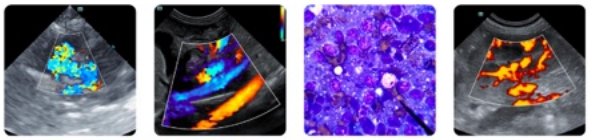


PATIENT

Twinkie Noel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

14.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Kaczor

INVOICE

77978

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: P presented 2 weeks ago for a wellness exam and O had noted weight loss despite ravenous appetite. Bloodwork performed which was normal.
P returned today for further diagnostics due to recent inappetence and lethargy. Radiographs of chest and abdomen unremarkable so performed abdominal ultrasound
Note: O has recently experienced a septic tank malfunction on her property leading to some drinking water contamination and gas leakage that is also under investigation.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4 unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi or sonographic evidence of inflammatory or neoplastic mural changes are identified.

The left kidney is normal in shape and size, measuring 4.78×2.63 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.93×2.83 cm, with a cortical thickness of 0.38 cm in the sagittal plane. In both kidneys, the cortex is mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. Mild bilateral medullary rim sign change is present. No evidence of pyelectasia, nephrolithiasis, ureteral dilation, or hydronephrosis is identified. Color Doppler interrogation demonstrates a normal vascular pattern bilaterally.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm and the right adrenal gland measures 0.27 cm

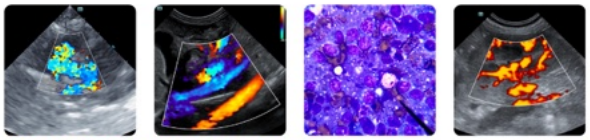
Spleen

Splenic thickness is 0.98 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 the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal tract

The stomach is moderately distended with ingesta, with mural thickness measuring approximately 1.51 mm and preserved wall layering.

The duodenal wall measures 1.90 mm in thickness. The jejunal wall measures 2.42 mm, with mucosa measuring 1.21 mm, submucosa 0.57 mm, and muscularis propria 0.47 mm. The ileal wall measures 2.28 mm, with mucosa measuring 0.93 mm, submucosa 0.67 mm, and muscularis propria 0.64 mm. Wall layering remains preserved throughout the evaluated small intestinal tract. The ileocecocolic junction is not confidently visualized.

A focal intestinal segment, favored to represent distal ileum, demonstrates marked mural thickening measuring approximately 4.38–6.58 mm despite luminal collapse. Although mural layering is partially preserved, the wall demonstrates irregular architecture with multifocal small hypoechoic mural nodules/foci producing a mottled or punctate appearance.

The remaining ileal wall measures approximately 2.28 mm, with mucosa measuring 0.93 mm, submucosa 0.67 mm, and muscularis propria 0.64 mm. The ileocecocolic junction is not confidently visualized. The colon visualized appears normal.

Pancreas

The pancreas could not be confidently visualized due to the large amount of gastric ingesta and regional acoustic shadowing. However, the visualized peripancreatic region does not demonstrate overt inflammatory change.

Free Abdomen

A possible trace amount of focal free fluid is identified adjacent to the affected colonic segment, although this could not be consistently confirmed across multiple imaging planes and may be partially artifactual.

The cranial mesenteric and ileocecocolic lymph nodes are not confidently visualized; however, the surrounding mesentery appears otherwise unremarkable. The caudal mesenteric lymph node is mildly enlarged, measuring approximately 6.12 mm in thickness, although shape and echogenicity remain relatively preserved. The iliac trifurcation region appears normal.

PRIMARY FINDINGS

- Marked focal-to-segmental intestinal mural thickening with irregular partially preserved layering and multifocal punctate hypoechoic mural nodules/foci.
- Mild caudal mesenteric lymph node enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant abnormality on the current examination is a markedly abnormal focal intestinal segment favored to represent distal ileum, characterized by marked mural thickening despite luminal collapse, irregular but partially preserved wall layering, multifocal punctate hypoechoic mural nodules/foci, and regional muscularis prominence.
Differential considerations include focal infiltrative enteropathy, granulomatous/eosinophilic inflammatory disease, or infiltrative round cell neoplasia including lymphoma.

