



## PATIENT

Jameson Zimpel

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Neutered male

## AGE

13 years

## WEIGHT

4.7 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Leah Richter

## HOSPITAL NAME

Allied Veterinary  
Emergency & Referral

## REFERRING VET

Dr. Wood

## INVOICE

77664

## DATE

5/18/26

## PRESENTING CLINICAL SIGNS

History: Hospitalized for UO, incidentally found anal gland abscess. Hyperbilirubinemia and anemia noted on intake and has progressed through hospitalization. AUS performed to look for underlying cause

Abnormal PE/Chem/CBC/UA Results: 5/17 (intake) CBC: HCT 19.9 PCV 23%/5.4 Chem: Tbili 2.8, normal creat/bun/potassium UA: USG 1.020, pH 6.0, bilirubinuria with crystals 5/18 CBC: HCT 13.4 PCV 17%/5.0 Chem: Tbili 2.8, Alb 2.0, Ca 7.6

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is markedly underdistended, limiting complete evaluation of the bladder wall thickness. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.73×2.38 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The right kidney is normal in shape and size: 4.01×2.63 cm, with a cortical thickness of 0.40 cm in the sagittal plane. In both kidneys, the renal cortices are mildly hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, 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 0.31cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.32 cm at the caudal pole.

### Spleen

Splenic thickness is 0.59 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 edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and smooth, and the contents are predominantly anechoic. The common bile duct measures 3.42-1.86-1.25 mm along its visualized course.



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## *Gastrointestinal*

The stomach is empty and mildly fluid filled, with preserved wall layering and a wall thickness of 1.91 mm. The pyloric wall measures 2.88 mm. The duodenal wall measures 2.61 mm. The jejunal wall measures 2.37 mm, with mucosa measuring 1.04 mm, submucosa 0.78 mm, and muscularis propria 0.47 mm. The ileal wall measures 3.29 mm, with mucosa measuring 0.89 mm, submucosa 1.23 mm, and muscularis propria 0.90 mm, with preserved wall layering. The ileocecal junction measures 3.75 mm, with muscularis propria measuring 1.74 mm. The descending colonic wall measures 0.93 mm and contains soft fecal material within the lumen.

## *Pancreas*

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

## *Free Abdomen*

Mild abdominal effusion is present. Mild diffuse subcutaneous edema is also noted within the ventral abdominal wall, producing a striated “tiger stripe” appearance within the subcutaneous tissues.

The cranial mesenteric and ileocecal lymph nodes are not confidently visualized; however, the surrounding mesenteric regions appear unremarkable. The iliac trifurcation region appears normal.

## PRIMARY FINDINGS

- Muscularis prominence involving the ileum and ileocecal junction with preserved wall layering
- Mild extrahepatic biliary duct prominence
- Mild abdominal effusion

## SECONDARY FINDINGS

- Subtle diffuse bilateral renal cortical hyperechogenicity
- Ventral abdominal subcutaneous edema

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The muscularis:mucosa ratio within the ileum is markedly increased (approximately 1.0). In cats, this degree of muscularis thickening is considered abnormal and may be seen with chronic inflammatory enteropathy and low-grade alimentary lymphoma, although ultrasonographic overlap between these entities remains substantial. The ileocecal junction also demonstrates marked muscularis prominence, with the muscularis propria comprising approximately 46% of the total wall thickness, further supporting chronic infiltrative enteropathy such as inflammatory bowel disease or early low-grade alimentary lymphoma.

The gallbladder is moderately distended, and mild prominence of the proximal common bile duct is present. Although these findings are not sufficient to confirm complete extrahepatic biliary obstruction ultrasonographically, early or partial biliary outflow impairment cannot be completely excluded, particularly in the context of progressive hyperbilirubinemia.



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Mild abdominal effusion and ventral subcutaneous edema are present and may reflect hypoalbuminemia, vascular leakage, fluid therapy effects, or systemic inflammatory disease.

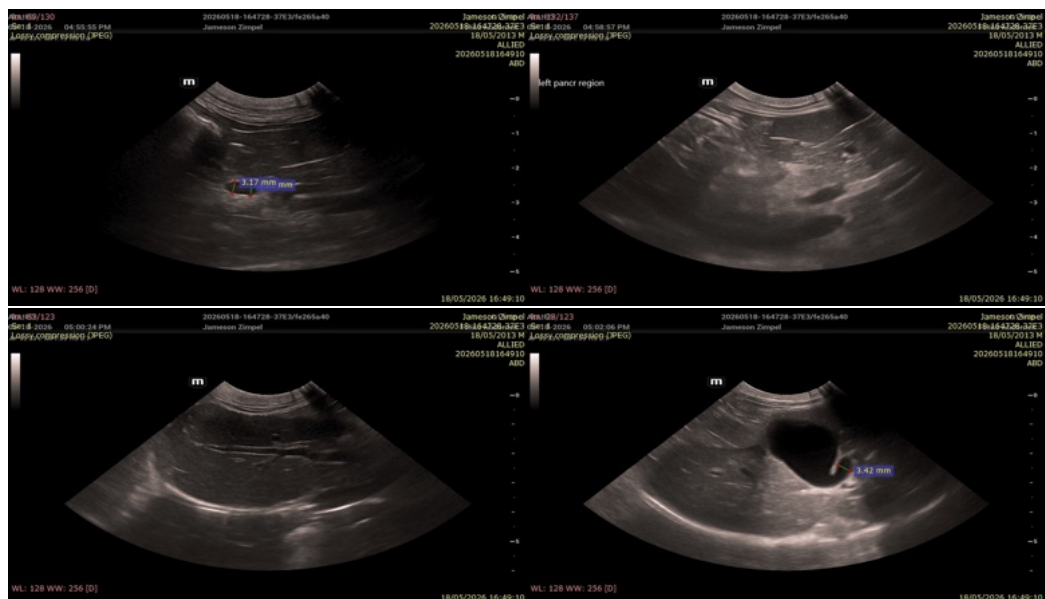
However, the intestinal findings alone would not typically explain the degree of progressive anemia and hyperbilirubinemia identified clinically. Given the progressive anemia, bilirubinuria, and hyperbilirubinemia despite relatively limited abdominal ultrasonographic abnormalities, hemolytic disease, infectious causes (including hemotropic Mycoplasma species), systemic inflammatory disease, or non-ultrasonographically apparent hepatobiliary dysfunction remain important clinical considerations.

