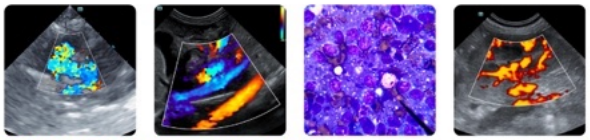


PATIENT

Jack Wingard

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. C

INVOICE

77715

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Jack presented on 5/15/26 for inappetence lasting 1 week. He was not drinking much water. He did eat 5/15 am but vomited a few hours later. having diarrhea. Current diet is Weruva. He is lethargic and severely underweight. He was given SQ fluids and Cerenia and rx'd Metronidazole, Mirataz transdermal, and Proviable. o reports slight improvement today but still not back to his normal self.
FeLV/FIV/HW neg x 3. T4 0.5. BUN 35.7, CREA 0.6, PHOS 2.5, CA 7.1, TP 5.6, ALB 2.2, GLU 191, MG 2.9, NA 145. NEU 11.80, LYM 0.33, MONO 0.04, EOS 0.01, MCH 19.7, MCHC 43.6. UA NSF.

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 predominantly turbid with abundant suspended echogenic debris. 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: 4.15×2.48 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. The right kidney is normal in shape and size: 4.02×1.92 cm, and the thickness of the cortex is 0.36 cm in the sagittal plane. The renal cortices are mildly hyperechoic compared to the liver parenchyma bilaterally. The corticomedullary ratio is normal and corticomedullary definition is preserved. 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 0.32 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measures 0.37 cm at the cranial pole and 0.37 cm at the caudal pole.

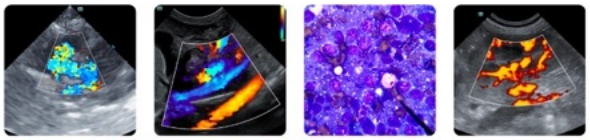
Spleen

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 normally distended. The wall is thin and smooth. A small amount of non-shadowing biliary sludge is present. The common bile duct measures 3.23–4.01 mm in diameter.



PATIENT

Jack Wingard

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. C

INVOICE

77715

DATE

5/19/26

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.90 mm and preserved wall layering. The pylorus measures 3.75 mm in thickness. Duodenum: 2.08 mm. Jejunum: 2.40 mm. Mucosa: 1.44 mm. Submucosa: 0.56 mm. Muscularis propria: 0.50 mm. Ileum: 2.66 mm. Mucosa: 0.90 mm. Submucosa: 0.77 mm. Muscularis propria: 0.85 mm. Wall layering remains preserved. The ileocecocolic junction was not confidently visualized. No evidence of gastrointestinal obstruction, ileus, or foreign material is identified. The colon measures 0.81–1.07 mm in thickness and contains semi-formed fecal material within the descending segment.

Pancreas

The pancreas measures 4.27–6.27 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures 1.62 mm in diameter. No convincing evidence of active peripancreatic fat inflammation is identified.

Free Abdomen

No abdominal effusion or evidence of peritonitis is identified. Cranial mesenteric lymph nodes measure 4.82–5.41 mm. Ileocecal lymph nodes are not visualized. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild diffuse muscularis propria thickening involving the jejunum and ileum, with preserved mural layering.
- Subtle extrahepatic biliary duct dilation and a small amount of biliary sludge.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Turbid urinary bladder contents with abundant suspended debris.
- Mild pancreatic duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild diffuse muscularis propria thickening is present within the jejunum and ileum, with preserved intestinal wall layering. The jejunal muscularis-to-mucosa ratio is approximately 0.35, while the ileal muscularis-to-mucosa ratio is approximately 0.94. The ileal muscularis thickening exceeds expected normal feline values and supports the presence of chronic infiltrative intestinal disease.

The overall ultrasonographic appearance is compatible with chronic inflammatory enteropathy; however, feline low-grade alimentary lymphoma cannot be excluded, particularly given the marked weight loss, severe muscle wasting, hypoalbuminemia, and ileal muscularis thickening. As in many cats, there is substantial ultrasonographic overlap between chronic inflammatory enteropathy and small-cell

PATIENT

Jack Wingard

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. C

INVOICE

77715

DATE

5/19/26

lymphoma, especially when mural layering remains preserved and mesenteric lymphadenopathy is mild or absent. The reported hypoalbuminemia may be secondary to chronic enteropathy/protein-losing enteropathy. No abdominal effusion is identified during the current examination despite the decreased serum albumin concentration.

