



PATIENT

Benben Wang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Shen Li

HOSPITAL NAME

Dr. Shen Li VS

REFERRING VET

Dr. Shen Li

INVOICE

78436

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Chronic vomiting but recent weight loss, used to be almost 12 pounds. Vomit 2-3 times a week, no pattern.

Abnormal PE/Chem/CBC/UA Results: Normal PE, SDMA16 USG 1.056, the rest WNL including T4 and proBNP. GI panel to TAMU pending.

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 mildly turbid with scant suspended echoes. Normal appearance of the trigone and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.93×2.23 cm, and the thickness of the cortex is 0.37 cm in the sagittal plane. The right kidney is normal in shape and size: 3.89×2.42 cm, and the thickness of the cortex is 0.35 cm in the sagittal plane. The renal cortices are mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.24 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland was not visualized.

Spleen

No splenic images or cine loops were available for review; therefore, the spleen cannot be adequately assessed.

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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



PATIENT

Benben Wang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Shen Li

HOSPITAL NAME

Dr. Shen Li VS

REFERRING VET

Dr. Shen Li

INVOICE

78436

DATE

6/8/26

Gastrointestinal tract

The stomach is nearly empty, containing a small amount of residual ingesta within the fundus. Gastric wall thickness measures 1.79 mm, with preserved wall layering.

The pylorus measures 2.52 mm. The duodenum measures 1.60 mm and demonstrates normal wall layering. The jejunum measures 1.70 mm. Individual wall layers measure: mucosa 0.81 mm, submucosa 0.37 mm, and muscularis propria 0.37 mm. Wall layering is preserved. The ileum measures 2.15 mm. Individual wall layers measure: mucosa 0.74 mm, submucosa 0.46 mm, and muscularis propria 0.98 mm. Wall layering is preserved. The ileocolic junction was not visualized. The colon measures 0.79 mm and is largely empty, containing a small amount of gas.

Pancreas

The pancreas measures 5.22 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.98 mm in diameter. No evidence of peripancreatic fat inflammation is identified.

Free Abdomen

No abdominal effusion or sonographic evidence of peritonitis is observed.

The cranial mesenteric lymph nodes measure 3.28-4.12 mm in thickness and maintain normal shape and echogenicity.

The ileocolic lymph nodes measure 4.61-6.17 mm in thickness. The largest lymph node is mildly irregular in contour and mildly hypoechoic.

The iliac trifurcation region is within normal limits.

PRIMARY FINDINGS

- Muscularis propria thickening of the ileum (muscularis 0.98 mm; mucosa 0.74 mm).
- Mild enlargement and hypoechoogenicity of one ileocolic lymph node.

SECONDARY FINDINGS

- Subtle diffuse renal cortical hyperechogenicity with a mild medullary rim sign.
- Mild pancreatic hypoechoogenicity with mild pancreatic duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant abnormality identified is disproportionate thickening of the ileal muscularis propria. The ileal muscularis measures 0.98 mm compared to a mucosal thickness of 0.74 mm, yielding a muscularis-to-mucosa ratio of approximately 1.32. This exceeds expected values in healthy cats and supports the presence of chronic intestinal disease.

The differential diagnosis for this pattern primarily includes chronic inflammatory enteropathy and



PATIENT

Benben Wang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Shen Li

HOSPITAL NAME

Dr. Shen Li VS

REFERRING VET

Dr. Shen Li

INVOICE

78436

DATE

6/8/26

small-cell alimentary lymphoma. Preservation of mural layering, absence of focal masses, absence of abdominal effusion, and largely unremarkable cranial mesenteric lymph nodes are somewhat reassuring features; however, ultrasonographic overlap between chronic enteropathy and low-grade lymphoma is well recognized, and neither condition can be excluded based on imaging findings alone.

The mildly enlarged, mildly hypoechoic ileocolic lymph node may represent reactive change secondary to chronic intestinal disease, although early neoplastic involvement cannot be completely excluded.

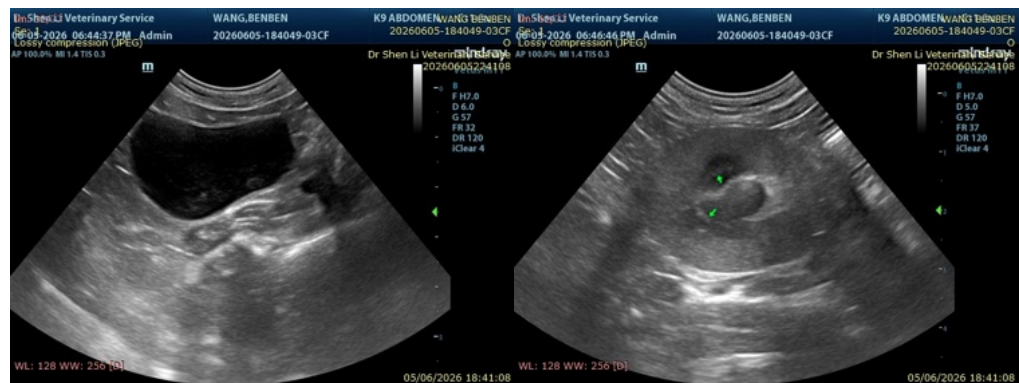
Mild pancreatic hypoechoogenicity and mild pancreatic duct dilation may reflect chronic pancreatic change or mild chronic pancreatitis. As is common in feline patients, the absence of peripancreatic fat inflammation does not exclude pancreatic disease. Concurrent chronic enteropathy and mild chronic pancreatitis remain possible.

