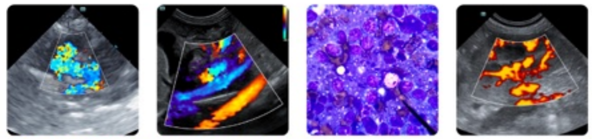


PATIENT

Missy Manly

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

3.89 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Ernst

INVOICE

75053

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Been having daily vomiting, some vomits that are blood tinged. Appetited decreased, weight loss. Came in for full bloodwork and AUS
Abnormal PE/Chem/CBC/UA Results: Patient is hyperthyroid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.28×1.78 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.42×1.93 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, 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 0.21 cm at the cranial pole and 0.22 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.33 cm at the caudal pole.

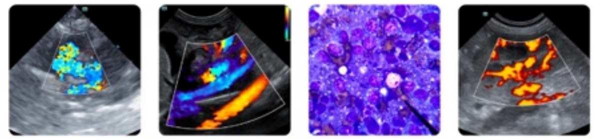
Spleen

Splenic thickness is 0.97 cm. The parenchyma demonstrates normal with multiple hyperechoic myelolipoma/like lesions, la mayor de 1.05x1.09 cm The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to falciform fat. Two small hypoechoic nodules are identified, measuring 5.44×7.55 mm and 6.29×8.59 mm. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin and the contents are predominantly anechoic with a small amount of biliary sludge. There is no evidence of dilation of the cystic duct or common bile duct (measuring up to 3.19 mm in the proximal portion, with no further visualization distally).



PATIENT
Missy Manly

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
14 years

WEIGHT
3.89 kg

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Danielle RVT

HOSPITAL NAME
Orchard VC

REFERRING VET
Dr. Ernst

INVOICE
75053

DATE
4/30/26

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.13 mm and preserved wall layering. The pylorus measures 3.45 mm. Duodenum: 2.32 mm. The duodenal papilla measures 4.02×4.13 mm. Jejunum: 2.51 mm (mucosa 1.44 mm, submucosa 0.49 mm, muscularis propria 0.53 mm). Ileum: 3.23 mm (mucosa 1.03 mm, submucosa 0.32 mm, muscularis propria 1.71 mm). Wall layering is preserved. Ileocecal junction: 3.83 mm, with muscularis measuring 1.83 mm. No evidence of mechanical ileus or foreign material is identified. Colon: 1.45 mm, fluid-filled and empty.

Pancreas

The pancreas measures 5.39 mm in thickness. The parenchyma is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct measures 0.73 mm. No hyperechogenicity of the peripancreatic fat is identified.

Free Abdomen

The ileocecal lymph node measures 2.27 mm and is within normal limits. No abdominal effusion or peritonitis is observed. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Marked muscularis thickening of the ileum (1.71 mm) and ileocecal junction (1.83 mm)
- Mild pancreatic hypoechogenicity

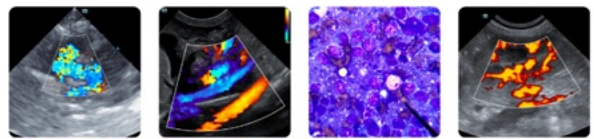
SECONDARY FINDINGS

- Small hypoechoic hepatic nodules
- Multiple splenic hyperechoic nodules (likely incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding in this study is the marked disproportionate thickening of the muscularis layer at the ileum and ileocecal junction. The ileal muscularis measures 1.71 mm relative to a mucosal thickness of 1.03 mm (ratio ~1.66), and at the ileocecal junction the muscularis measures 1.83 mm, clearly exceeding expected feline values (typically muscularis <0.5–0.6× mucosa). This degree of muscularis expansion is abnormal and strongly associated with infiltrative small intestinal disease.
In cats, this pattern most commonly reflects either chronic inflammatory bowel disease or small cell lymphoma, and there is well-recognized overlap between these entities.

The stomach is within normal thickness limits with preserved layering, which does not support a primary gastric mass or severe ulcerative disease as the cause of hematemesis. It is possible that the blood-tinged vomiting is secondary to mucosal irritation or systemic disease, rather than a discrete gastric lesion detectable on ultrasound.



PATIENT

Missy Manly

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

3.89 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Ernst

INVOICE

75053

DATE

4/30/26

The pancreas is mildly hypoechoic without peripancreatic fat changes. In cats, this is a nonspecific finding and may represent mild pancreatitis or reactive change; importantly, pancreatitis in cats can be present without overt ultrasonographic changes.

