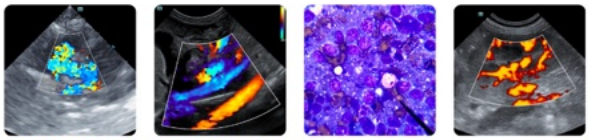


PATIENT

Bella Haines

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Emilia Monachino

HOSPITAL NAME

Finger Lake AH- Vetcor

REFERRING VET

Dr. Monachino

INVOICE

77718

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: - Chronic/ recurrent gastroenteritis for > 3 years
- GI Panel in 2023 WNL
- 2024 - had Abd ultrasound , hyperechoic splenic nodules - FNA performed = benign lymphoid hyperplasia
- Won't eat prescription diets. Has done well on Fancy feast canned only
- Developed recurrent diarrhea with some frank blood and inappropriate defecation over the past 2 months with increased appetite, intermittent vomiting, weight loss (1/2 lb in past 6 months), and occasional inappropriate urination.
Abnormal PE/Chem/CBC/UA Results: Gingivitis and mild muscle loss, otherwise NSF on exam. March 2026 - CBC/ CHEM WNL. Fecal neg. May 2026 T4 WNL. UA - > 1.040, trace protein, occ cocci but otherwise NSF. Texas GI panel pending. Thoracic & abdominal radiograph report pending.

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. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.28×2.21 cm, and the thickness of the cortex is 0.30 cm in the sagittal plane. The right kidney is normal in shape and size: 3.41×2.32 cm, and the thickness of the cortex is 0.31 cm in the sagittal plane. The renal cortices are mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved bilaterally. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

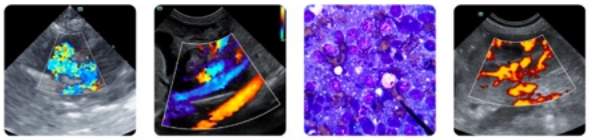
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.23 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.82 cm. Multiple well-defined hyperechoic splenic nodules are identified, most compatible with myelolipoma-like lesions/nodular hyperplastic change. The largest lesion measures approximately 5.8×7.1 mm.

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.



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The gallbladder lumen is moderately distended. No dilation of the common bile duct is identified, measuring approximately 1.02–1.41 mm in diameter.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.29 mm and preserved wall layering. The pylorus measures 2.63 mm in thickness. Duodenum: 1.23 mm. Jejunum: 2.07 mm. Mucosa: 1.10 mm. Submucosa: 0.45 mm. Muscularis propria: 0.38 mm. Ileum: 2.34 mm. Mucosa: 0.42 mm. Submucosa: 0.58 mm. Muscularis propria: 1.18 mm. Wall layering remains preserved. The ileocecocolic junction measures 3.30 mm in total thickness, with muscularis propria thickness measuring approximately 2.20 mm. No evidence of gastrointestinal obstruction, ileus, or foreign material is identified. The colon measures 0.87 mm in thickness with preserved wall layering.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

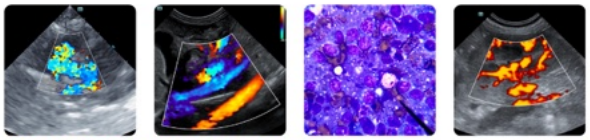
- Marked muscularis propria thickening involving the ileum and ileocecocolic junction, with preserved wall layering.
- Mild jejunal muscularis thickening.

SECONDARY FINDINGS

- Multiple small hyperechoic splenic nodules, most compatible with benign myelolipoma-like lesions/nodular hyperplasia.
- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Marked muscularis propria thickening is present within the ileum and ileocecocolic junction, with milder jejunal involvement and preserved intestinal wall layering. The jejunal muscularis-to-mucosa ratio is approximately 0.35, which is within or near the upper limits of expected feline values. In contrast, the ileal muscularis-to-mucosa ratio is approximately 2.81, and the muscularis propria represents approximately 67% of the total wall thickness at the ileocecocolic junction, both of which are markedly abnormal for a cat.



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These findings support the presence of chronic infiltrative intestinal disease involving the distal small intestine/ileocecocolic region. The preserved mural layering and chronic clinical history remain compatible with chronic inflammatory enteropathy/IBD; however, feline low-grade alimentary lymphoma cannot be excluded and is considered a significant differential diagnosis given the marked and regionally disproportionate muscularis propria thickening, chronic progressive gastrointestinal signs, weight loss, and increased appetite.

