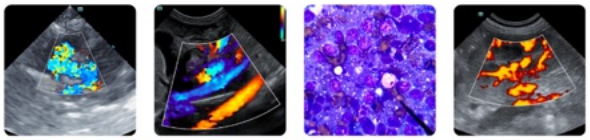


PATIENT

Frankie Robertson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

6.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

78434

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Indoor/Outdoor cat. Beginning January 2026; began to lose weight, 5 lbs. No C/S. She is eating but only her canned for the past few week and only a small amount, uses bathroom outside so not sure about Bm's. Not acting lethargic. Only finding vomit inside a few times a month but not sure who it comes from and again she spends the majority of her time outside.
CBC: Mild-mod, non-regenerative anemia, mild-mod monocytosis, mild thrombocytosis, rest of panel WNL
Chem: Mild decrease Creat, rest of panel WNL
SDMA: WNL
TT4: WNL
Feline triple: Negative
Abnormal PE/Chem/CBC/UA Results: Thin 4/9 BCS

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 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: 3.65×2.09 cm, and the thickness of the cortex is 0.36 cm in the sagittal plane. The right kidney is normal in shape and size: 3.50×2.18 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane. Both kidneys demonstrate normal cortical echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

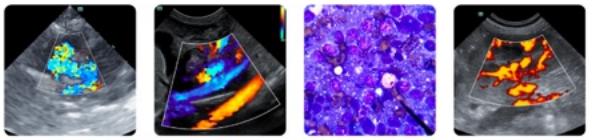
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.31 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

Splenic thickness is 0.65 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.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. The diameter of the common bile duct is 2.46-1.76 mm.

Gastrointestinal tract

The stomach is markedly distended with ingesta and fluid. Gastric wall thickness measures 0.95 mm, with preserved wall layering. The pylorus measures 2.71 mm. The duodenum measures 1.57 mm and demonstrates normal wall layering. The jejunum measures 2.24 mm. Individual wall layers measure: mucosa 1.20 mm, submucosa 0.44 mm, and muscularis propria 0.36 mm. Wall layering is preserved. The ileum measures 2.79 mm. Individual wall layers measure: mucosa 0.69 mm, submucosa 1.13 mm, and muscularis propria 0.92 mm. Wall layering is generally preserved. A focal segment of small intestine demonstrates mildly reduced mural layer definition. The ileocolic junction measures 3.64 mm, with muscularis propria thickness measuring 1.65 mm. The colon measures 0.90 mm and contains formed fecal material within the descending colon.

Pancreas

The pancreas measures approximately 9.2 mm in thickness. The pancreatic parenchyma is mildly hypoechoic. The pancreatic duct measures 1.48 mm in diameter. No evidence of peripancreatic fat inflammation is identified. The pancreatic regions included in the examination do not demonstrate evidence of overt pancreatic neoplasia.

Free Abdomen

A trace amount of free abdominal fluid is present between intestinal loops.

The cranial mesenteric lymph nodes measure 0.94-1.02 cm in thickness and are enlarged, hypoechoic, heterogeneous, and contain multifocal cystic-appearing regions.

The ileocolic lymph nodes measure 2.50-3.55 mm in thickness and are mildly rounded and mildly hypoechoic.

The iliac trifurcation region is within normal limits.

PRIMARY FINDINGS

- Muscularis propria thickening involving the ileum and ileocolic junction.
- Focal segment of small intestine with mildly reduced mural layer definition.
- Severe cranial mesenteric lymphadenopathy characterized by enlargement, hypoechogenicity, heterogeneity, and multifocal cystic change.

SECONDARY FINDINGS

- Mild ileocolic lymphadenopathy.
- Trace abdominal effusion.
- Mild pancreatic hypoechogenicity with mild pancreatic duct dilation.

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- Small amount of biliary sludge.
- Marked gastric distension with fluid and ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormalities involve the intestinal tract and associated mesenteric lymph nodes. Marked muscularis propria thickening is present within the ileum and ileocolic junction. The ileal muscularis measures 0.92 mm compared with a mucosal thickness of 0.69 mm, resulting in a muscularis-to-mucosa ratio of approximately 1.33, which is abnormal and exceeds values typically expected in healthy cats. Similar changes are present at the ileocolic junction.

