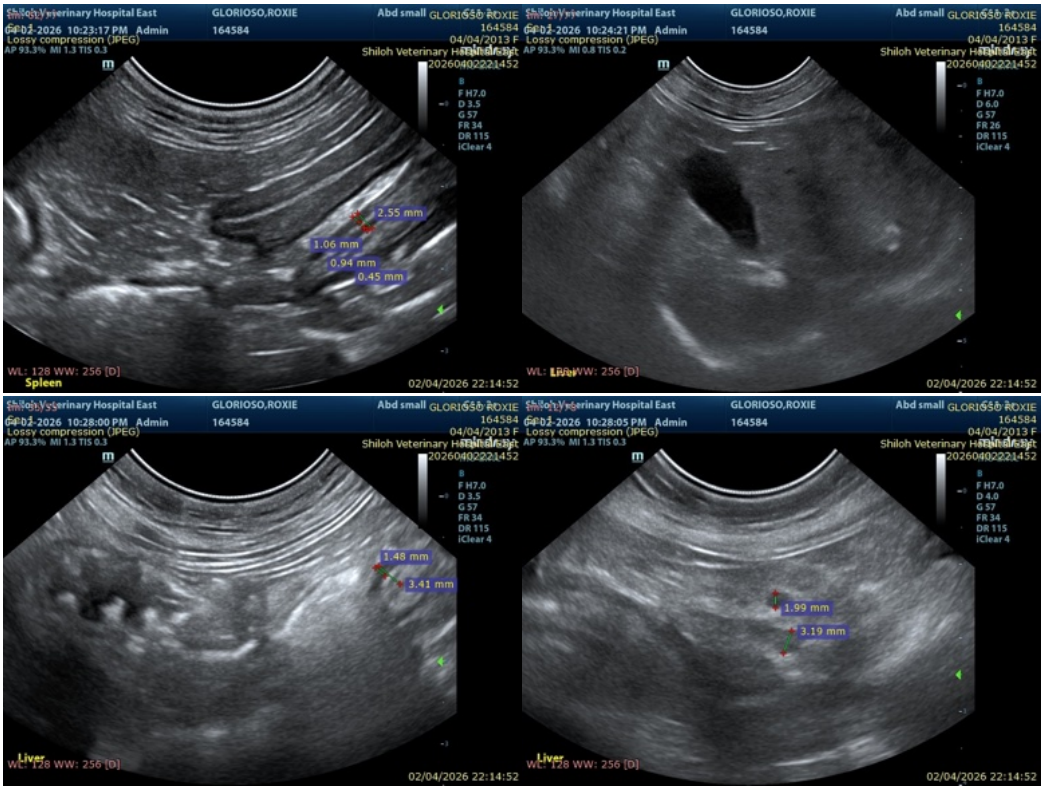
Recommendations

- Intestinal biopsy is recommended to obtain a definitive diagnosis and differentiate inflammatory enteropathy from lymphoproliferative disease.
- Strict dietary management (hydrolyzed or novel protein diet) should be implemented consistently if not already performed under controlled conditions.
- Correlation with GI panel results (including cobalamin and folate) is recommended to further characterize disease distribution and function.
- Consideration of serum cobalamin supplementation if deficiency is identified.
- Serial monitoring of body weight, clinical signs, and response to therapy.

These recommendations should be interpreted in light of clinical priorities; however, given the imaging findings and clinical progression, further diagnostic investigation is warranted.



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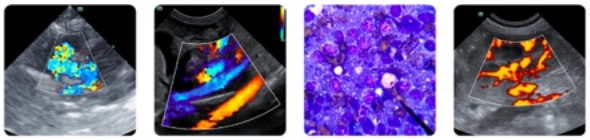

Clinical Sonography & Telecytology
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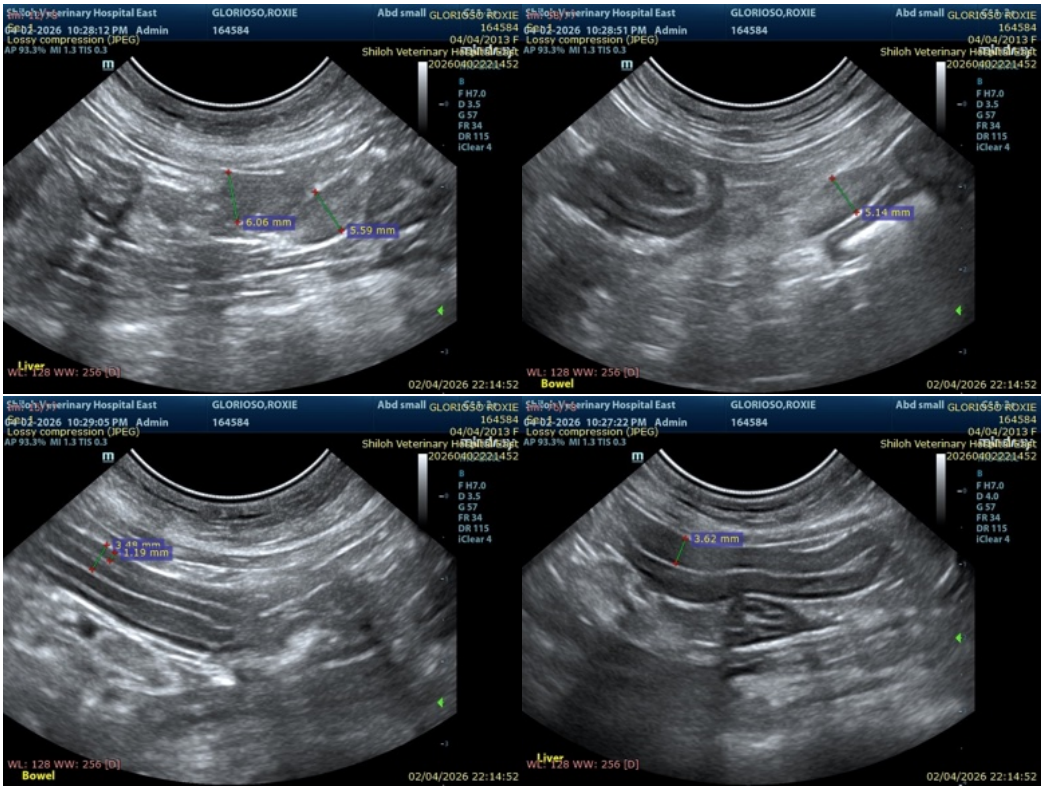

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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