Interestingly, somewhat comparable ultrasonographic patterns characterized by irregular hypoechoic mural nodules/foci and marked mural thickening have been described in dogs with severe infiltrative/granulomatous enterocolitis. However, equivalent ultrasonographic descriptions are poorly characterized in the feline veterinary literature, making the biologic significance and expected behavior of this appearance in cats more uncertain.

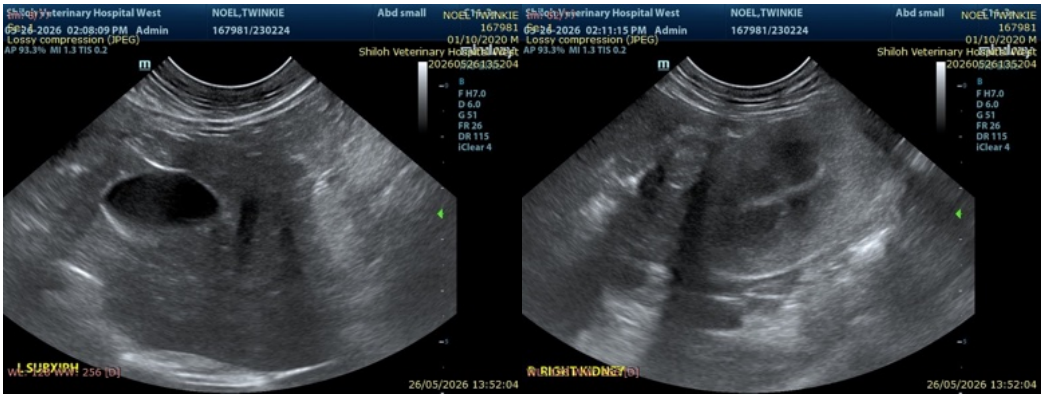
The mild caudal mesenteric lymph node enlargement and questionable trace focal free fluid adjacent to the affected colonic segment may represent reactive regional change secondary to the colonic pathology.

The remainder of the abdominal examination is comparatively unremarkable. Mild bilateral renal cortical hyperechogenicity with medullary rim sign change is a common nonspecific/incidental finding in cats and does not currently suggest advanced renal disease.
Overall, the intestinal findings are considered sufficiently abnormal to warrant further investigation rather than conservative monitoring alone.

Recommendations

- Full-thickness surgical biopsies may be required for definitive characterization.
- Correlation with CBC, serum biochemistry, fecal testing, infectious disease screening, and gastrointestinal panel testing may be clinically valuable.

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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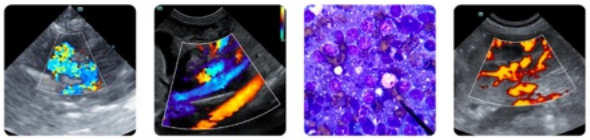

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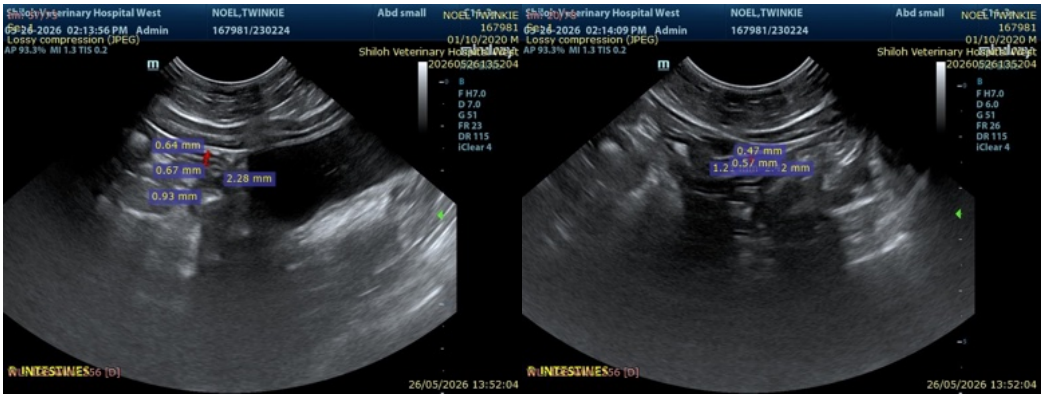

