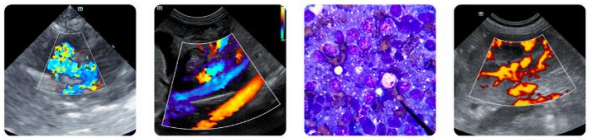


PATIENT

Piggy C2803 Animals in Distress

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15.5yr

WEIGHT

10.11lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Renee Ziegler-Post

INVOICE

24768

DATE

05/08/2026

PRESENTING CLINICAL SIGNS

History: Patient has been nauseous, not eating, hiding.

Medications - TD METHIMAZOLE two clicks 7 mg BID, TD Pred two clicks 5 mg daily a.m.

Sending out a G.I. panel at todays visit.

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 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: 3.81×2.09 cm, and the thickness of the cortex is 0.35 cm in the sagittal plane.

The right kidney is normal in shape and size: 4.10×1.98 cm, and the thickness of the cortex is 0.30 cm in the sagittal plane.

Both kidneys: The renal cortices are isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation shows a normal vascular pattern.

Adrenal Glands

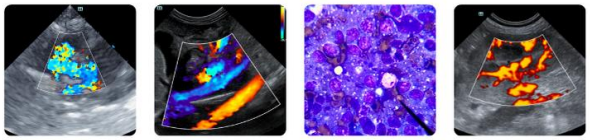
Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole, which are within normal limits for a cat. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 0.75 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, with a normal echotexture. No hepatic lymphadenopathy is observed.



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Gallbladder

The gallbladder lumen is moderately distended. The wall is thin and the contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures 4.09 mm proximally, 3.63 mm at the mid portion, and 3.15 mm distally, which is diffusely dilated for a cat.

Gastrointestinal Tract

The stomach is empty and folded, with gastric mural thickness measuring 1.29 mm and preserved wall layering.

The pylorus measures 3.51 mm in wall thickness. The duodenum measures 1.61 mm in wall thickness.

The jejunum measures 2.79 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 1.10 mm, 0.58 mm, and 0.96 mm, respectively. Wall layering is preserved. The muscularis-to-mucosa ratio is approximately 0.87, which is markedly increased for a cat.

The ileum measures 2.45 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.67 mm, 0.90 mm, and 0.93 mm, respectively. Wall layering is preserved. The muscularis-to-mucosa ratio is markedly increased.

The ileocecal junction measures 3.01 mm in total wall thickness, with muscularis propria thickness measuring 2.32 mm, representing severe muscularis thickening.

The colon measures 1.07 mm in wall thickness and contains formed fecal material within the descending segment.

Pancreas

The pancreas measures 4.36–4.95 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.60 mm in diameter. No hyperechoic peripancreatic fat or free fluid is identified.

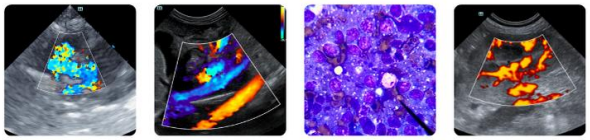
Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Marked diffuse muscularis propria thickening involving the jejunum, ileum, and ileocecal junction.

SECONDARY FINDINGS



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- Small amout of biliary sludge.
- Mild common bile duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant gastrointestinal abnormality is marked diffuse muscularis propria thickening involving the jejunum, ileum, and ileocecal junction, with preservation of normal wall layering. The muscularis-to-mucosa ratios are markedly increased above expected feline reference values (generally <0.4), reaching approximately 0.87 within the jejunum. This pattern is strongly supportive of chronic infiltrative intestinal disease, with chronic inflammatory enteropathy/IBD and low-grade alimentary lymphoma considered the primary differential diagnoses. Ultrasound cannot reliably differentiate chronic inflammatory enteropathy from low-grade alimentary lymphoma in cats due to substantial imaging overlap between these entities.

The common bile duct is diffusely dilated, measuring up to 4.09 mm proximally. In cats, the common bile duct is generally considered normal up to approximately 3 mm in diameter; therefore, these measurements are abnormal. However, no cholelithiasis, obstructive mass lesion, or secondary ultrasonographic evidence of complete extrahepatic biliary obstruction is identified. In the context of severe chronic intestinal disease and chronic nausea/hyporexia, the biliary dilation may reflect biliary stasis, or inflammatory hepatopancreatobiliary disease within the spectrum of feline triaditis.

No overt ultrasonographic evidence of active pancreatitis is identified; however, chronic low-grade pancreatic disease cannot be excluded in cats based on ultrasound alone, particularly in the setting of suspected triaditis-spectrum disease.

Recommendations

- Correlation with the pending gastrointestinal panel, including cobalamin and feline pancreatic lipase immunoreactivity, is recommended.
- Intestinal biopsy would be required to definitively differentiate severe chronic enteropathy/IBD from low-grade alimentary lymphoma.
- Correlation with liver enzymes and bilirubin concentration is recommended given the diffuse common bile duct dilation.
- Supportive management for suspected chronic enteropathy/triaditis-spectrum disease may be clinically appropriate pending additional diagnostic results.