### Recommendations

- Given the progressive anemia, close hematologic monitoring and ongoing assessment of transfusion requirements are recommended based on the patient's clinical status.
- Correlation with serial bilirubin values, liver enzymes, reticulocyte count, blood smear evaluation, coagulation profile, and hemolysis assessment is recommended.
- Infectious disease testing, including evaluation for hemotropic Mycoplasma species, could be considered given the progressive anemia and hyperbilirubinemia.
- Correlation with GI panel results, pancreatic lipase testing, appetite history, and chronic gastrointestinal clinical signs 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.

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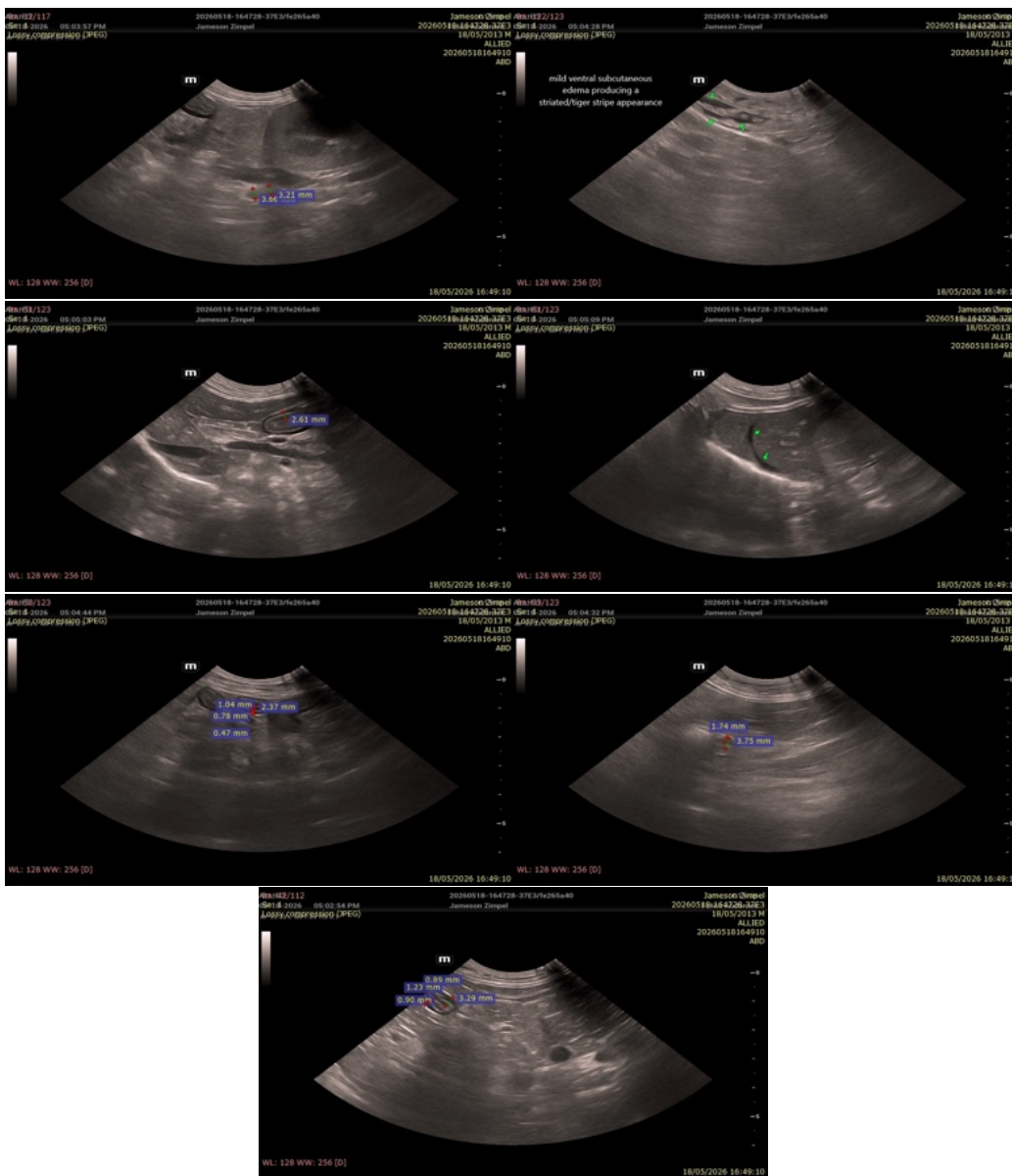
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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