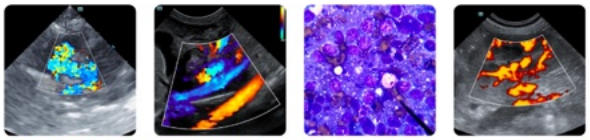


PATIENT
Mama Dudley

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
10 years

WEIGHT
9 lbs

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Renee Ziegler Post

HOSPITAL NAME
For Cats Only VC

REFERRING VET
Renee Ziegler Post

INVOICE
78347

DATE
6/3/26

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea

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. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is normal in shape and size, measuring 3.36×1.63 cm. Cortical thickness measures 0.22 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.26×1.26 cm. Cortical thickness measures 0.25 cm in the sagittal plane.

In both kidneys, cortical echogenicity is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

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 The right adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole.

Spleen

The spleen could not be evaluated, as diagnostic images and video clips were not available for review.

Liver

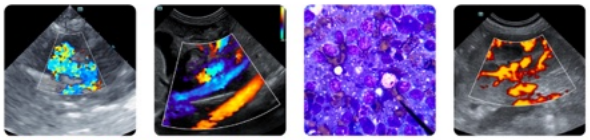
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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 tract

The stomach is empty and folded. Gastric wall thickness measures 1.10 mm and normal wall layering is preserved.

The pyloric wall measures 2.38 mm. The duodenal wall measures 2.04 mm.



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The jejunal wall measures 2.12 mm. Individual wall layers measure as follows: mucosa 0.88 mm, submucosa 0.56 mm, and muscularis propria 0.56 mm. The muscularis-to-mucosa ratio is approximately 0.64.

The ileal wall measures 4.04 mm. Individual wall layers measure as follows: mucosa 1.54 mm, submucosa 1.03 mm, and muscularis propria 1.10 mm. The muscularis-to-mucosa ratio is approximately 0.71.

The ileocecocolic junction measures 3.01 mm in thickness, with the muscularis propria measuring approximately 1.02 mm.

Intestinal wall layering is preserved throughout the examined gastrointestinal tract.

No sonographic evidence of gastrointestinal obstruction, focal mural lesions, ileus, or foreign material is identified.

The colonic wall measures 2.64–3.20 mm and is largely empty.

Pancreas

The pancreas measures approximately 4.65–2.79 mm in thickness. Pancreatic parenchyma is mildly hypoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures 0.54 mm in diameter. No peripancreatic hyperechoic mesentery, peripancreatic fluid accumulation, or focal pancreatic lesions are identified.

Free Abdomen

No abdominal effusion or sonographic evidence of peritonitis is identified.

Cranial mesenteric lymph nodes measure approximately 2.30–2.77 mm in thickness and maintain normal shape and echogenicity.

Ileocecocolic lymph nodes are not confidently visualized; however, the surrounding mesentery appears unremarkable.

The iliac trifurcation region appears normal.

PRIMARY FINDINGS

- Diffuse muscularis propria thickening affecting the small intestine, most evident within the ileum.

SECONDARY FINDINGS

- Mild pancreatic hypoechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse muscularis propria thickening affecting the small intestine, most evident within the ileum, with

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preservation of normal wall layering and without associated abdominal lymphadenopathy. The muscularis-to-mucosa ratio is increased within both the jejunum (approximately 0.64) and ileum (approximately 0.71).

These findings are compatible with chronic enteropathy and may be seen with inflammatory bowel disease, or small cell lymphoma. Considerable ultrasonographic overlap exists among these entities, and definitive differentiation is not possible based on imaging findings alone.

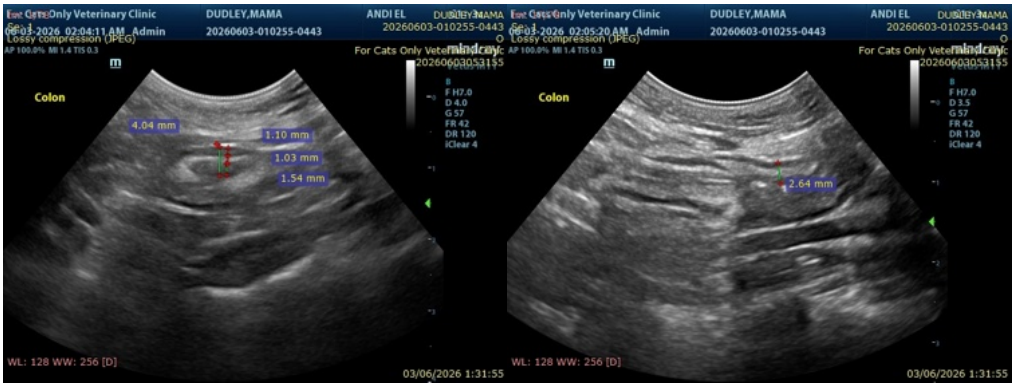
Mild diffuse pancreatic hypoechogenicity is present without evidence of active peripancreatic inflammation. Mild chronic pancreatopathy cannot be excluded.

No sonographic evidence of gastrointestinal obstruction, focal gastrointestinal mass, abdominal lymphadenopathy, or other findings strongly supportive of aggressive alimentary neoplasia is identified.

Recommendations

- Correlation with serum cobalamin and folate concentrations and a comprehensive gastrointestinal laboratory panel may be considered.
- Dietary trial and medical management for chronic enteropathy may be considered at the discretion of the attending veterinarian.
- If clinical signs persist or progress despite appropriate therapy, intestinal biopsy may be considered for definitive differentiation among inflammatory bowel disease and small cell lymphoma.
- Follow-up abdominal ultrasonography may be considered to monitor progression of the intestinal and pancreatic findings.