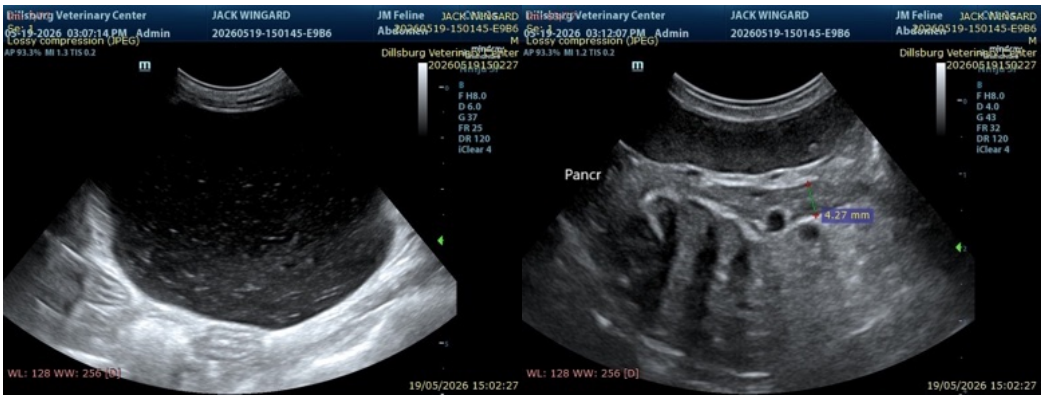
Mild pancreatic duct dilation and mild common bile duct dilation may reflect age-related change; however, concurrent chronic pancreatobiliary disease, including chronic pancreatitis/cholangitis, cannot be excluded at this time. Mild biliary sludge is considered of doubtful independent clinical significance.

Mild bilateral renal cortical hyperechogenicity is nonspecific and may reflect mild chronic renal change without evidence of obstructive nephropathy. Urinary bladder sediment/debris is nonspecific and should be interpreted in conjunction with urinalysis findings.

Recommendations

- Correlation with current CBC, serum biochemistry, urinalysis, and cobalamin/folate concentrations is recommended.
- Spec fPL testing may be useful to further assess concurrent chronic pancreatopathy/pancreatitis.
- In the absence of biopsy, empiric therapeutic management for chronic inflammatory enteropathy may be clinically reasonable given the chronic progressive weight loss, hypoalbuminemia, and supportive ultrasonographic findings.
- If clinical signs continue to progress despite appropriate medical and dietary management, intestinal biopsy would ultimately be required for definitive differentiation between chronic inflammatory enteropathy and low-grade alimentary lymphoma.
- Clinical and body weight monitoring, with follow-up abdominal ultrasound as indicated, would be 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.



PATIENT

Jack Wingard

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

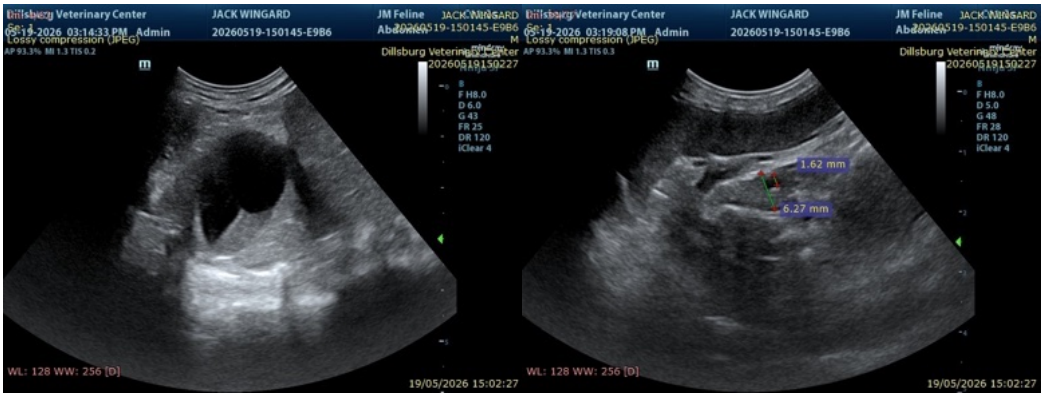
Dr. C

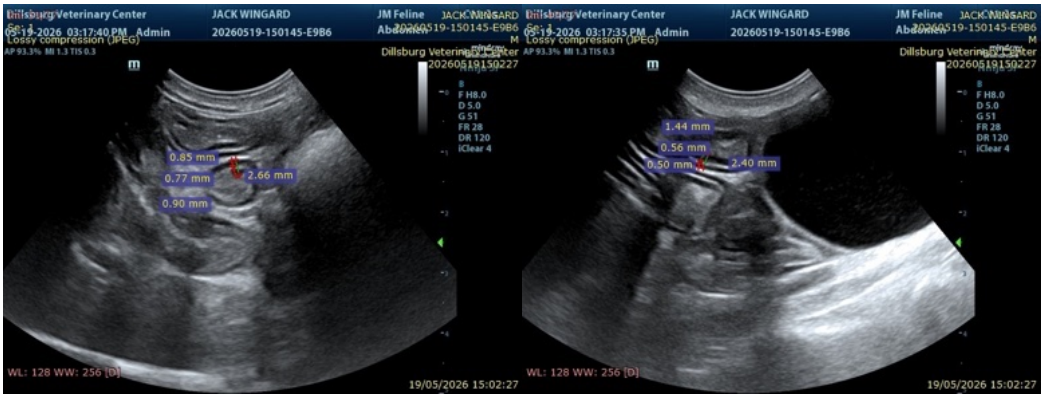
INVOICE

77715

DATE

5/19/26





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