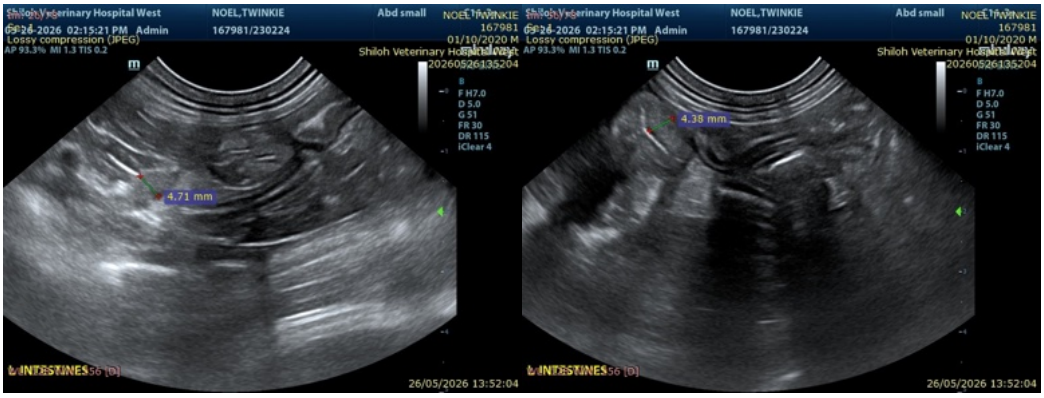

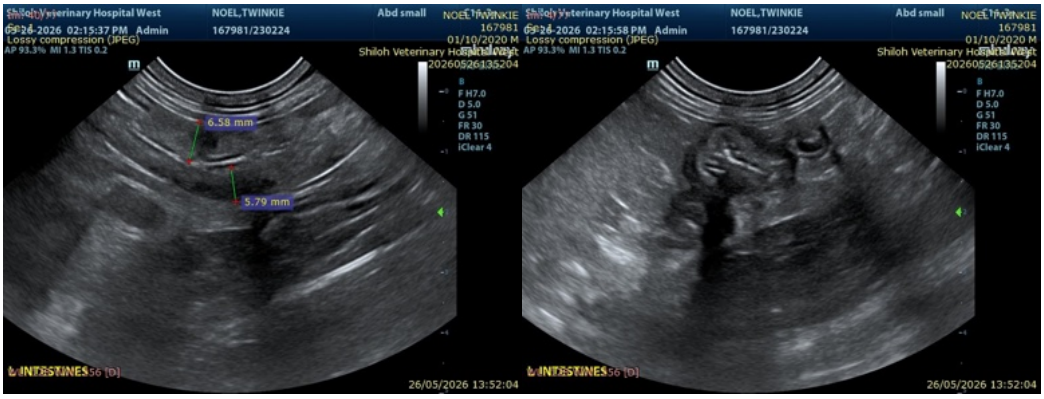

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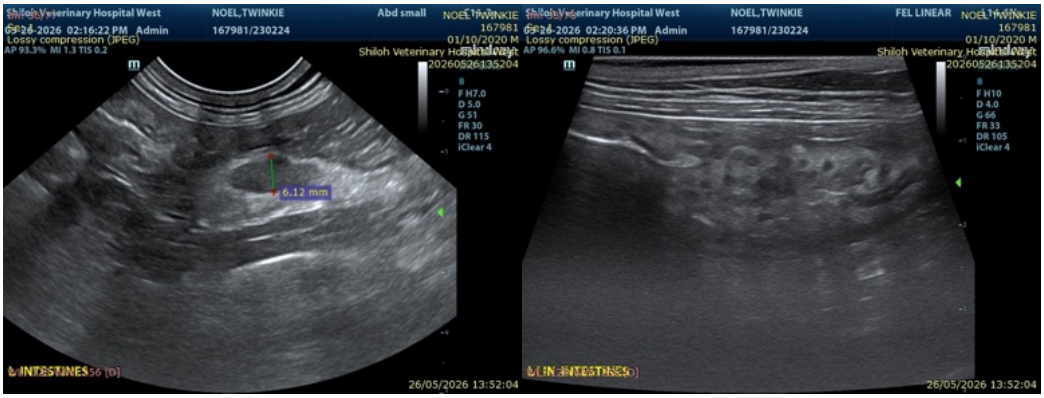

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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