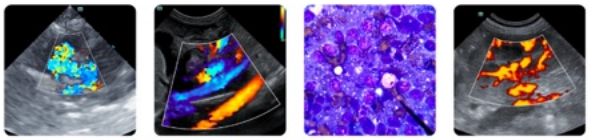


PATIENT

Dexter Wilson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

8.15 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Olson

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. McCarthy

INVOICE

70230

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Historically FIV positive. Weight loss noted despite patient doing well at home. Bloodwork in October 2025 NSF. Weight loss is persistent. Patient currently has mild signs of upper respiratory infection but otherwise doing well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The urinary bladder wall appears thin, smooth, and regular. The bladder lumen contains predominantly anechoic urine with scant suspended echoes. The bladder neck and proximal urethra are unremarkable. There is no sonographic evidence of urolithiasis or inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.72×1.96 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.92×1.99 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures approximately 0.27 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures approximately 0.28 cm at the cranial pole and 0.26 cm at the caudal pole.

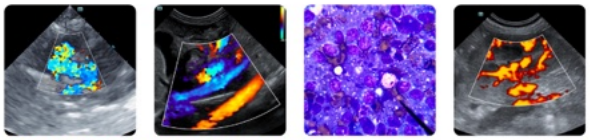
Spleen

The spleen measures approximately 0.89 cm in thickness. The splenic parenchyma demonstrates a fine, homogeneous echotexture without focal lesions. The spleen appears subjectively mildly hypoechoic; however, this is likely influenced by imaging settings, as overall architecture is preserved. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended and demonstrates a mildly unusual morphology, which may reflect a normal anatomic variant or imaging plane effect. The gallbladder wall is thin, and the lumen



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contains predominantly anechoic bile. The common bile duct measures approximately 2.87 mm proximally, tapering to 1.54 mm distally.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 1.72 mm and preserved wall layering. The pylorus measures approximately 3.22 mm.

The duodenum measures approximately 2.25 mm.

The jejunum measures approximately 1.85–2.11 mm, with preserved wall layering:

- Mucosa: 0.94 mm, Submucosa: 0.47 mm, Muscularis propria: 0.32 mm

The ileum measures approximately 1.54–1.72 mm, with preserved wall layering:

- Mucosa: 0.37 mm, Submucosa: 0.58 mm, Muscularis propria: 0.66 mm

The ileocecal junction is not visualized. No sonographic evidence of obstruction, ileus, or intraluminal foreign material is identified.

The colon measures approximately 0.56 mm (transverse) and 0.67 mm (descending), with formed fecal material present.

Pancreas

The pancreas is not clearly visualized on the provided images; however, the pancreatic regions evaluated do not demonstrate sonographic evidence of inflammation or peripancreatic change.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed.Cranial mesenteric lymph nodes measure approximately 2.81–4.22 mm in thickness, are mildly hypoechoic, and maintain normal shape. Ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild relative prominence of the ileal muscularis layer with mildly increased muscularis-to-mucosa ratio.
- Mildly enlarged, mildly hypoechoic cranial mesenteric lymph nodes, most consistent with reactive change.

SECONDARY FINDINGS

- Subjective unusual gallbladder conformation, likely an anatomic variant

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

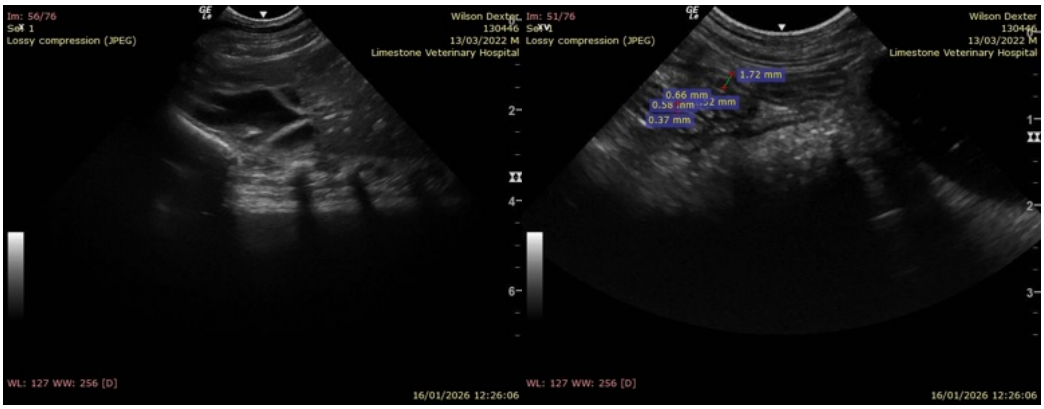
The small intestine demonstrates overall normal wall thickness and preserved layering, with jejunal measurements and muscularis-to-mucosa ratios within acceptable limits. Within the ileum, there is mild relative prominence of the muscularis layer, resulting in a mildly increased muscularis-to-mucosa ratio. While this finding is subtle and nonspecific, in combination with mildly enlarged, mildly hypoechoic cranial mesenteric lymph nodes, it may be compatible with early or low-grade chronic enteropathy. However, these changes are not diagnostic and should be interpreted cautiously, particularly in the absence of chronic diarrhea or diffuse intestinal involvement.