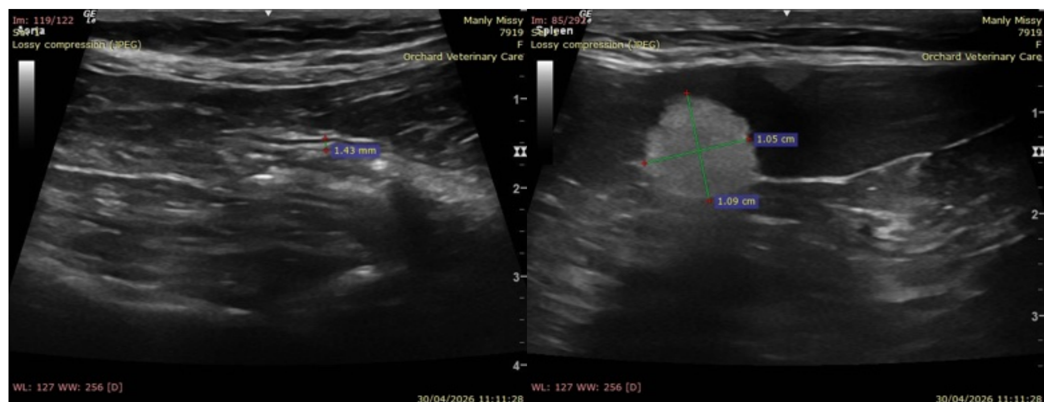
The small hepatic nodules are subcentimeter and nonspecific, commonly representing benign changes such as nodular hyperplasia, particularly in older cats. There are no additional features to strongly support neoplastic or metastatic disease.

Splenic hyperechoic nodules are typical of benign myelolipomas and are incidental.

Recommendations

- Further diagnostic evaluation of the intestinal disease is recommended, ideally via gastrointestinal biopsies to differentiate inflammatory bowel disease from lymphoma, as imaging alone cannot make this distinction.
- If biopsy is not immediately pursued, consider:
    - Empirical management for chronic enteropathy (dietary trial, anti-inflammatory therapy), with close clinical monitoring of weight, appetite, and vomiting frequency.
- Given the history of hematemesis, consideration of gastroprotective therapy is reasonable, although no focal gastric lesion is identified.
- Correlation with cobalamin levels and fPLI is recommended.