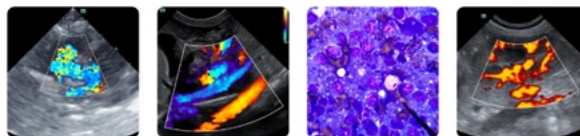
Mild renal cortical hyperechogenicity and a mild medullary rim sign are nonspecific findings that may be incidental or associated with mild chronic renal change.

Recommendation

- Correlation with the pending TAMU results is recommended, particularly serum cobalamin, folate, and feline pancreatic lipase concentrations.
- If clinical signs persist or progressive weight loss continues despite empirical therapy, intestinal biopsy may be considered to differentiate chronic inflammatory enteropathy from small-cell alimentary lymphoma.
- Clinical monitoring of body weight, appetite, and vomiting frequency is recommended.
- Follow-up abdominal ultrasonography may be considered if clinical signs progress or fail to respond to treatment.

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

Benben Wang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

**IMAGING
PERFORMED BY**

Shen Li

HOSPITAL NAME

Dr. Shen Li VS

REFERRING VET

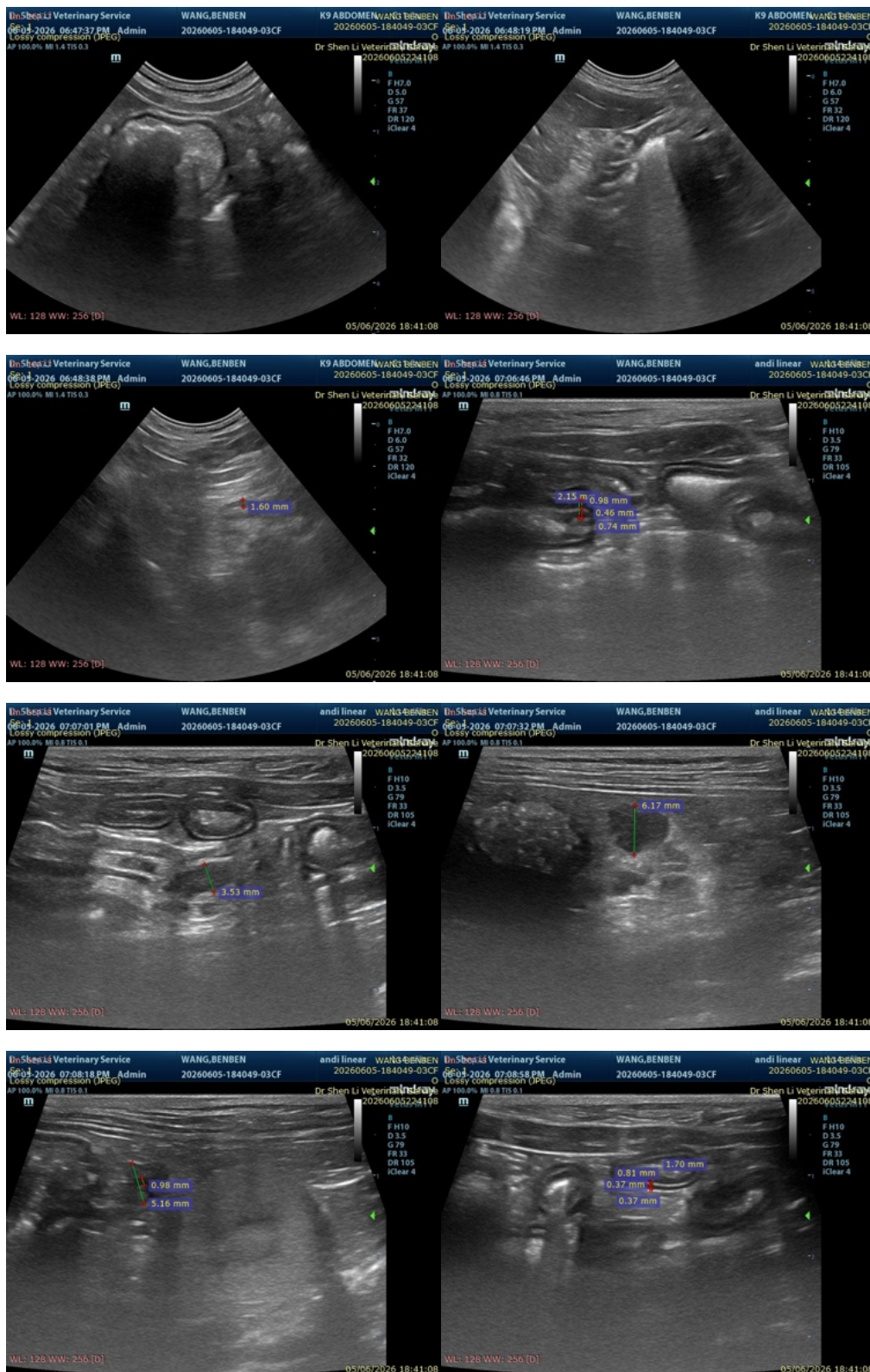
Dr. Shen Li

INVOICE

78436

DATE

6/8/26





PATIENT

Benben Wang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Shen Li

HOSPITAL NAME

Dr. Shen Li VS

REFERRING VET

Dr. Shen Li

INVOICE

78436

DATE

6/8/26

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