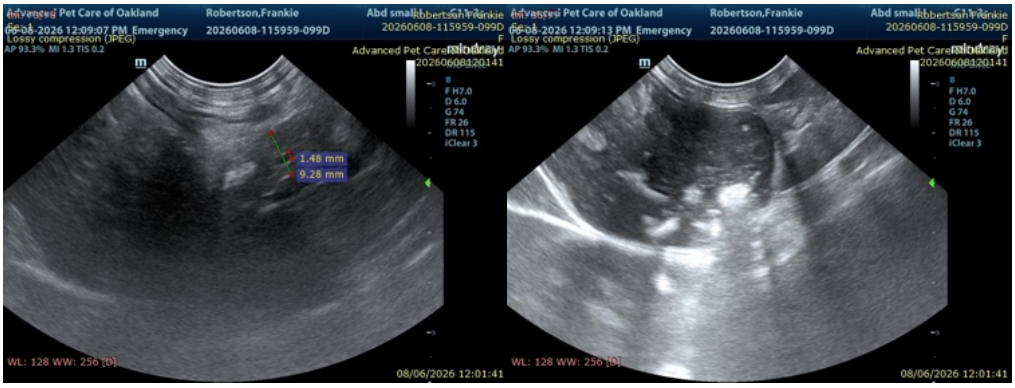
These findings support chronic infiltrative intestinal disease. Severe chronic inflammatory enteropathy and alimentary lymphoma are the principal differential diagnoses. The focal reduction in mural layer definition, trace abdominal effusion, progressive weight loss, concurrent non-regenerative anemia, and particularly the abnormal appearance of the cranial mesenteric lymph nodes increase concern for alimentary lymphoma with nodal involvement. However, ultrasonographic overlap exists between severe inflammatory enteropathy and lymphoma, and definitive differentiation cannot be achieved based on imaging findings alone.

Mild pancreatic hypoechogenicity and pancreatic duct dilation may represent chronic pancreatic change or mild chronic pancreatitis. These findings may represent concurrent disease but are unlikely to fully explain the patient's clinical presentation.

Recommendations

- Fine-needle aspiration of an abnormal mesenteric lymph node followed by cytology and PARR testing.
- If cytology is non-diagnostic, intestinal biopsy may be required to differentiate severe inflammatory enteropathy from alimentary lymphoma.
- Serum cobalamin and folate concentrations may be useful given the suspected chronic small intestinal disease.
- Feline pancreatic lipase testing may be considered to further assess the pancreatic abnormalities.

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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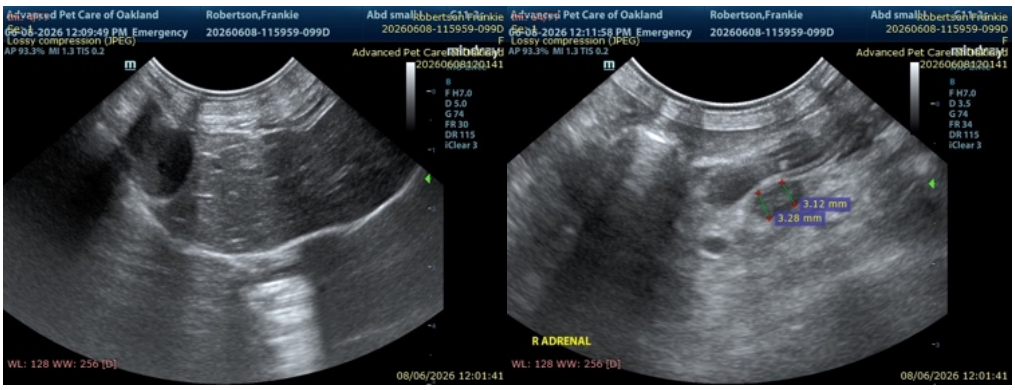

