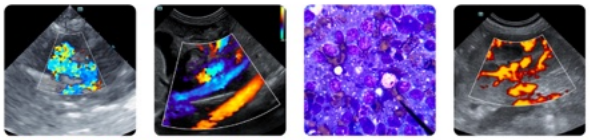


PATIENT

Bailey Duffy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Shannon Matthies

HOSPITAL NAME

Saugerites AH

REFERRING VET

Dr. Matthies

INVOICE

74319

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Several month history of diarrhea. Not responsive to diet change. Weight loss
Abnormal PE/Chem/CBC/UA Results: - BCS 3/9 with significant weight loss (2 lbs. in 2 months) - Mild inflammatory leukogram consisting of mature neutrophilia and monocytosis - Texas GI Panel pending

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 have a normal appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size (3.55×2.15 cm), with a cortical thickness of 0.31 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.

The right kidney is normal in shape and size (3.57×2.06 cm), with a cortical thickness of 0.35 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.

Adrenal Glands

The left adrenal gland measures 0.23 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland was not confidently visualized.

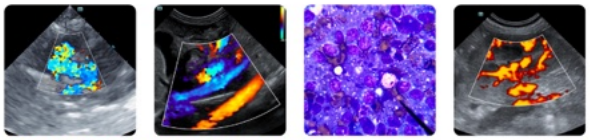
Spleen

Splenic thickness is 0.77 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 relative to the falciform fat. A few small, scattered hyperechoic foci (3–4 mm) are identified within the parenchyma. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin and the contents are anechoic. The common bile duct measures 2.66-1.82 -1.64-1 mm from proximal to distal, within normal limits for a cat.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.74 mm and preserved layering. The pylorus measures 2.98 mm. The duodenum measures 2.28 mm. The jejunum measures 2.64 mm in total thickness, with mucosa 1.28 mm, submucosa 0.55 mm, and muscularis propria up to 0.99–1.03 mm in some segments. The ileum measures 2.99 mm in total thickness, with mucosa 0.77 mm, submucosa 0.79 mm, and muscularis propria 1.78 mm. Wall layering is preserved throughout. The ileocecal junction measures 2.96 mm, with a muscularis layer of 1.48 mm. The colon measures 0.98 mm and contains formed fecal material in the descending segment.

Pancreas

The pancreas measures approximately 4.21–4.32 mm in thickness. The parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.81 mm. No peripancreatic fat changes are identified.

Free Abdomen

A very small volume of abdominal effusion is present. Cranial mesenteric lymph nodes measure 5.38 mm and are normal in shape and echogenicity. Ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Marked relative thickening of the jejunal and ileal muscularis layers.
- Mild small intestinal wall thickening (particularly ileum).

SECONDARY FINDINGS

- Very small volume abdominal effusion
- Small hyperechoic hepatic foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study demonstrates clinically significant intestinal abnormalities, characterized by marked muscularis thickening affecting both the jejunum and ileum, with preserved wall layering.
In the jejunum, the muscularis-to-mucosa ratio approaches 0.8, while in the ileum the muscularis measures 1.78 mm relative to a mucosal thickness of 0.77 mm (ratio >2), indicating severe disproportionate muscularis thickening, particularly in the ileum.

This degree of muscularis prominence is well beyond normal variation and is strongly associated with chronic enteropathy in cats, including both inflammatory bowel disease and, more importantly in this clinical context, low-grade (small cell) lymphoma.

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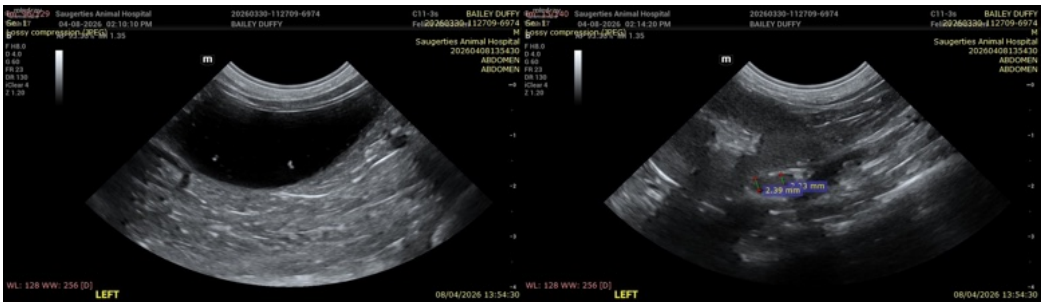
Given the history of chronic diarrhea, significant weight loss, lack of response to dietary therapy, and inflammatory leukogram, a neoplastic etiology (small cell lymphoma) should be considered a leading differential, although inflammatory disease remains possible.