Importantly, the ileum and ileocecocolic junction are among the intestinal regions most commonly and most severely affected in feline small-cell lymphoma, and ultrasonographic overlap between inflammatory enteropathy and low-grade lymphoma remains substantial, particularly when mural layering is preserved and abdominal lymphadenopathy is absent, as in this case.

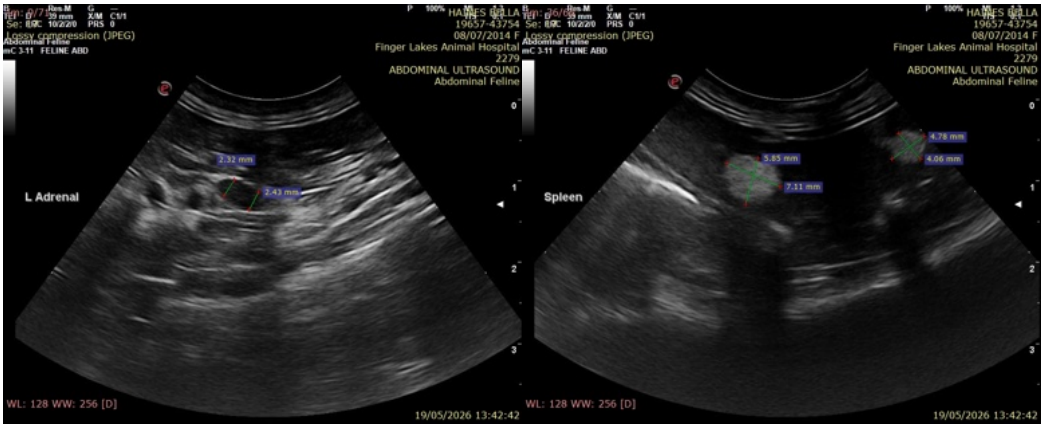
Multiple small hyperechoic splenic nodules are most compatible with benign myelolipoma-like change/nodular hyperplasia, particularly given the previous benign cytologic results and overall stable appearance.

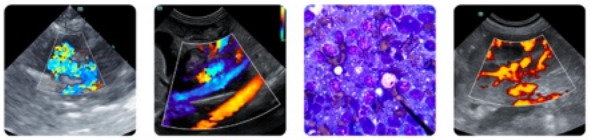
Mild bilateral renal cortical hyperechogenicity is nonspecific and may reflect mild chronic renal change.

Recommendations

- Correlation with the pending Texas GI panel and radiographic results is recommended.
- Given the marked distal intestinal muscularis thickening and chronic progressive clinical signs, intestinal biopsy would provide the most definitive differentiation between chronic inflammatory enteropathy and low-grade alimentary lymphoma if clinically pursued.
- In the absence of biopsy, empiric therapeutic management for chronic inflammatory enteropathy/alimentary small-cell lymphoma spectrum disease may still be clinically reasonable, with close monitoring of body weight, appetite, vomiting, and fecal quality.
- Follow-up abdominal ultrasound may be useful for monitoring progression over time.

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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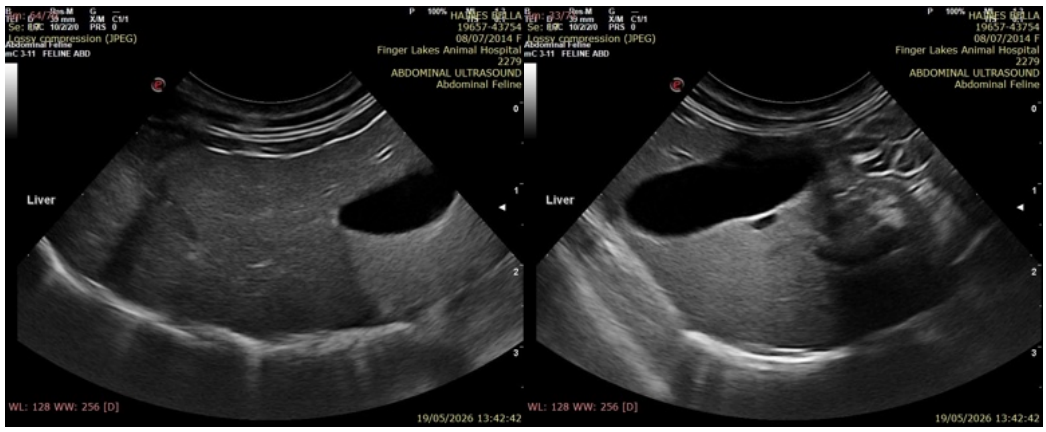

