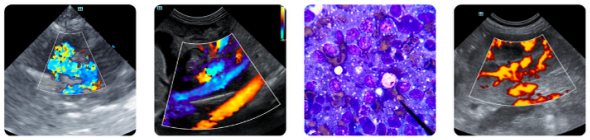


PATIENT

Freya Knight

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years 9 months

WEIGHT

5.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village Animal Hospital

REFERRING VET

Dr. Korin Sichak

INVOICE

11025

DATE

1/2/2026

PRESENTING CLINICAL SIGNS

Weight loss, 1.5lb in 2 months. Excessively hungry and having diarrhea. No vomiting. Does have small mass on R pinna. r/o IBD vs. neoplasia.

Abnormal PE/Chem/CBC/UA Results: HCT 29%, RBC 6.43, SDMA 18 but USG 1.040 and normal creatinine and BUN.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 3.02×2.09 cm, with a cortical thickness of 0.27 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.32x1.99 cm; cortical thickness was not recorded.

In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.21 cm at the cranial pole and 0.19 cm at the caudal pole. The right adrenal gland measures 0.20 cm at the cranial pole and 0.24 cm at the caudal pole.

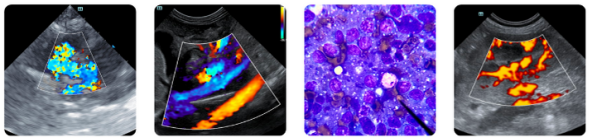
Spleen

Splenic thickness measures 0.95 cm. The splenic margins appear mildly irregular, with a focal area of apparent thickening; however, this is observed only from an oblique/nonstandard scanning angle where the spleen appears folded, raising the possibility of artifactual pseudothickening. The splenic parenchyma otherwise demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is moderately distended. The gallbladder wall measures approximately 1.07 mm. The contents are primarily anechoic with a small amount of mineralized biliary sediment. Echogenic foci consistent with small cholelithsare present within the intrahepatic bile ducts.



PATIENT

Freya Knight

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years 9 months

WEIGHT

5.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village Animal Hospital

REFERRING VET

Dr. Korin Sichak

INVOICE

11025

DATE

1/2/2026

The common bile duct measures approximately 2.01 mm proximally tapering to 1.54 mm distally, with no evident choledocholithiasis.

Gastrointestinal

The stomach is empty and folded, containing a moderate amount of fluid and gas. Gastric wall thickness measures 2.04 mm, with preserved wall layering. The pylorus measures 4.37 mm.

The duodenum measures 1.45 mm.
The jejunum measures 2.28 mm, with mucosa 1.20 mm, submucosa 0.50 mm, and muscularis propria 0.37 mm.
The ileum measures 1.68 mm; however, a short segment is noted measuring up to 3.18 mm, with poor visualization of wall layering. This segment was briefly observed on a single video clip and could not be fully evaluated.
The ileocecal junction measures 2.39 mm, with a muscularis thickness of 0.90 mm.
No evidence of gastrointestinal obstruction, ileus, or foreign material is identified.

The colonic wall measures approximately 1.03 mm in the ascending colon and 1.54 mm in the transverse colon; both segments are empty.

Pancreas

The pancreatic body measures 5.70 mm, and the left limb measures 4.62 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 1.18 mm. No ultrasonographic evidence of pancreatitis or pancreatic neoplasia is identified.

Free Abdomen

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure approximately 4.07–6.46 mm and maintain normal shape and echogenicity. Ileocecal lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild small intestinal muscularis prominence, most notable at the ileocecal junction.
- Short segment of ileum with increased wall thickness and indistinct layering (limited evaluation).
- Mineralized biliary sediment and intrahepatic cholelithiasis without biliary obstruction.