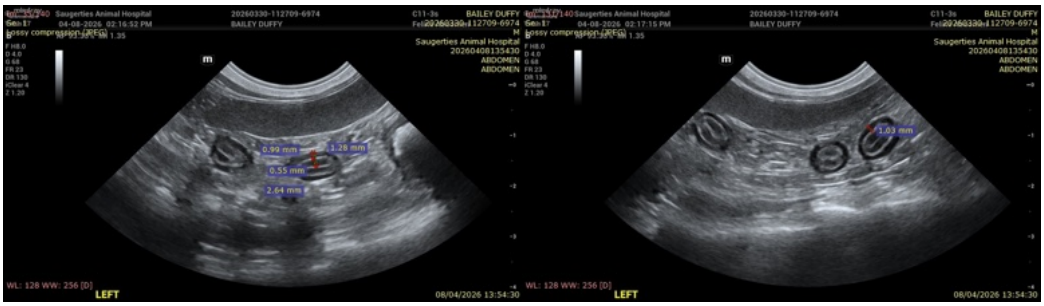
The presence of a small volume of abdominal effusion further supports clinically relevant intestinal disease, although it is nonspecific.

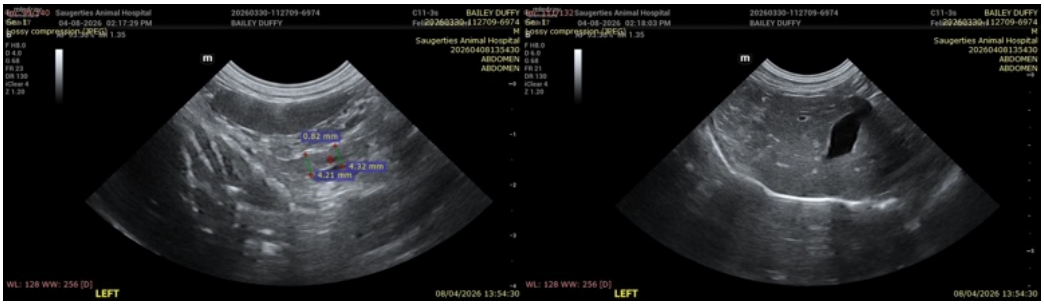
Small, scattered hyperechoic hepatic foci are identified and are most consistent with incidental benign changes (nodular hyperplasia or fibrosis).

Recommendations
- Intestinal biopsy is recommended for definitive diagnosis.
- Pending results of the Texas GI panel may provide supportive information, particularly regarding the need for cobalamin supplementation.
- If biopsy is declined, careful clinical monitoring and empirical therapy may be considered, although this may delay definitive diagnosis.

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







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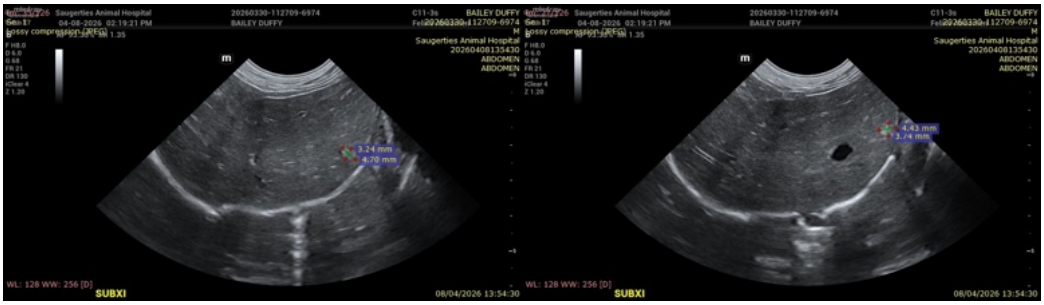

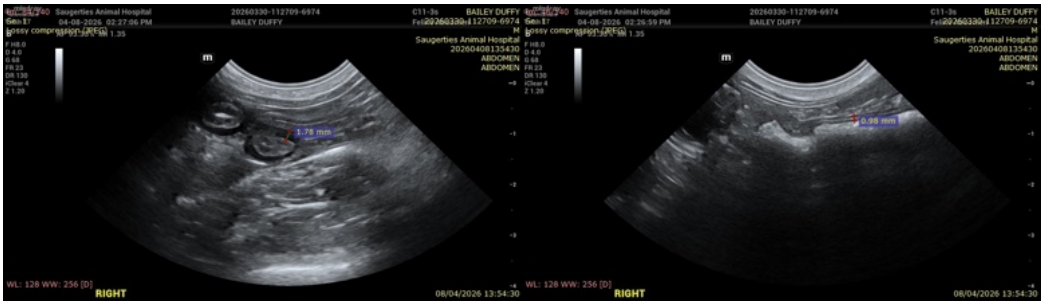

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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