



PATIENT

Lucky Hanna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

5.47 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Lea Button

HOSPITAL NAME

Valley VC

REFERRING VET

Dr. Button

INVOICE

77714

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Weight lose despite normal appetite, no v/d or other GI symptoms. See attached for Weight Chart, BW and Medical Record.

Abnormal PE/Chem/CBC/UA Results: NAF on bloodwork renal values N BG right in the normal range CBC all WNL T4 is lower than last check - not hyperthyroid UA - urine well concentrated blood from cysto only alb normal - no PLE/PLN next step abd US - poss GI disease

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: 3.78×2.17 cm, and the thickness of the cortex is 0.39 cm in the sagittal plane. The right kidney is normal in shape and size: 3.91×2.23 cm, and the thickness of the cortex is 0.41 cm in the sagittal plane. The renal cortices are isoechoic 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

Not confidently visualized.

Spleen

Splenic thickness is 6.05 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 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 the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and mildly folded, with mural thickness measuring 1.40 mm and preserved wall layering. The pylorus measures 4.35 mm in thickness. Duodenum: 1.91 mm. Jejunum: 1.62 mm. Mucosa:



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1.02 mm. Submucosa: 0.44 mm. Muscularis propria: 0.69 mm. Ileum: 2.25 mm. Mucosa: 0.89 mm. Submucosa: 0.43 mm. Muscularis propria: 0.93 mm. Wall layering remains preserved. The ileoceocolic junction could not be confidently visualized. No evidence of gastrointestinal obstruction, ileus, or foreign material is identified. The colon measures 0.79 mm in thickness and contains scant soft fecal material within the descending segment.

Pancreas

The pancreas measures 5.14 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures 0.59 mm in diameter. No evidence of active peripancreatic fat inflammation is identified.

Free Abdomen

No abdominal effusion or evidence of peritonitis is identified. Cranial mesenteric lymph nodes measure 3.13–3.41 mm and demonstrate normal shape and echogenicity. Ileocecal lymph nodes are not visualized. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild diffuse muscularis propria thickening affecting the jejunum and ileum, with preserved mural layering.

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 0.67, and the ileal muscularis-to-mucosa ratio is approximately 1.04. These values exceed expected normal feline ratios and support the presence of chronic infiltrative intestinal disease.

The ultrasonographic appearance is compatible with chronic inflammatory enteropathy/IBD; however, feline low-grade alimentary lymphoma cannot be excluded, particularly given the degree of progressive weight loss despite preserved appetite and the disproportionate muscularis thickening involving the ileum. Importantly, there is substantial ultrasonographic overlap between chronic inflammatory enteropathy and small-cell lymphoma in cats, especially when mural layering remains preserved and mesenteric lymphadenopathy is absent or minimal, as in this case.

No sonographic evidence of obstructive gastrointestinal disease, clinically significant pancreatopathy, hepatobiliary disease, renal disease, or abdominal metastatic disease is identified on the current examination.

Recommendations

- Correlation with serum cobalamin/folate concentrations and GI panel testing may be useful if not already performed.
- If clinically appropriate, empirical therapeutic management for chronic inflammatory



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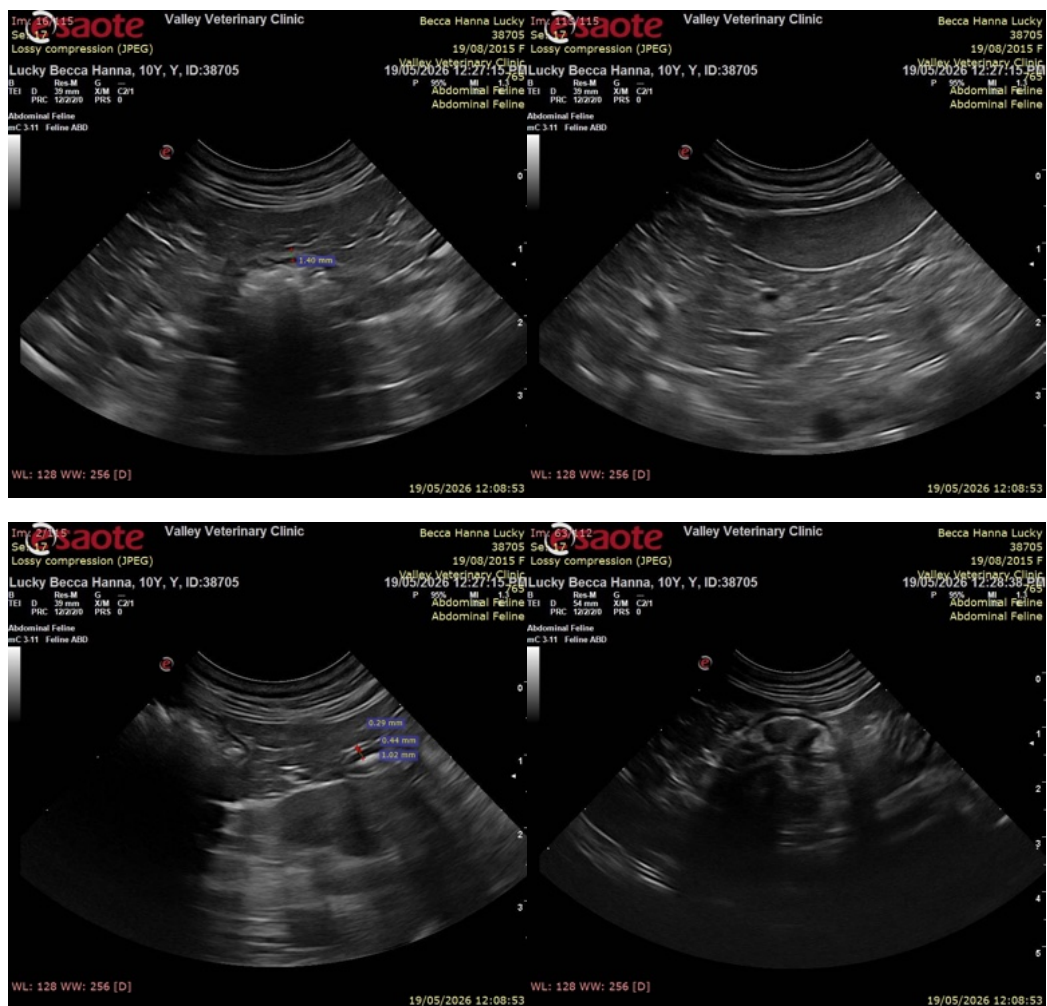
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enteropathy could be considered given the chronic progressive weight loss and supportive ultrasonographic findings.

- If clinical signs or weight loss 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.
- Follow-up abdominal ultrasound may be useful for monitoring progression of intestinal mural changes 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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The information and recommendations provided are based on the images presented by the



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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