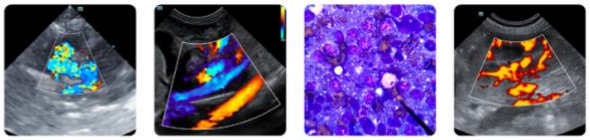


PATIENT

Fezziwig McLaughlin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

8.5

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Amber

INVOICE

37000

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: His primary veterinarian referred Fezziwig for AUS. Since the end of January, he has had rapid weight loss (previously 13.8lb in 2025), diarrhea, and tenesmus, sometimes straining until he vomits. CBC/chem/T4/UA WNL and fecal PCR negative. He transitioned to GI Biome wet food and began weekly Vitamin B12 injections 2 weeks ago. He was put on a course of Metronidazole in February but did not clear up diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4/UA WNL and fecal PCR negative.

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: 3.75×2.25 cm.

The right kidney is normal in shape and size: 4.00×2.08 cm, and the thickness of the cortex is 0.42 cm in the sagittal plane.

Both kidneys: The renal cortices are mildly hyperechoic compared to the liver parenchyma. 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 0.40 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 5.13 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

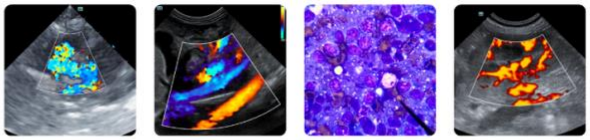
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat. Two small hyperechoic foci measuring 0.83×0.99 cm and 0.31×0.38 cm are identified within the hepatic parenchyma. A small hepatic cyst measuring 0.32×0.47 cm is also present. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures 3.16 mm proximally, 2.62 mm at the mid portion, 1.67 mm distally, and 1.38 mm near the major papilla.

Gastrointestinal Tract

The stomach is empty and folded, with gastric mural thickness measuring 1.57 mm and preserved wall layering. The pylorus measures 2.49 mm in wall thickness.



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The duodenum measures 2.35 mm in wall thickness.

The jejunum measures 2.32 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 1.37 mm, 0.39 mm, and 0.17 mm, respectively. Wall layering is preserved.

The ileum measures 1.63 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.55 mm, 0.65 mm, and 0.30 mm, respectively. Wall layering is preserved.

The ileocecal junction measures 2.80 mm in total wall thickness, with muscularis propria thickness measuring 0.81 mm.

A focal intestinal segment demonstrates severe mural thickening measuring up to 0.98 cm, with marked loss of normal wall layering and mural architectural definition. Immediately cranial to this abnormal segment, intraluminal material generates distal acoustic shadowing. However, there is no convincing diffuse proximal intestinal dilation to support a complete mechanical obstruction at the time of examination.

No generalized ileus or diffuse peritonitis is identified.

The colon measures 0.74 mm in wall thickness and contains a small amount of formed fecal material within the descending segment.

Pancreas

The pancreas measures 5.56–6.17 mm in thickness. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.88 mm in diameter and is markedly dilated for a cat. No definite hyperechoic peripancreatic fat or free fluid is identified.

Free Abdomen

No abdominal effusion or diffuse peritonitis is observed. The ileocecal lymph nodes measure 2.10–2.22 mm in thickness and demonstrate normal shape and echogenicity. The cranial mesenteric lymph nodes are not confidently visualized. The iliac trifurcation lymph nodes are within normal limits.

PRIMARY FINDINGS

- Severe focal intestinal mural thickening with loss of wall layering.
- Mild focal intestinal stasis immediately cranial to the abnormal intestinal segment, likely secondary to partial stenosis caused by the infiltrative mural lesion.
- Mild pancreatic enlargement and hypoechogenicity with marked pancreatic duct dilation.

SECONDARY FINDINGS

- Incidental hepatic hyperechoic nodules and small hepatic cyst.
- Small amount of biliary sludge. Moderate common bile duct dilation.
- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant abnormality is a focally severe infiltrative intestinal lesion characterized by marked mural thickening and loss of normal wall layering. In a cat with marked weight loss, chronic diarrhea, tenesmus, and failure to respond to empirical therapy, these findings are highly concerning for intestinal neoplasia, particularly high-grade alimentary lymphoma or intestinal adenocarcinoma. Severe focal inflammatory disease is considered less likely given the degree of mural architectural loss and

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focal mass effect.
The intraluminal accumulation immediately cranial to the lesion likely reflects focal intestinal stasis secondary to partial luminal stenosis caused by the infiltrative intestinal lesion. Although complete mechanical obstruction is not identified at this time, functional, partial, or intermittent obstructive change is present.

The pancreas is mildly enlarged and hypoechoic, and the pancreatic duct is markedly dilated. Mild common bile duct dilation is also present. These findings may reflect concurrent chronic pancreatitis and/or inflammatory hepatopancreatobiliary disease.

The small hepatic hyperechoic nodules and hepatic cyst are nonspecific and probably incidental, potentially representing age-related benign change such as nodular hyperplasia and/or focal fibrosis.

