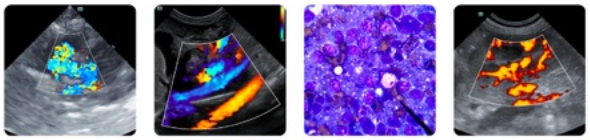


PATIENT

Dammit Pinna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Arch Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Gordon

INVOICE

70362

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History:

- Weight loss, vomiting ,painful
- Chronic GI issues - IBD and steroid responsive diarrhea - dx and treated by internal med specialist
- historical e coli cystitis
- On 1.25 mg prednisolone daily
- mild obstipation on radiographs
- Renal values increased - SDMA 21 (0-14 ug dl) Creat 2.4 (0.9 -2.3 mg dl) , ALT mild elevation at 188 (27-158 ul) , thyroid normal in OCT 2025 WBC 35 k , 31.43 k ul neutrophils

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths, mural inflammation, or mass lesions are identified.

The left kidney is normal in shape and size, measuring 3.55×2.02 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The renal cortex is diffusely increased in echogenicity, appearing isoechoic relative to the splenic parenchyma and hyperechoic relative to the hepatic parenchyma, resulting in increased corticomedullary distinction. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. The surrounding perirenal fat demonstrates a mild increase in echogenicity.

The right kidney is normal in shape and size, measuring 4.30×1.95 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The renal cortex is diffusely increased in echogenicity. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Mildly increased echogenicity of the surrounding perirenal fat is also noted.

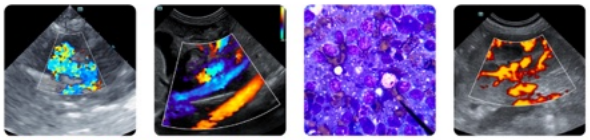
Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.28 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

Splenic thickness is 6.49 mm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver



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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 focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder lumen is moderately distended. The gallbladder wall is thin. A small amount of biliary sludge is present within the dependent portion of the gallbladder lumen. The common bile duct measures 2.93 mm proximally, 2.25 mm mid-portion, and 1.67 mm distally.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering. The pylorus measures 2.63 mm. The duodenum measures 1.24 mm. The jejunum measures 1.35 mm, and the ileum measures 0.91 mm, all with normal wall layering. The intestinal wall layers appear markedly thin, precluding precise measurement.

The ileocecal junction measures 2.40 mm, with a muscularis thickness of 0.80 mm. No evidence of intestinal obstruction, ileus, or focal inflammatory change is identified.

The colon measures 0.70 mm in wall thickness and contains formed fecal material producing marked distal acoustic shadowing, consistent with dehydrated or impacted feces.

Pancreas

The pancreas measures 4.26–5.10 mm in thickness. The pancreatic parenchyma is isoechoic relative to adjacent omental fat. No sonographic evidence of pancreatitis or pancreatic mass lesions is identified.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

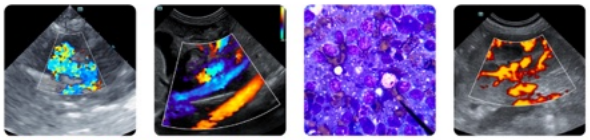
- Bilaterally increased renal cortical echogenicity with preserved architecture.
- Mildly increased echogenicity of perirenal fat.

SECONDARY FINDINGS

- Dehydrated/impacted colonic fecal material with marked acoustic shadowing.
- Small amount of biliary sludge within the gallbladder lumen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys demonstrate bilaterally increased cortical echogenicity with preserved size, architecture, and corticomedullary definition. In the context of mildly increased renal parameters (elevated SDMA



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and creatinine), these findings are most consistent with early or mild chronic medical renal disease, rather than acute obstructive or inflammatory renal pathology. The mild increase in perirenal fat echogenicity may reflect low-grade reactive or inflammatory change.

The gastrointestinal tract does not show ultrasonographic evidence of active inflammatory bowel disease at the time of examination. Intestinal wall thicknesses and layering are preserved throughout, and there is no focal mass effect or transmural thickening to suggest high-grade intestinal lymphoma. Given the patient's history of IBD treated with prednisolone, these findings are compatible with controlled or partially treated chronic enteropathy, recognizing that ultrasonography has limited sensitivity for detecting microscopic inflammation or infiltration.