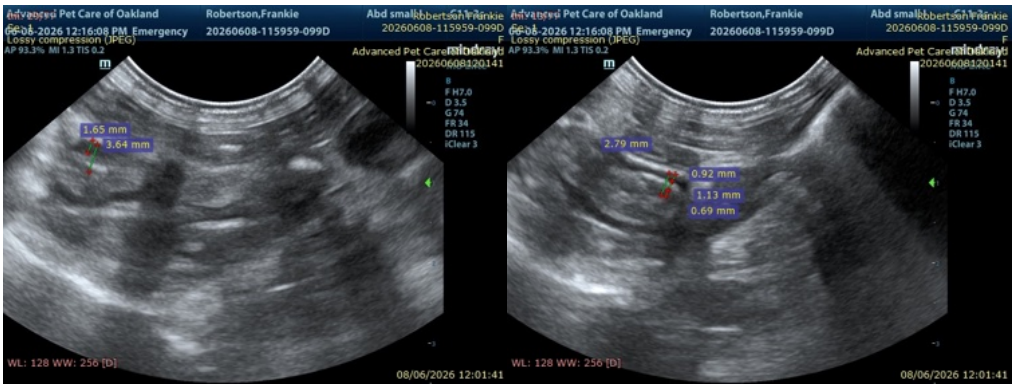

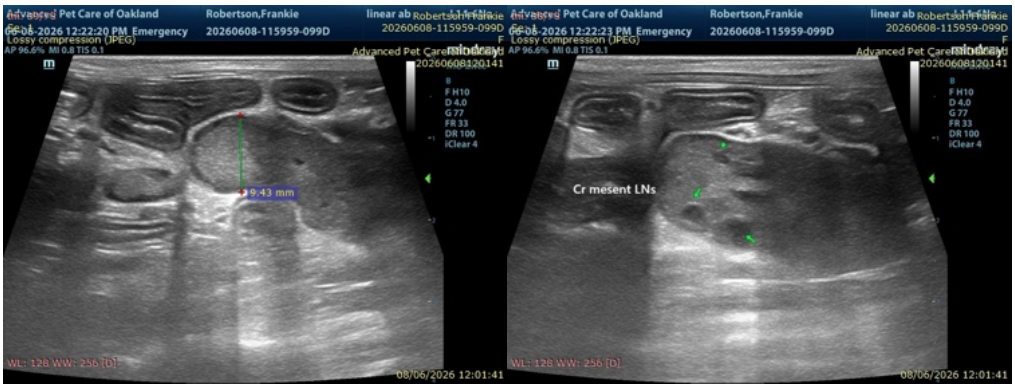

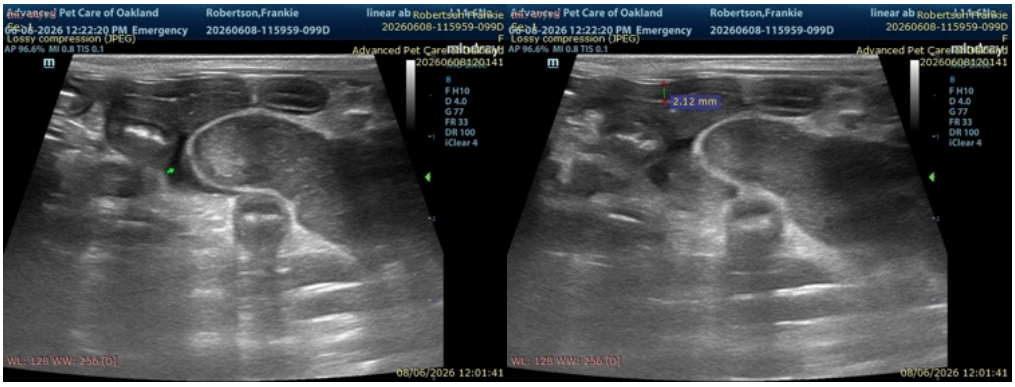

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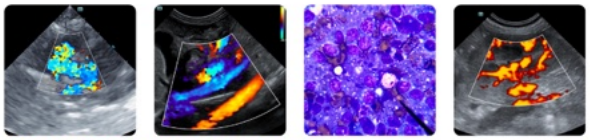

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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