Recommendations:

- Further characterization of the focal intestinal lesion (intestinal biopsy) is strongly recommended, as intestinal neoplasia is highly suspected.
- Surgical consultation should be considered given the focal infiltrative lesion and concern for developing partial obstruction.
- Correlation with feline pancreatic lipase immunoreactivity may be considered if not already performed.

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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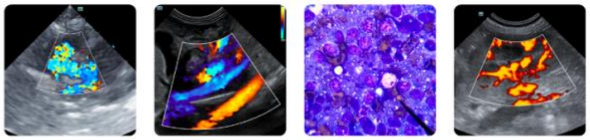

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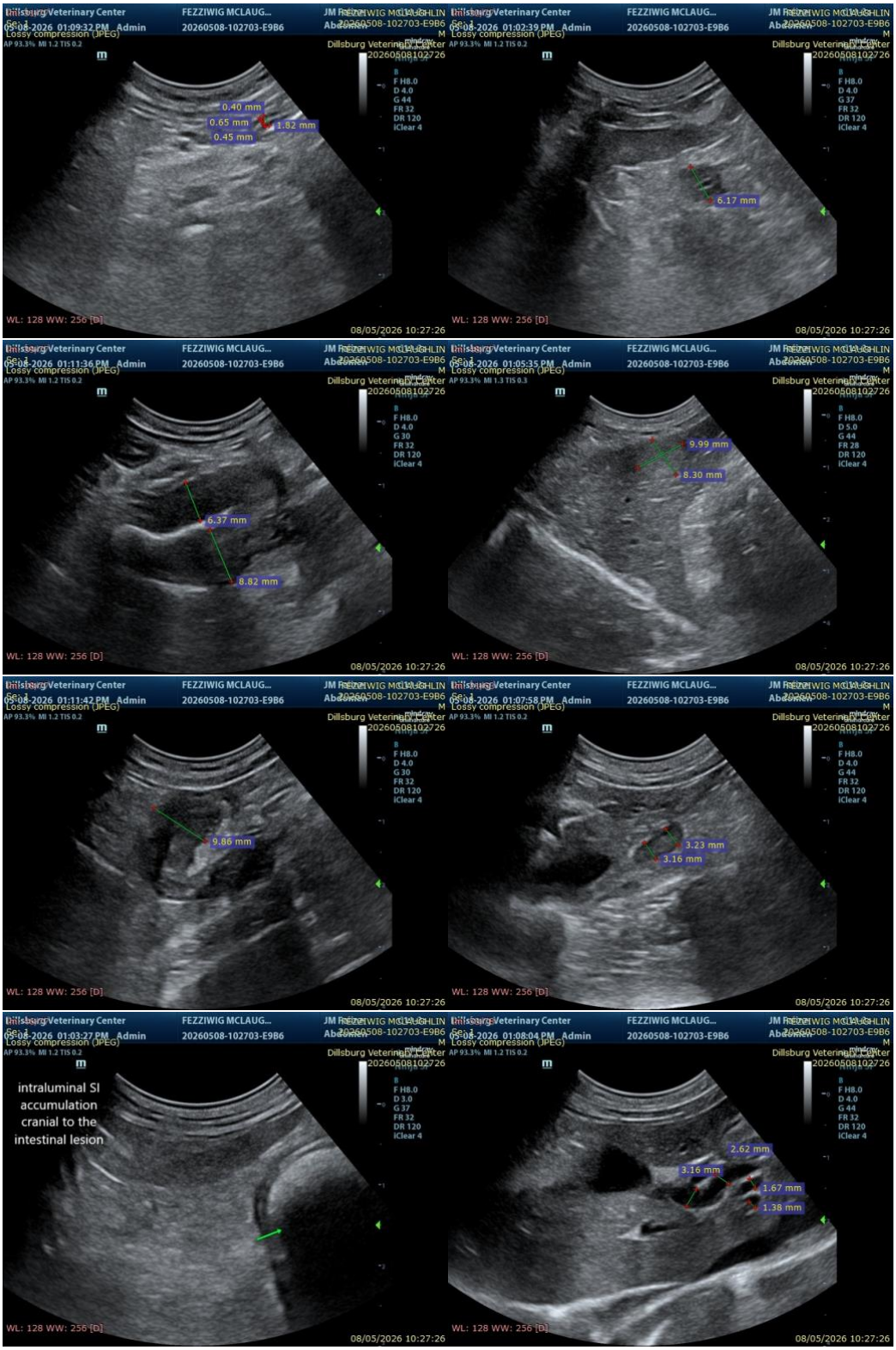

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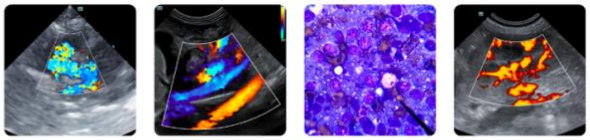

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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