



## PATIENT

Crookshanks Laird

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

10 years

## WEIGHT

3.8 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Danielle RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

Dr. Ernst

## INVOICE

75505

## DATE

5/13/26

## PRESENTING CLINICAL SIGNS

History: Presented to clinic April 22/2026 for weight loss, loose stool and gas, lethargy. Owner started noticing these changes in

January. Appetite is good.

On exam patient had marked weight loss, moderate muscle wasting. Severe bloating

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck, trigone region, and proximal urethra are unremarkable. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.85×2.29 cm, and the thickness of the cortex is 0.41 cm, in the sagittal plane. The right kidney is normal in shape and size: 3.80×2.28 cm, and the thickness of the cortex is 0.39 cm, in the sagittal plane. Both kidneys: the cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color demonstrates a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.34 cm at the cranial pole and 0.35 cm at the caudal pole, with a few small focal mineralization identified at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole.

### *Spleen*

Splenic thickness is 6.49 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. 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 appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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## ***Gastrointestinal Tract***

The stomach is empty and folded, containing a small amount of fluid, with mural thickness measuring 2.25 mm and preserved wall layering. The pylorus measures 2.65 mm and contains a small amount of luminal ingesta. The duodenum measures 2.49 mm and is mildly fluid-distended. The jejunum measures 2.73 mm, with mucosa measuring 1.39 mm, submucosa 0.70 mm, and muscularis propria 0.54 mm. Wall layering is preserved. The muscularis-to-mucosa ratio is approximately 0.39. The ileum measures 2.66 mm, with mucosa measuring 0.71 mm, submucosa 1.15 mm, and muscularis propria 1.00 mm. Wall layering is preserved. The muscularis-to-mucosa ratio is approximately 1.41. The ileocolic junction measures 2.93 mm, with muscularis propria measuring 1.50 mm. Wall layering is preserved. The duodenum and a few additional small intestinal segments demonstrate mild focal fluid and gas distension without evidence of mechanical obstruction. The ascending colon measures 1.12 mm and the transverse colon 1.23 mm, both containing liquid fecal material. The descending colon measures 1.82 mm and is largely empty.

## ***Pancreas***

The pancreas measures 7.04-7.42 mm in thickness. Pancreatic parenchyma is mildly hypoechoic relative to the adjacent mesenteric fat. The pancreatic duct is mildly dilated, measuring 1.54-2.03 mm.

## ***Free Abdomen***

A very small amount of abdominal effusion is present between intestinal segments.

The cranial mesenteric lymph nodes measure approximately 1.0-1.02 cm and are mildly rounded and hypoechoic, although they remain overall elongated in shape. The ileocolic lymph nodes measure 4.0-5.76 mm and maintain normal shape and echogenicity.

The pancreaticoduodenal lymph node measures 5.38×7.81 mm.

The iliac trifurcation region appears normal.

## **PRIMARY FINDINGS**

- Marked muscularis propria thickening involving the ileum and ileocolic junction.
- Mild multifocal fluid/gas intestinal distension without mechanical obstruction.
- Mild pancreatic hypoechoic and mild pancreatic duct dilation.
- Cranial mesenteric lymphadenopathy.

## **SECONDARY FINDINGS**

- Trace abdominal effusion
- Small focal mineralizations within the left adrenal gland



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This examination is of excellent diagnostic quality, with high-resolution imaging and thorough evaluation of the abdominal organs and gastrointestinal tract, allowing confident assessment of subtle intestinal and pancreatic changes.

The predominant abnormalities involve the distal small intestine/ileocolic region and pancreas. There is marked muscularis propria thickening involving the ileum and ileocolic junction, with an ileal muscularis-to-mucosa ratio of approximately 1.41 and preserved wall layering. In cats, this pattern is most associated with chronic inflammatory enteropathy or low-grade alimentary lymphoma, and ultrasonographic overlap between these entities remains substantial. Ultrasound alone cannot reliably differentiate these entities.

Mild functional ileus secondary to enteropathy and/or pancreatitis is considered possible given the mild multifocal intestinal fluid and gas accumulation in the absence of mechanical obstruction.

The cranial mesenteric lymph nodes are enlarged and hypoechoic, although they retain an overall elongated morphology. These findings may represent reactive/inflammatory change or early lymphomatous involvement.

The pancreatic changes are relatively mild but may reflect chronic or low-grade pancreatitis. In cats, the absence of marked hyperechoic peripancreatic fat does not exclude clinically significant pancreatic inflammation. Mild pancreatic duct dilation may also support chronic pancreatic remodeling/inflammation.