SECONDARY FINDINGS

- Medullary rim sign in both kidneys.
- Questionable focal splenic margin irregularity, likely artifactual.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine shows overall preserved wall layering, but there is mild muscularis prominence, particularly at the ileocecal junction, and a short ileal segment with increased thickness (up to 3.18 mm) and indistinct layering, which could not be fully characterized due to limited visualization. This

PATIENT

Freya Knight

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years 9 months

WEIGHT

5.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village Animal Hospital

REFERRING VET

Dr. Korin Sichak

INVOICE

11025

DATE

1/2/2026

pattern is most consistent with chronic inflammatory enteropathy, particularly lymphoplasmacytic enteritis, while small-cell (low-grade) intestinal lymphoma remains a differential, given the clinical signs and focal nature of the questionable ileal segment. Ultrasound cannot reliably differentiate between these two entities, especially when changes are mild or segmental.

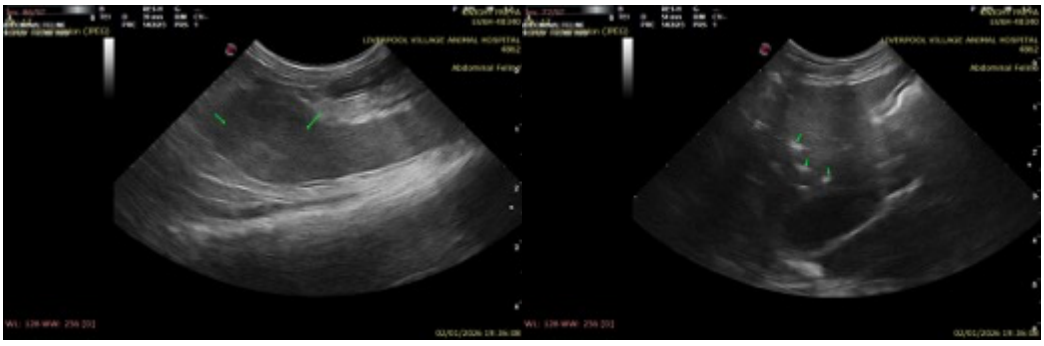
Cranial mesenteric lymph nodes are at the upper limit of size and maintain normal echogenicity, supporting a non-aggressive or early process, though this does not exclude microscopic or low-grade infiltrative disease.

The gallbladder contains mineralized biliary sediment, and intrahepatic cholelithiasis is present without evidence of biliary obstruction or ductal dilation. While these findings may be chronic and clinically silent at this time, they are not considered incidental and suggest underlying biliary stasis or altered bile composition.

Renal findings include a medullary rim sign, which in cats is commonly incidental or age-related and is not, by itself, indicative of clinically significant renal disease, particularly in the presence of a well-concentrated urine and normal creatinine.

Recommendations

- Complete gastrointestinal panel testing (including cobalamin and folate) to assess for malabsorption and guide supplementation.
- Strict dietary management, ideally a novel protein or hydrolyzed diet, with no dietary indiscretions; supplement cobalamin if low or borderline.
- Clinical and ultrasonographic monitoring based on response to dietary and medical management, with particular attention to body weight, stool quality, and appetite.
- Consider intestinal biopsies (endoscopic or full-thickness) if diarrhea and weight loss persist or progress despite appropriate dietary and medical management, recognizing that full-thickness biopsies provide greater diagnostic yield for muscularis-predominant disease.