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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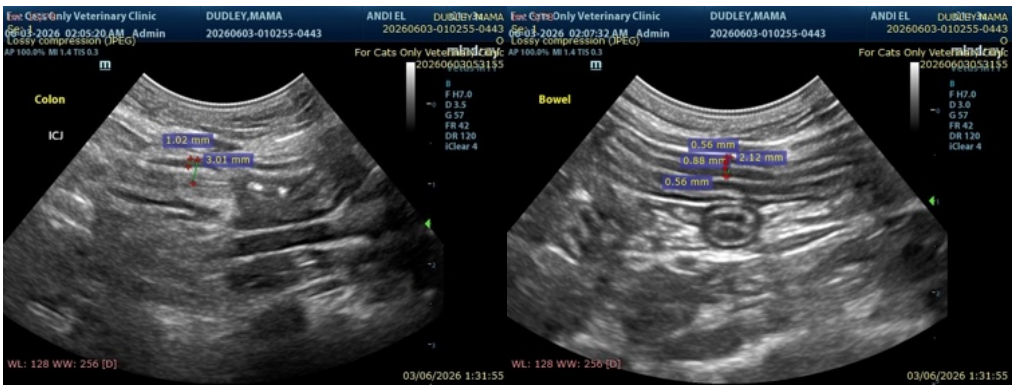

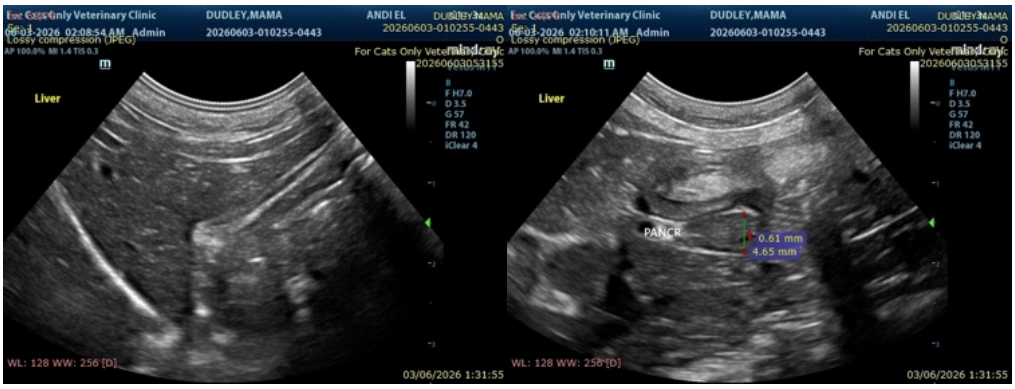

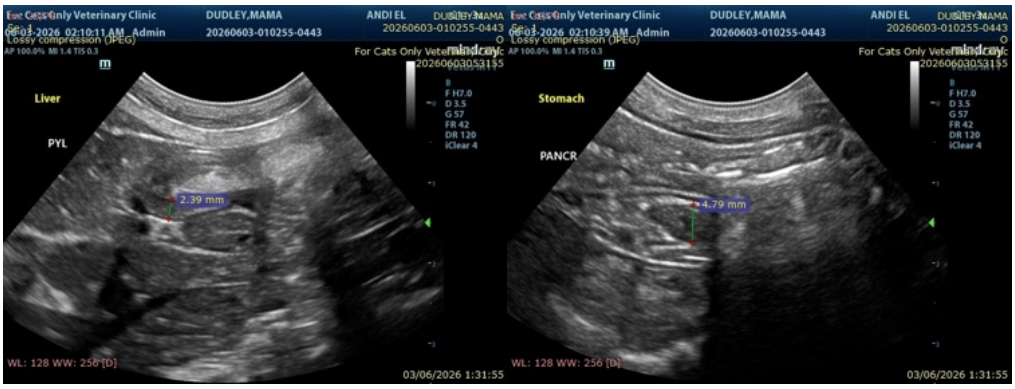

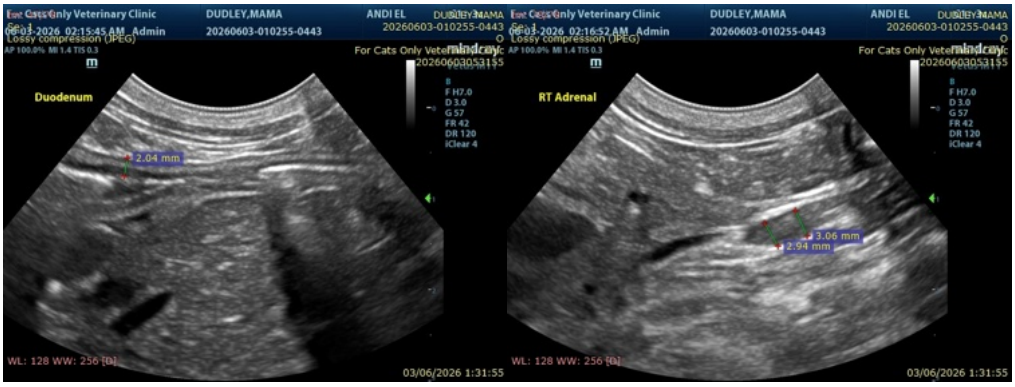

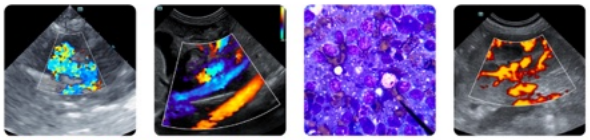

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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