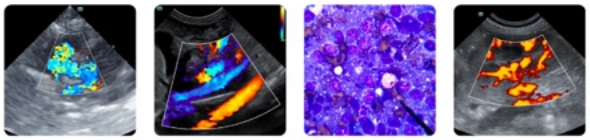
The cranial mesenteric lymph nodes could also indicate a reactive lymphadenopathy in the context of a young adult FIV-positive cat and possible chronic antigenic stimulation.

The gallbladder demonstrates a mildly unusual conformation, considered a likely anatomic variant, without associated biliary obstruction or hepatobiliary disease.

Recommendations

- Continued clinical and weight monitoring is recommended, with periodic reassessment of body weight and body condition score.
- In light of the patient's FIV-positive status, close longitudinal monitoring is advised, recognizing that early or low-grade inflammatory disease may not yet be overtly apparent on imaging.
- If clinical concern for chronic enteropathy increases, further gastrointestinal evaluation (GI panel testing, dietary trials, or medical management as clinically indicated) may be considered.





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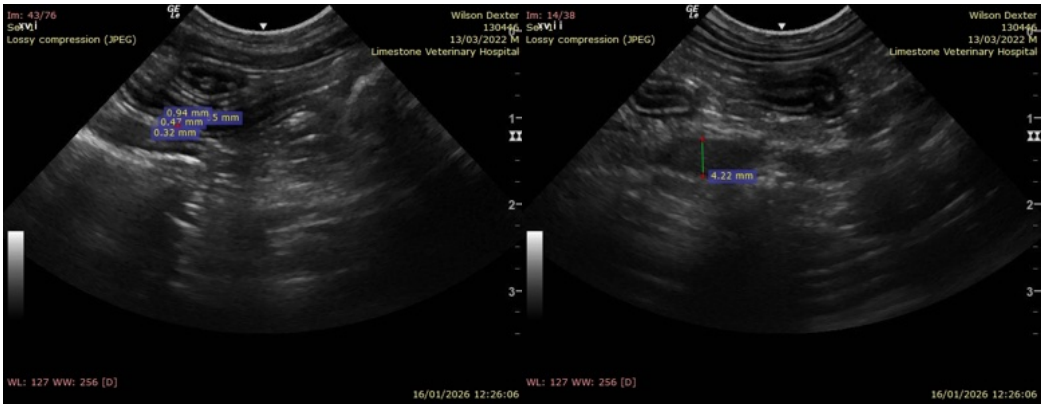

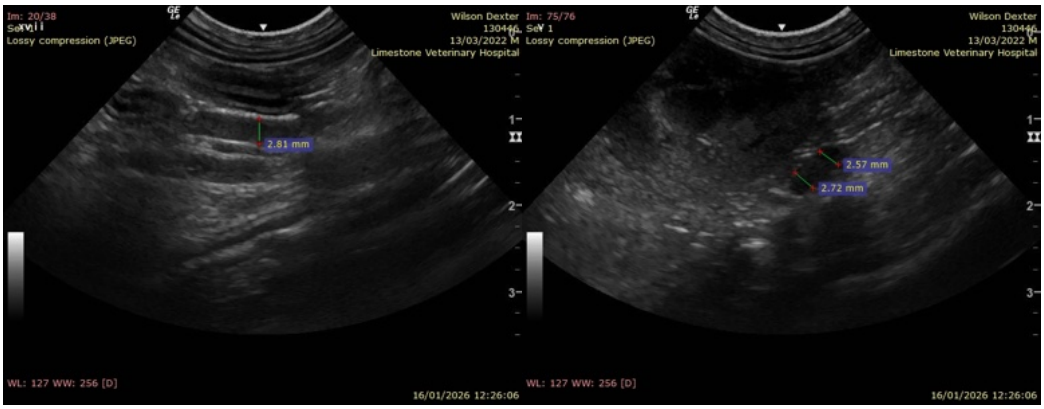

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com