The presence of dehydrated or impacted fecal material within the colon is consistent with the previously reported mild obstipation and may contribute to abdominal discomfort.

A small amount of biliary sludge is present within the gallbladder without gallbladder wall thickening or biliary duct dilation. This is most consistent with benign bile stasis, potentially related to chronic illness, vomiting or altered gallbladder motility, and is unlikely to be clinically significant or responsible for the mild ALT elevation.

Recommendations

- Given the patient's clinical signs and the known limited sensitivity of ultrasonography for feline pancreatitis, measurement of feline pancreatic lipase immunoreactivity may be considered despite the absence of overt ultrasonographic pancreatic abnormalities. Assessment of serum cobalamin is also recommended to determine whether deficiency is present and whether supplementation is indicated.
- Correlation with renal laboratory parameters and continued monitoring of renal function is recommended.
- Medical management of constipation/obstipation may help alleviate abdominal discomfort.
- Continued medical management for vomiting and abdominal pain, with close clinical monitoring of response to therapy, is advised.

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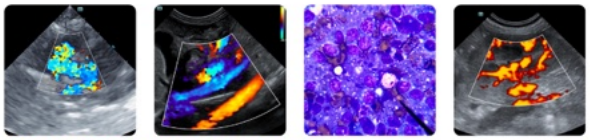

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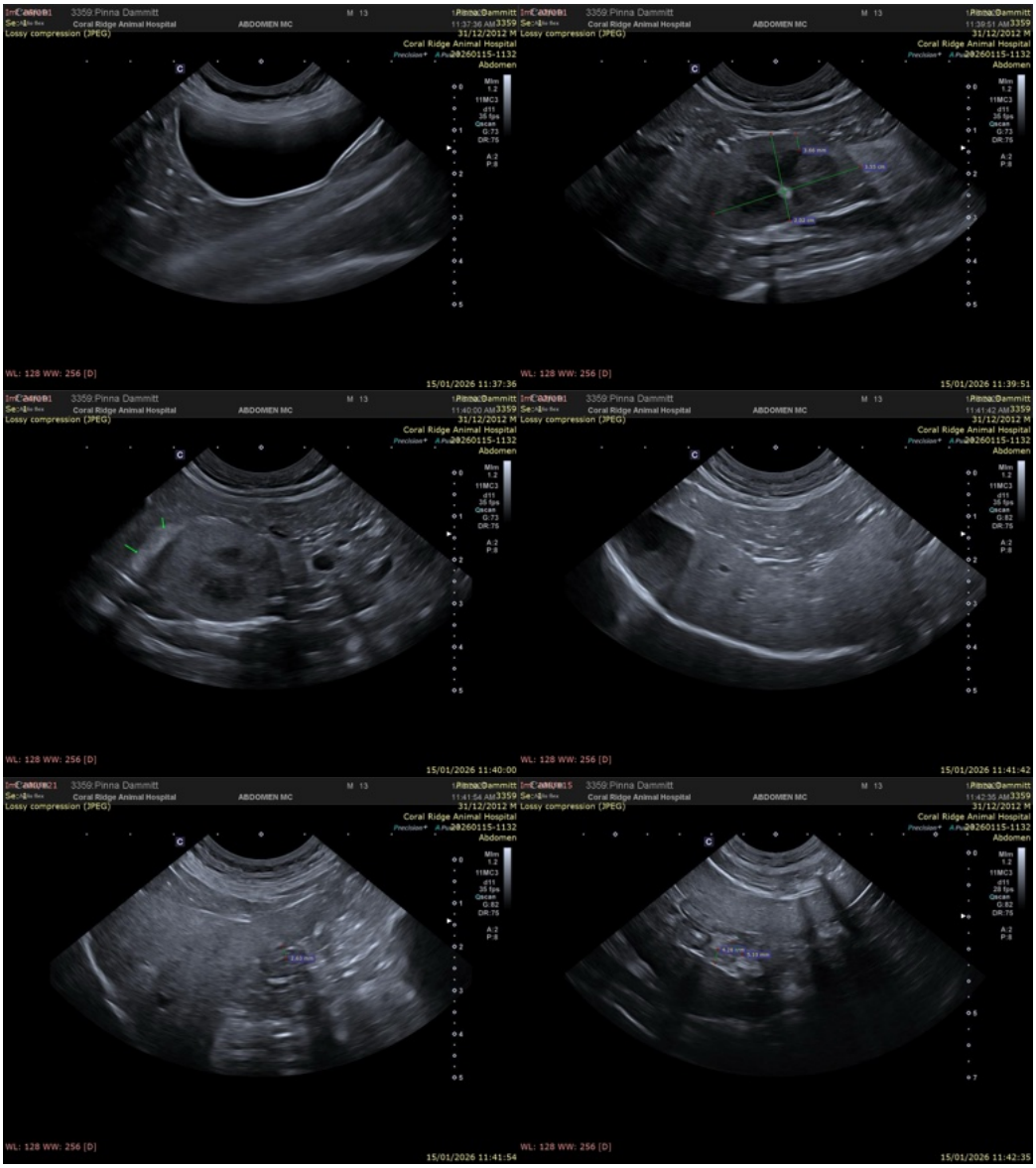