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



SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Missy Manly

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

3.89 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

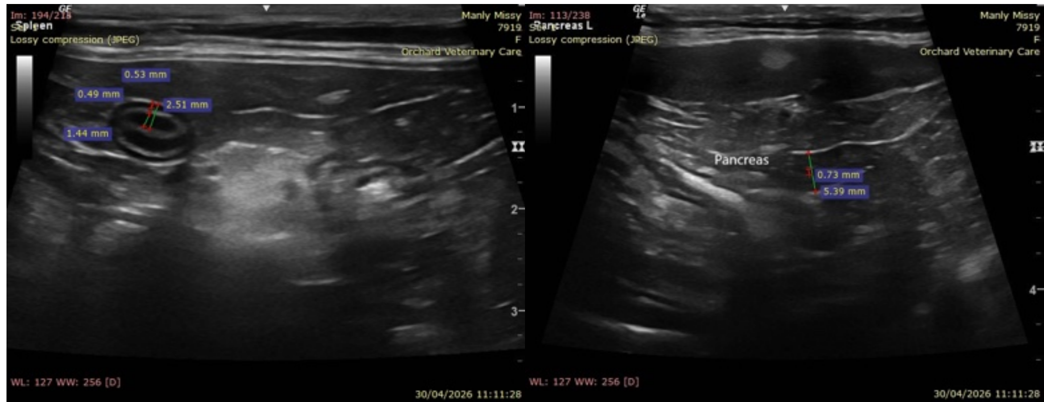
Dr. Ernst

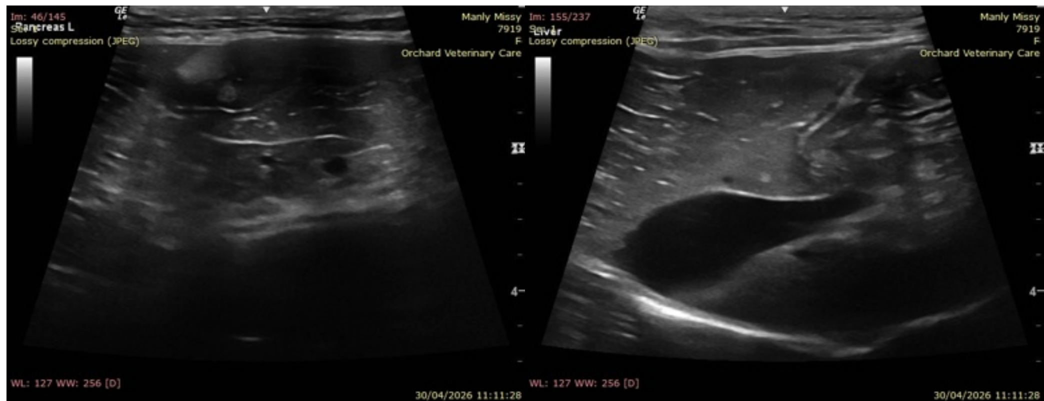
INVOICE

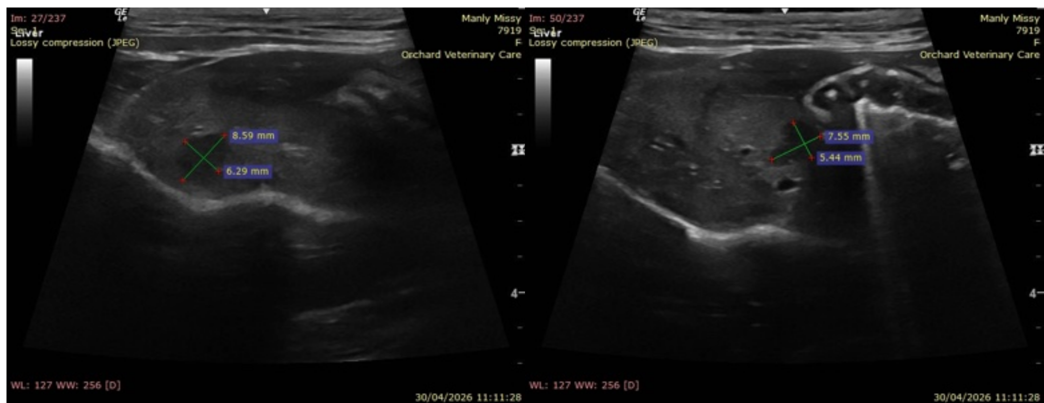
75053

DATE

4/30/26

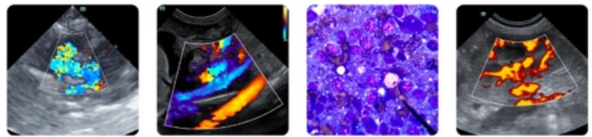






SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Missy Manly

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
14 years

WEIGHT
3.89 kg

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

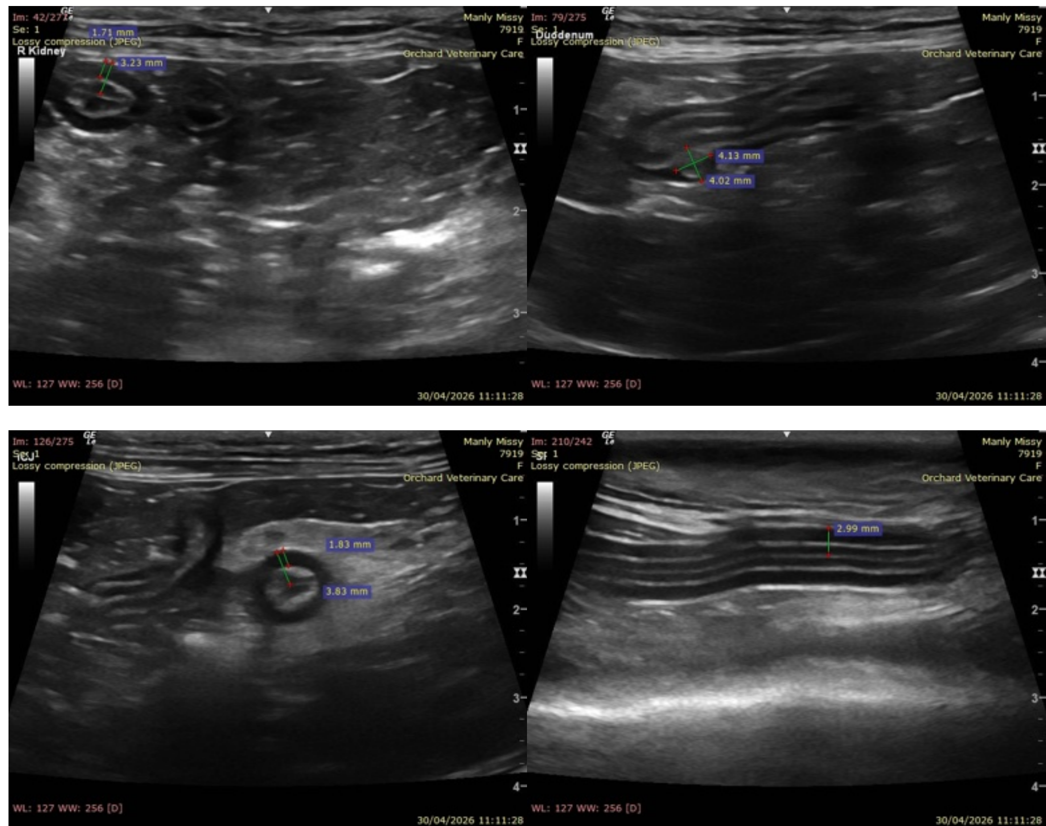
IMAGING PERFORMED BY
Danielle RVT

HOSPITAL NAME
Orchard VC

REFERRING VET
Dr. Ernst

INVOICE
75053

DATE
4/30/26



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.

info@SonoPath.com