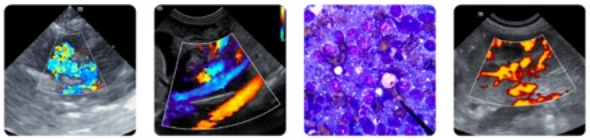


PATIENT

Baylor Verhil

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

13.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle Lindemulder

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Kursch

INVOICE

77775

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting for over a year. Enlarged submandibular LN recently noted. Abnormal PE/Chem/CBC/UA Results: Lymph node cytology: Atypical lymphoid cell proliferation; r/o germinal lymphoid hyperplasia Vs. lymphoma. CBC/Chemistry WNL Thoracic x-rays clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. 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, measuring 3.92×2.40 cm, with cortical thickness measuring 0.43 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.25×2.26 cm, with cortical thickness measuring 0.41 cm in the sagittal plane. The renal cortices are mildly hyperechoic relative to the liver parenchyma bilaterally. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild medullary rim sign is present bilaterally. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands are not confidently visualized.

Spleen

Splenic thickness is 1.13 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

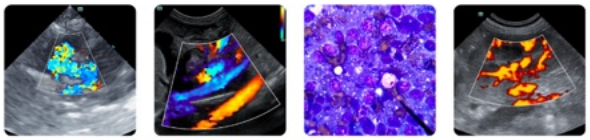
Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The gallbladder wall measures approximately 0.97 mm in thickness. The lumen contains a very small amount of non-shadowing biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring approximately 1.21 mm and preserved wall layering. Duodenum: 1.90 mm. Jejunum: 2.82 mm. Mucosa: 0.69 mm. Submucosa: 0.79



PATIENT

Baylor Verhil

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

13.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle Lindemulder

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Kursch

INVOICE

77775

DATE

5/20/26

mm. Muscularis propria: 0.63 mm. Ileum: 3.47 mm. Mucosa: 0.97 mm. Submucosa: 0.67 mm. Muscularis propria: 1.88 mm. Wall layering remains preserved. The ileocecocolic junction was not confidently visualized. The colon measures approximately 1.36–1.59 mm in thickness and contains a small amount of formed fecal material within the descending colon.

Pancreas

The pancreas measures approximately 8.08 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures approximately 1.42 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 approximately 6.66–7.55 mm in thickness, maintain an elongated shape, and are mildly hypoechoic. Ileocecocolic lymph nodes measure approximately 2.29–3.95 mm and remain within expected size and morphologic limits. A mildly rounded mildly hypoechoic splenic lymph node measuring approximately 4.48 mm is identified. The pancreaticoduodenal lymph node appears within normal limits. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Marked ileal muscularis propria thickening with preserved wall layering.
- Diffuse jejunal muscularis thickening.
- Mild pancreatic enlargement/hypoechogenicity with pancreatic duct dilation.
- Mild cranial mesenteric lymphadenopathy.

SECONDARY FINDINGS

- Mild bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Marked muscularis propria thickening is present within the ileum, with milder diffuse jejunal muscularis thickening and preserved intestinal wall layering. The jejunal muscularis-to-mucosa ratio is approximately 0.91, while the ileal muscularis-to-mucosa ratio is approximately 1.94, both of which exceed expected normal feline values, particularly within the ileum. The overall ultrasonographic appearance supports chronic infiltrative intestinal disease.
Differential considerations include severe chronic inflammatory enteropathy and feline low-grade alimentary lymphoma. Given the marked ileal muscularis thickening and chronic vomiting history, low-grade alimentary lymphoma becomes a significant clinical consideration in this patient. However, preserved mural layering, relatively mild abdominal lymph node changes, and absence of abdominal effusion continue to illustrate the substantial ultrasonographic overlap between severe inflammatory enteropathy and feline low-grade alimentary lymphoma.

Mild pancreatic enlargement, mild pancreatic hypoechogenicity, and pancreatic duct dilation may

PATIENT

Baylor Verhil

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

13.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle Lindemulder

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Kursch

INVOICE

77775

DATE

5/20/26

reflect concurrent chronic pancreatopathy/chronic pancreatitis. In cats, chronic pancreatic inflammatory disease frequently occurs with minimal or absent peripancreatic fat reaction ultrasonographically and may coexist with chronic enteropathy/chronic hepatobiliary disease as part of a feline chronic "triaditis" spectrum process.