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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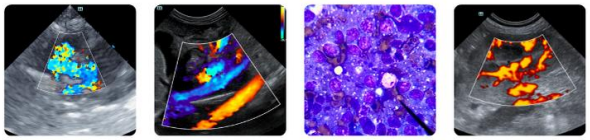

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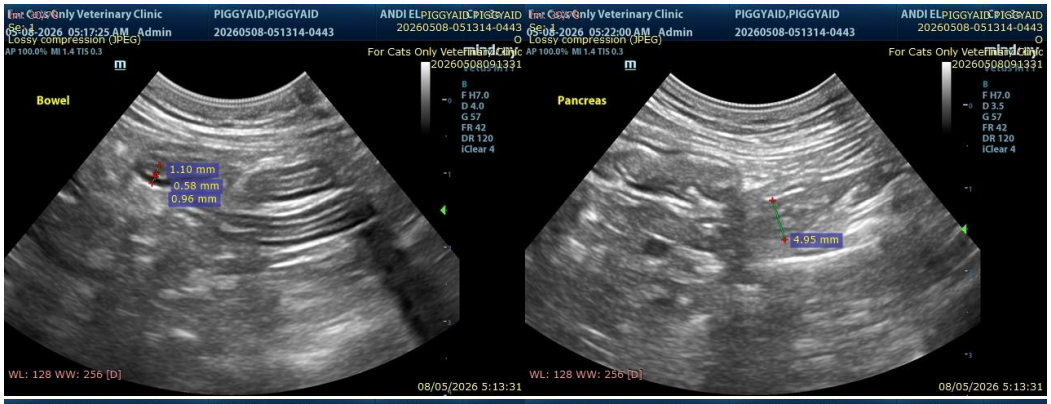

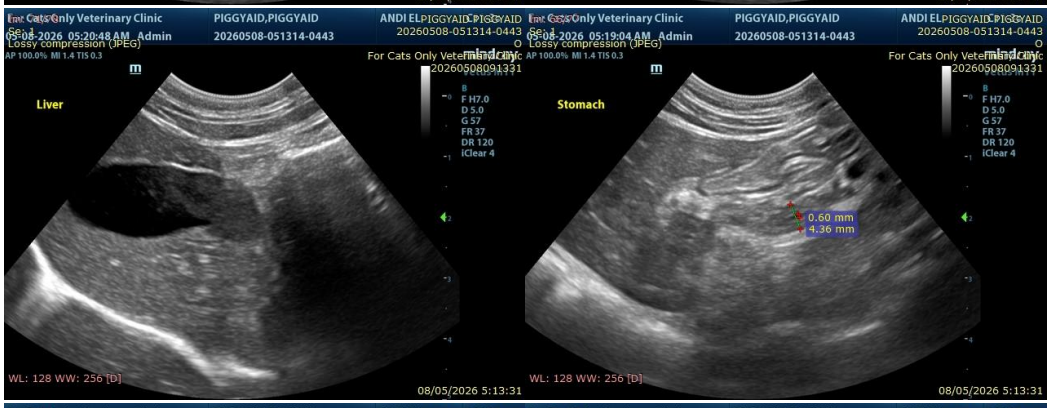

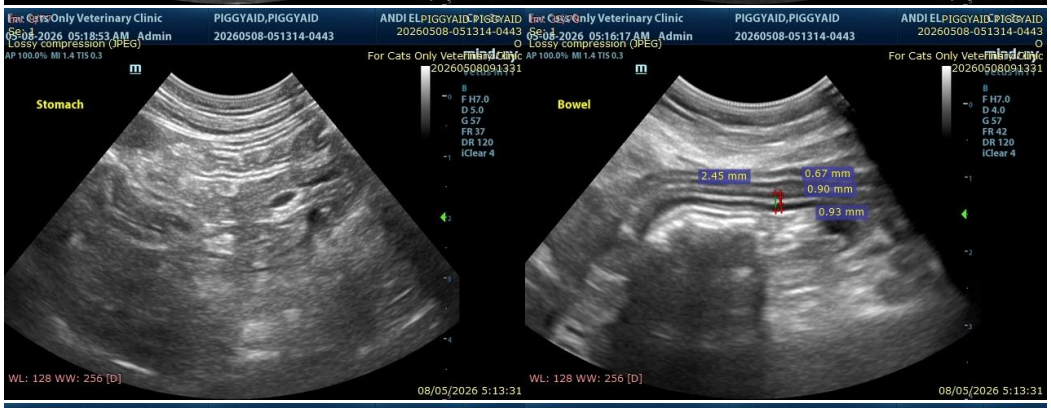

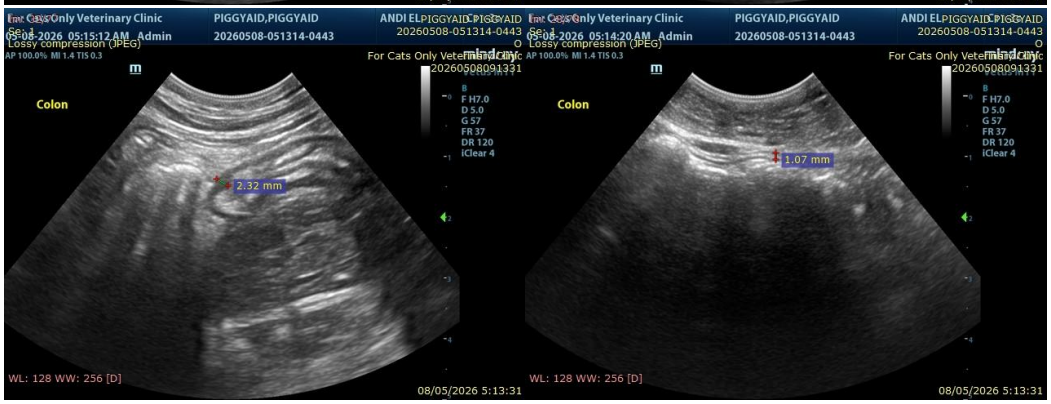

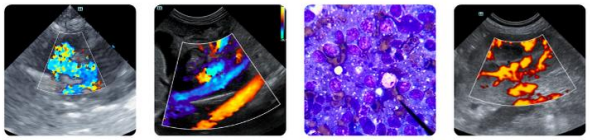

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com