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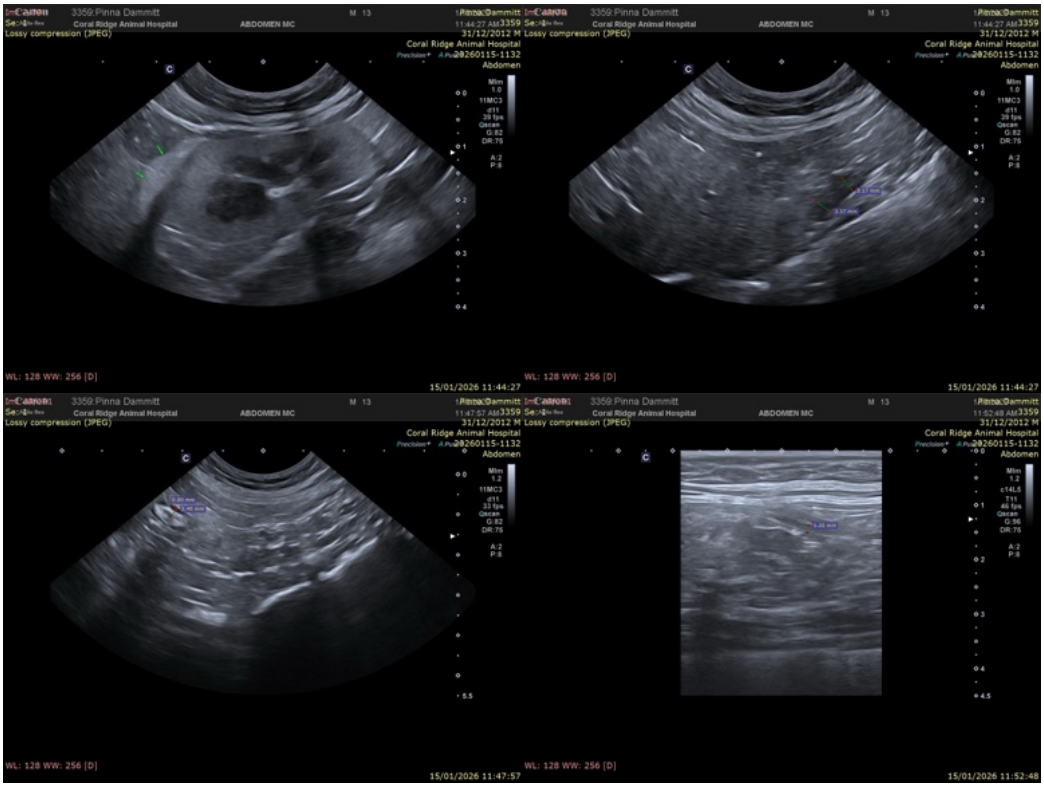

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com