### Recommendations

- Correlation with cobalamin/folate, feline pancreatic lipase testing, and current GI laboratory evaluation is recommended if not already performed.
- Given the degree of ileal/ileocolic muscularis thickening and the chronic clinical signs, intestinal biopsy should be strongly considered if clinically feasible to further differentiate chronic inflammatory enteropathy from low-grade alimentary lymphoma.
- Medical management for chronic enteropathy (or possible triaditis-spectrum disease, depending on laboratory findings) may still be reasonable depending on clinical stability and owner goals.
- Follow-up abdominal ultrasound is recommended to monitor progression of the intestinal, pancreatic, and mesenteric lymph node abnormalities.

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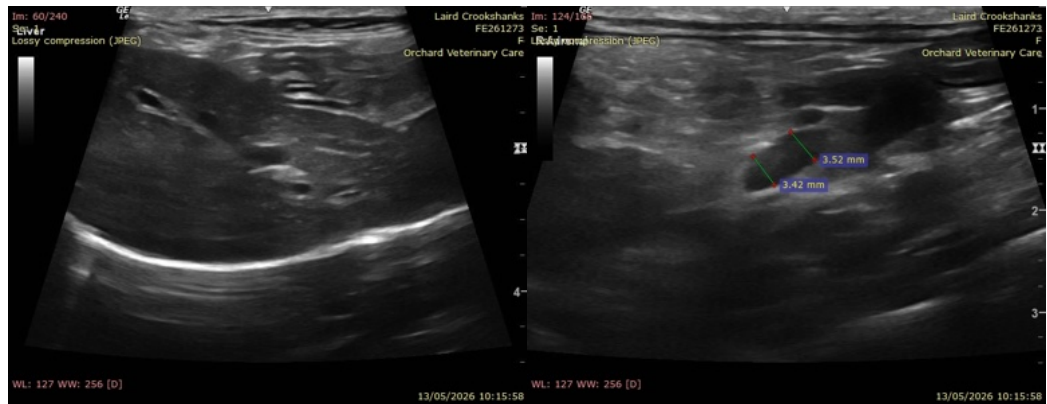
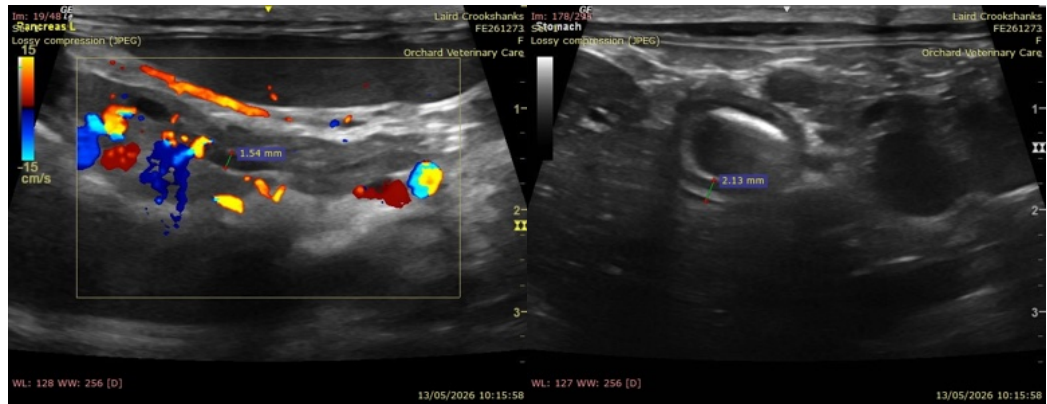
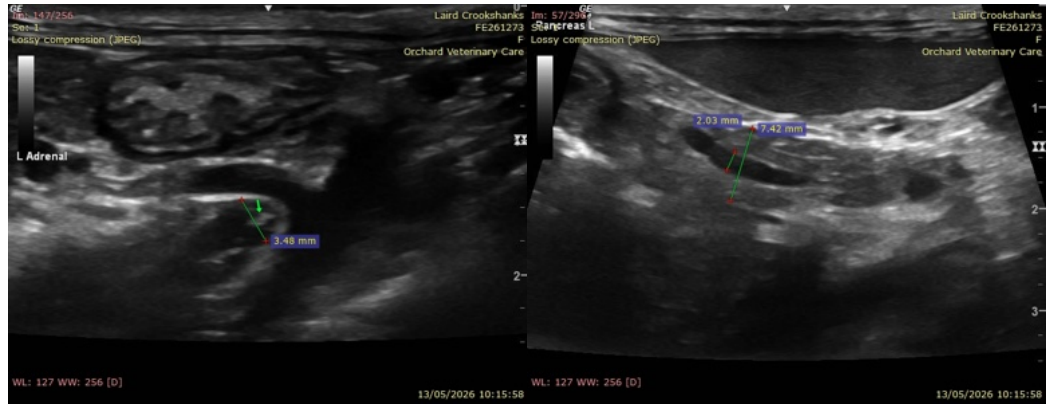
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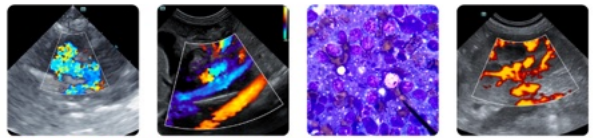
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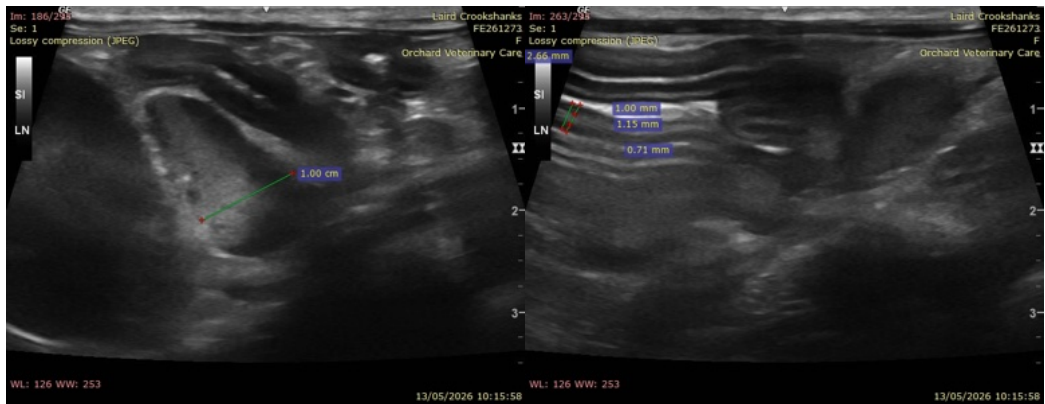
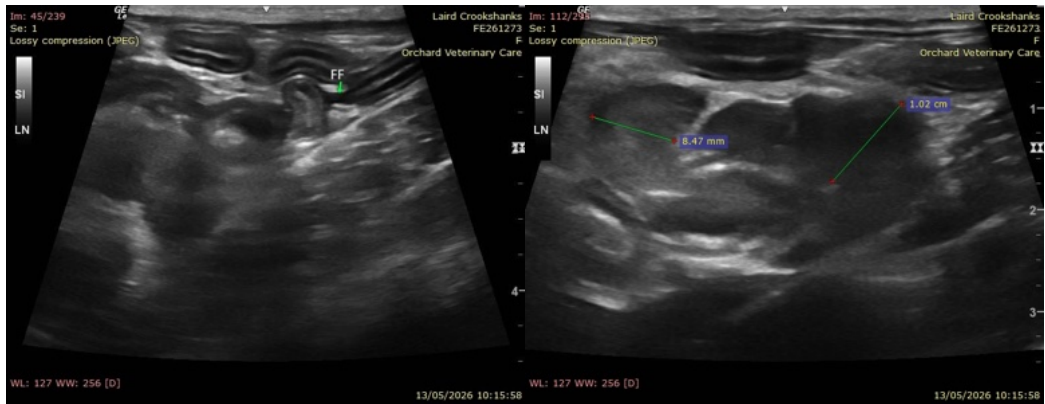
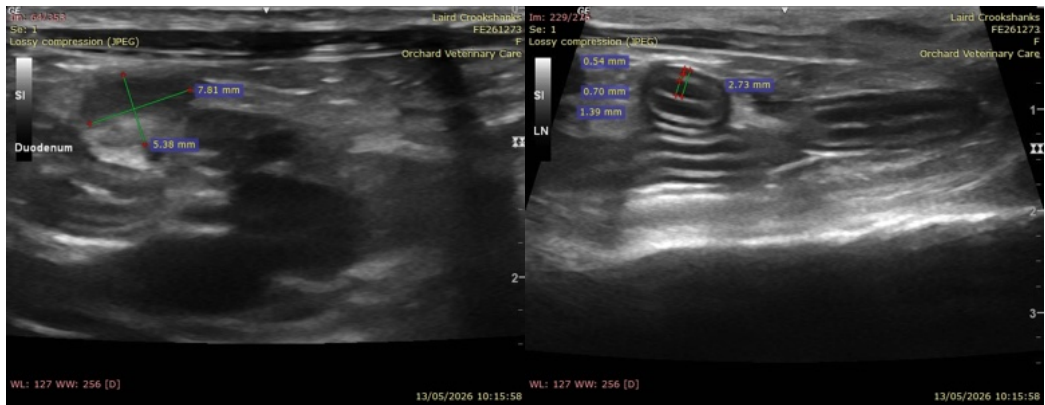
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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