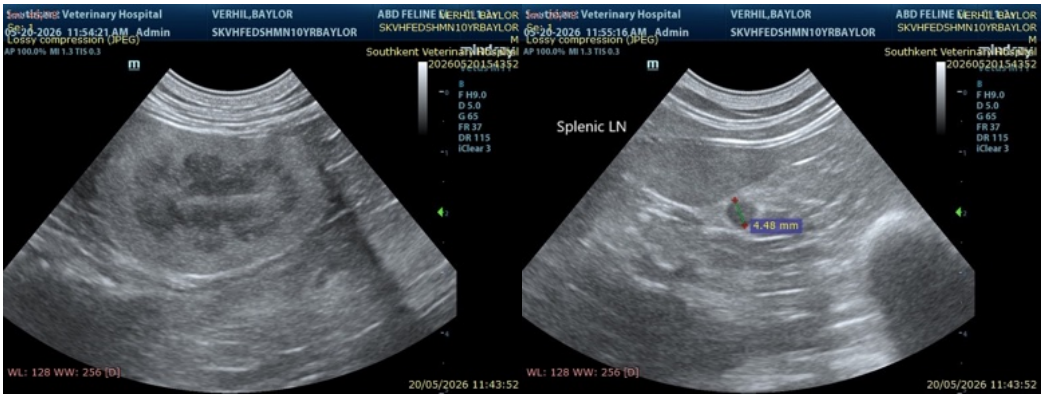
Mild bilateral chronic renal changes are also present, including cortical hyperechogenicity and mild medullary rim sign, most compatible with mild chronic degenerative renal remodeling.

The current abdominal ultrasonographic examination is not strongly suggestive of overt multicentric lymphoma at this time. Therefore, correlation between the previously identified atypical submandibular lymph node proliferation and the current abdominal findings remains uncertain, and both processes cannot be definitively assumed to represent the same disease process based on the current examination alone.

Recommendations

- Correlation with GI panel results, cobalamin/folate status, and Spec fPL testing may be clinically useful if not already performed.
- Intestinal biopsy would provide the most definitive differentiation between severe chronic inflammatory enteropathy and low-grade alimentary lymphoma if clinically pursued.
- If intestinal biopsy is not pursued, empiric therapeutic management for chronic inflammatory enteropathy/alimentary small-cell lymphoma spectrum disease may still be clinically reasonable depending on clinician and owner goals, particularly given the marked ileal muscularis thickening and chronic clinical history.
- Clinical monitoring of body weight, appetite, vomiting frequency, and progression of peripheral lymphadenopathy 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.



