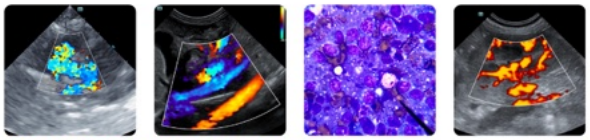


PATIENT

Xavier Gerding

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

16 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

75376

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Vomiting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.32×2.29 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.68×2.20 cm, with a cortical thickness of 0.39 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity similar to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved bilaterally. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. 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 0.37 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measures 0.37 cm at the cranial pole and 0.36 cm at the caudal pole.

Spleen

Splenic thickness is 0.90 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

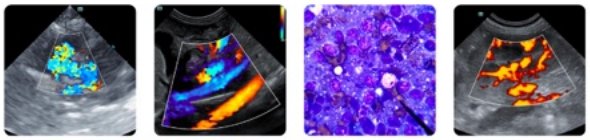
Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears mildly coarse in echotexture and isoechoic relative to the falciform fat. A few small hyperechoic foci are identified, the largest measuring approximately 3.82-3.92 mm. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic with a very small amount of biliary sludge. Mild proximal dilation of the common bile duct is observed.

Gastrointestinal Tract

The stomach is empty and folded, with mural thickness measuring 1.54 mm and preserved wall layering. Within the gastric body, there is a focal region where the gastric wall appears thickened up to



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approximately 8 mm, predominantly involving the mucosal layer. However, this region corresponds to an area of prominent gastric folding, and the finding is not definitive. Wall layering remains preserved, and no regional lymphadenopathy is identified. The pylorus measures 3.23 mm. The duodenum measures 2.14 mm. The jejunum measures 2.70 mm in thickness, with preserved wall layering. The mucosa measures 1.54 mm, the submucosa 0.46 mm, and the muscularis propria 0.38 mm. The muscularis-to-mucosa ratio is approximately 0.25. The ileum measures 2.97 mm in thickness, with preserved wall layering. The mucosa measures 0.93 mm, the submucosa 0.57 mm, and the muscularis propria measures 1.48 mm. The muscularis-to-mucosa ratio is approximately 1.6. The ileocecal junction measures 2.88 mm in thickness, with muscularis propria measuring 1.63 mm. The colon measures 0.88 mm in thickness and contains a small amount of soft fecal material.

Pancreas

The pancreas measures approximately 5.93-6.17 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic evidence of active peripancreatic inflammation is identified.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Marked muscularis propria thickening involving the ileum and ileocecal junction with preserved wall layering
- Questionable gastric body mural thickening versus prominent gastric fold
- Mildly coarse hepatic echotexture with small hyperechoic foci

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant gastrointestinal abnormality is marked muscularis propria thickening involving the ileum and ileocecal junction while preserving normal wall layering. The muscularis-to-mucosa ratio is substantially increased within the ileum, supporting the presence of chronic intestinal disease. In cats, this pattern is most commonly associated with chronic inflammatory enteropathy/IBD or low-grade alimentary lymphoma, and there is substantial ultrasonographic overlap between these entities. Although no abdominal lymphadenopathy, focal intestinal mass lesion, obstructive pattern, or loss of wall layering is identified, the degree of ileal muscularis thickening is sufficiently pronounced that clinically significant chronic enteropathy is considered likely rather than incidental. Low-grade lymphoma cannot be excluded sonographically.

There is also a questionable focal region of gastric mural thickening within the gastric body, predominantly involving the mucosal layer. However, this region corresponds to an area of gastric folding, and the finding is not definitive on the available images. The preserved layering and absence of regional lymphadenopathy are somewhat reassuring, although focal inflammatory or early infiltrative

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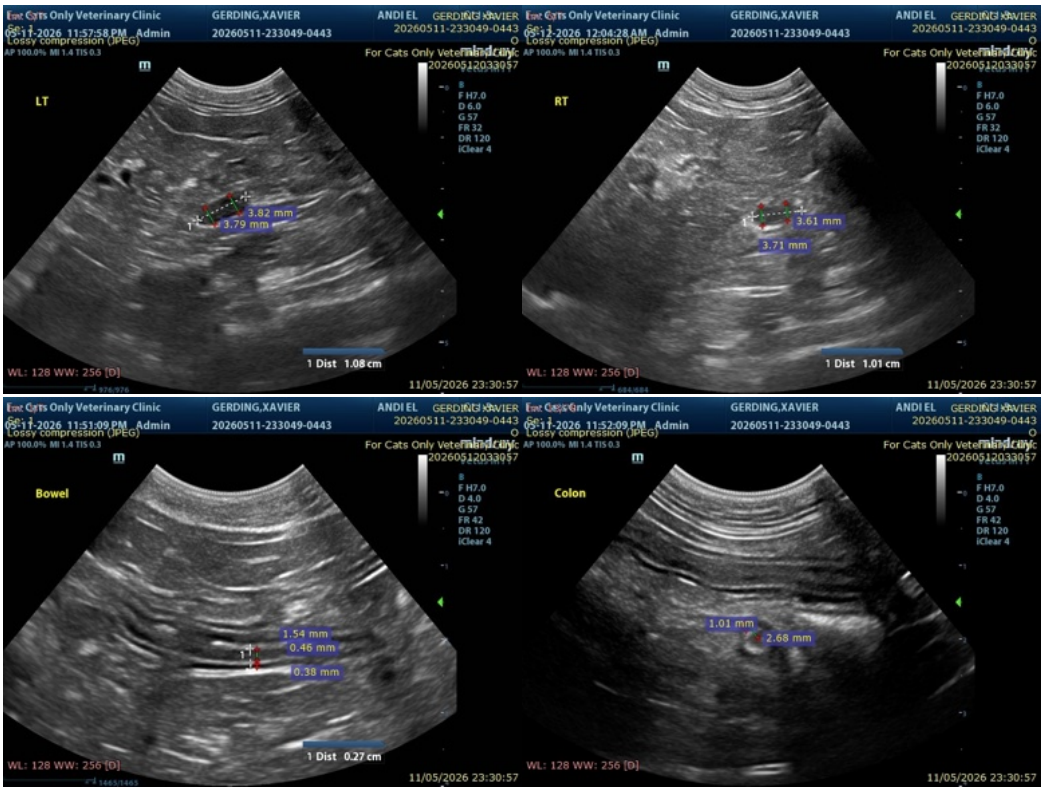
gastric disease cannot be entirely excluded.