PATIENT

Freya Knight

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years 9 months

WEIGHT

5.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village Animal Hospital

REFERRING VET

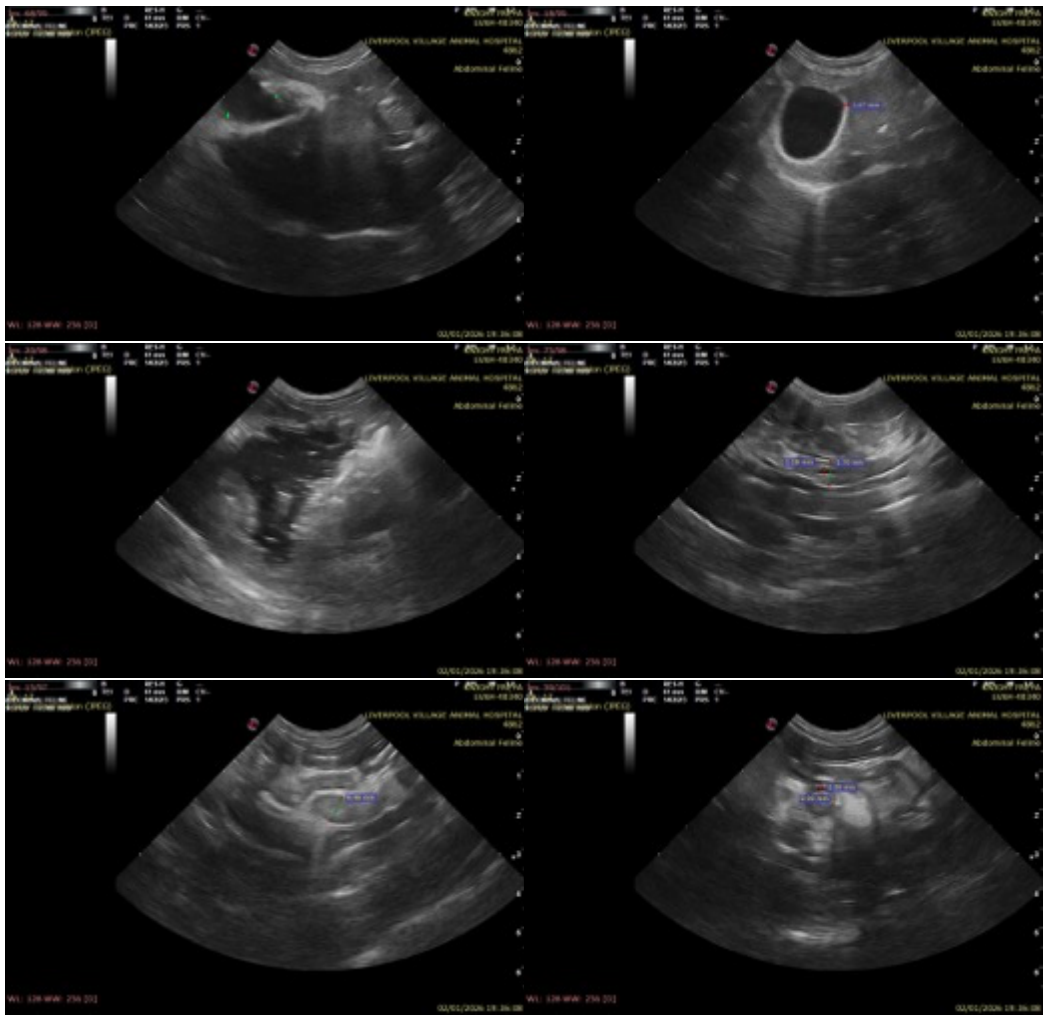
Dr. Korin Sichak

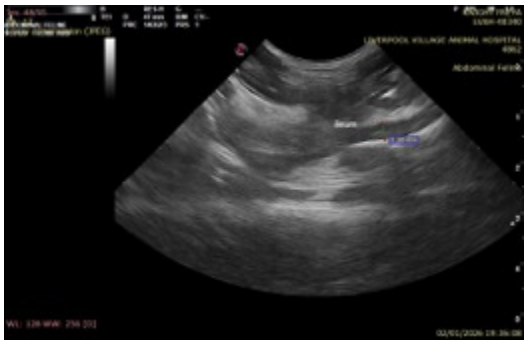
INVOICE

11025

DATE

1/2/2026

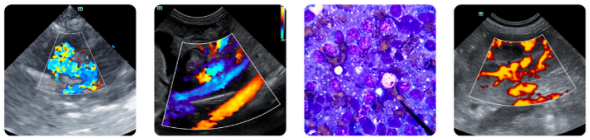




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com

PATIENT

Freya Knight

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years 9 months

WEIGHT

5.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village Animal Hospital

REFERRING VET

Dr. Korin Sichak

INVOICE

11025

DATE

1/2/2026