PATIENT

Baylor Verhil

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

13.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle Lindemulder

HOSPITAL NAME

Southkent VH

REFERRING VET

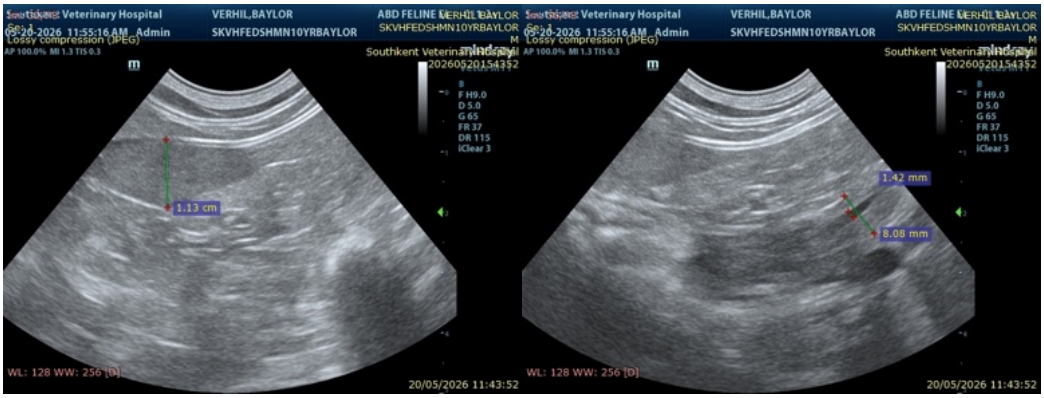
Dr. Kursch

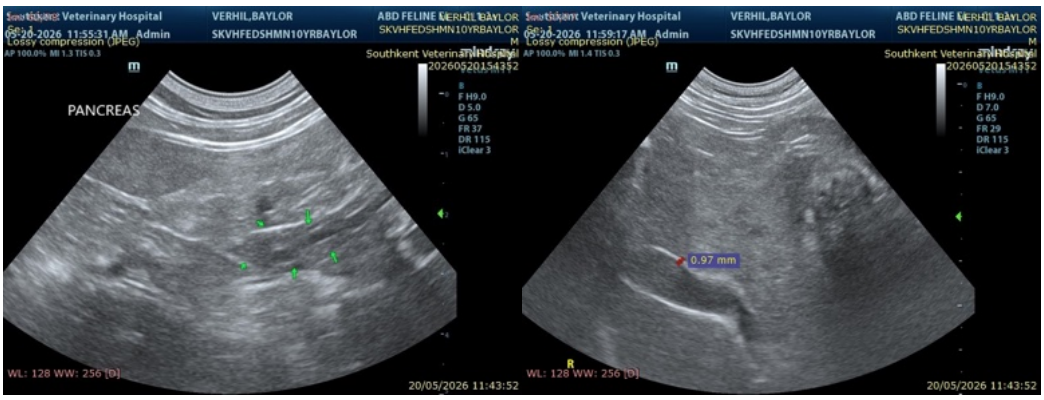
INVOICE

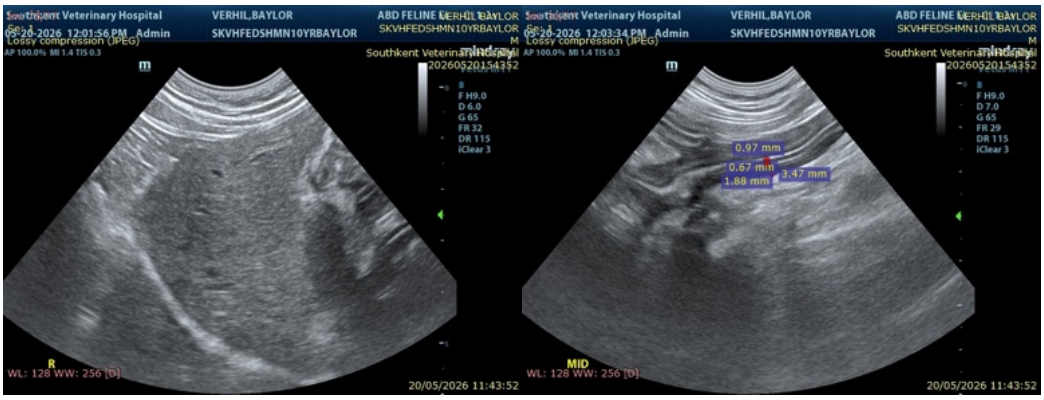
77775

DATE

5/20/26







PATIENT

Baylor Verhil

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

13.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle Lindemulder

HOSPITAL NAME

Southkent VH

REFERRING VET

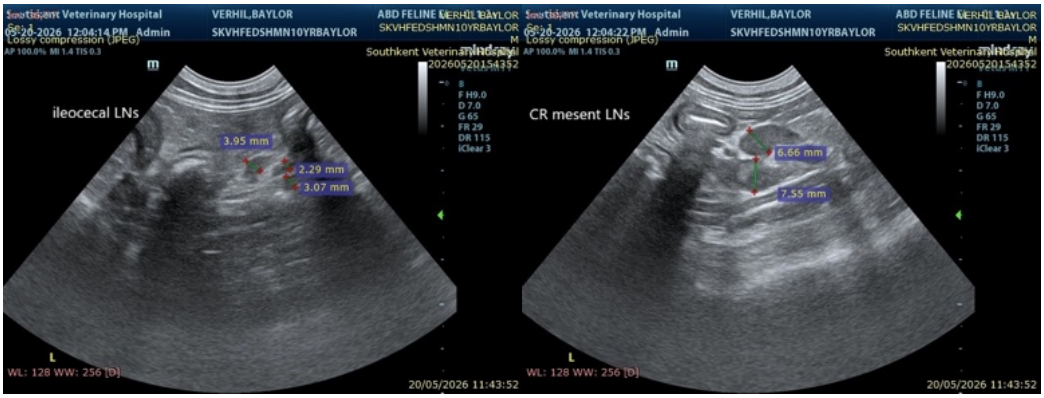
Dr. Kursch

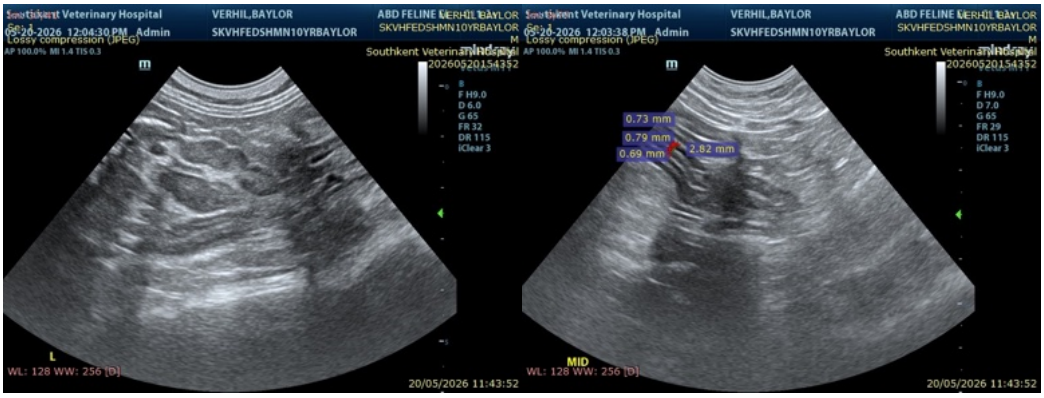
INVOICE

77775

DATE

5/20/26





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