Recommendations

- Serum cobalamin/folate and feline pancreatic lipase (fPLI) testing are recommended if not already performed.
- Dietary management with a highly digestible, novel protein, or hydrolyzed diet trial may be beneficial.
- Given the degree of ileal muscularis thickening and the patient's clinical signs, empirical treatment for chronic inflammatory enteropathy/IBD may be clinically reasonable if conservative management alone is unsuccessful.
- Follow-up abdominal ultrasound is recommended if vomiting progresses, weight loss develops, or clinical response is incomplete.
- Gastrointestinal biopsies remain the only definitive method to differentiate chronic inflammatory enteropathy from low-grade lymphoma if a definitive diagnosis becomes clinically necessary.

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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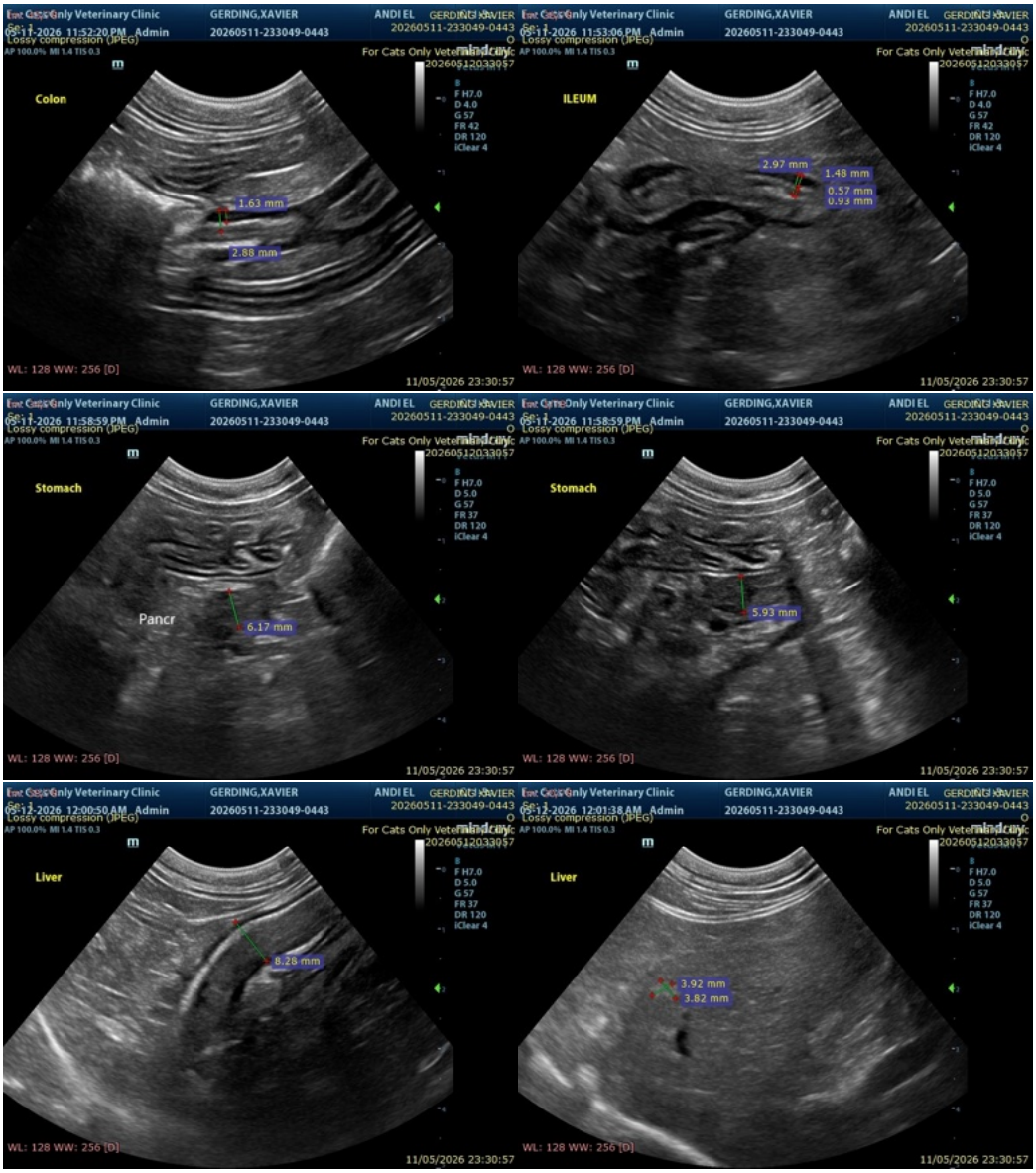

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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