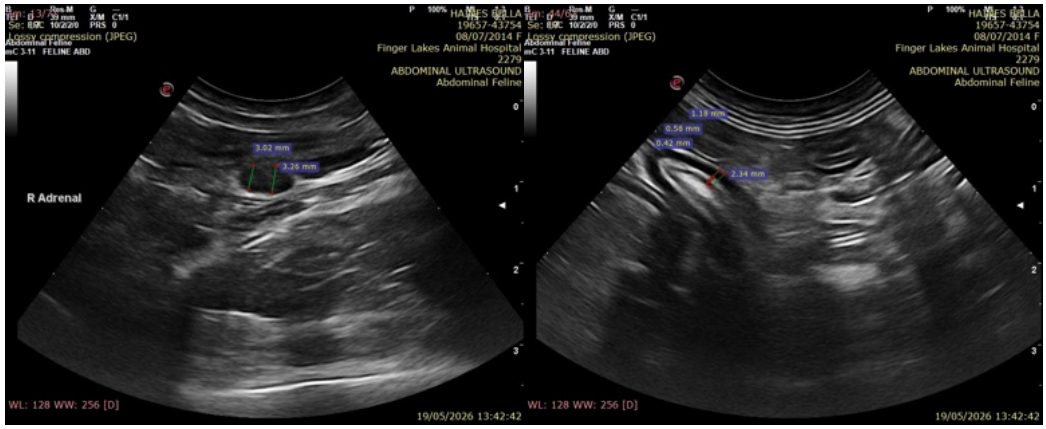

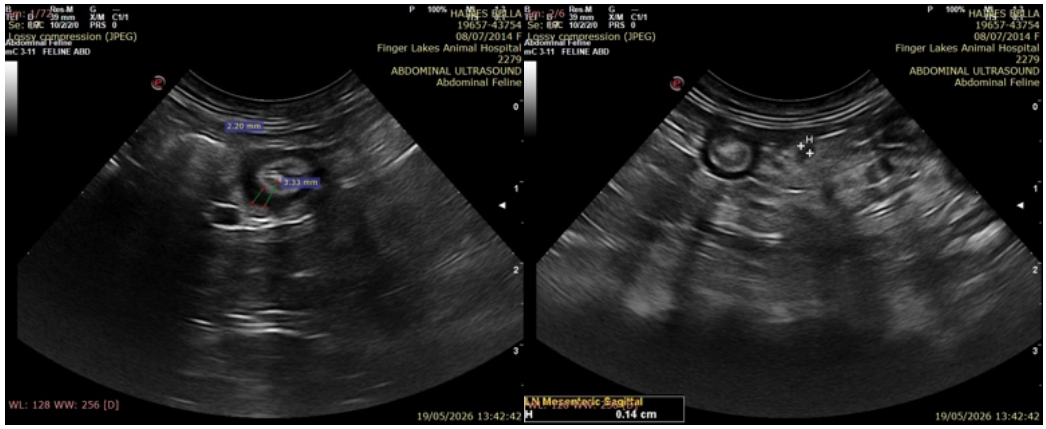

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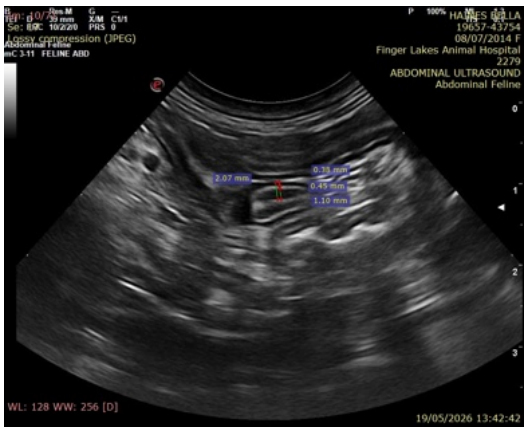

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com