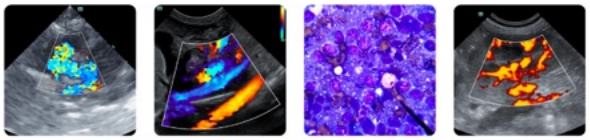


PATIENT

Daphne Calcese

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

12.72 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mortensen

INVOICE

70835

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Significant unintentional weight loss over 6 weeks Decreased appetite for dry food but interested in wet food Recent vomiting episodes (clear with hair) - atypical for her. History of not tolerating beef well
- Previous dental surgeries with tooth extractions
- Given gabapentin prior to visit
- History of blood pressure issues with anesthesia
- Iris stage II kidney disease - BUN 34, Creatinine 2.2, USG 1.018 remainder of CHEM NSF T4 normal Unkept coat Dental disease - missing multiple teeth

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 3.37×2.31 cm, with a cortical thickness of 0.39 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.86×2.25 cm (cortical thickness not provided).

In both kidneys, the renal cortex is diffusely increased in echogenicity, resulting in increased corticomedullary distinction. The corticomedullary ratio and corticomedullary definition are otherwise preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler evaluation demonstrates a normal perfusion pattern.

Adrenal Glands

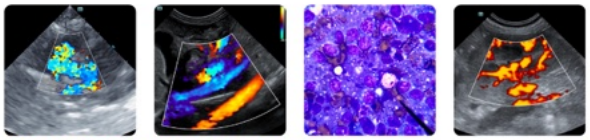
Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.30 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole.

Spleen

Splenic thickness is 0.76 cm. The splenic parenchyma 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 identified.



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The gallbladder lumen is normally distended. The gallbladder wall is thin. A moderate amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.84 mm and preserved wall layering. The pylorus measures 3.39 mm.

The duodenum measures 1.67 mm. The jejunum measures 3.13 mm (mucosa 2.00 mm, submucosa 0.60 mm, muscularis propria 0.60 mm). The ileum measures 1.98–2.20 mm (mucosa 0.51 mm, submucosa 0.86 mm, muscularis propria 0.92 mm). Wall layering is preserved throughout. The ileocecal junction measures 3.63 mm, with a muscularis thickness of 1.14 mm. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified.

The colon measures 0.88–0.91 mm in wall thickness and contains a small amount of fecal material and moderate intraluminal gas.

Pancreas

The pancreatic regions evaluated do not demonstrate ultrasonographic evidence of inflammation or mass lesions.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral increased renal cortical echogenicity.

SECONDARY FINDINGS

- Moderate biliary sludge without biliary obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most relevant ultrasonographic finding is diffuse increased renal cortical echogenicity bilaterally, with preserved renal size and architecture. In the context of known IRIS stage II chronic kidney disease, these findings are most consistent with chronic medical renal disease, without evidence of acute obstruction or superimposed inflammatory change.

The small intestinal segments evaluated (jejunum, ileum, and ileocecal junction) are within expected thickness ranges for an adult cat, with overall preservation of mural layering. Although mild segmental variation in relative layer thickness is noted, the muscularis propria does not demonstrate

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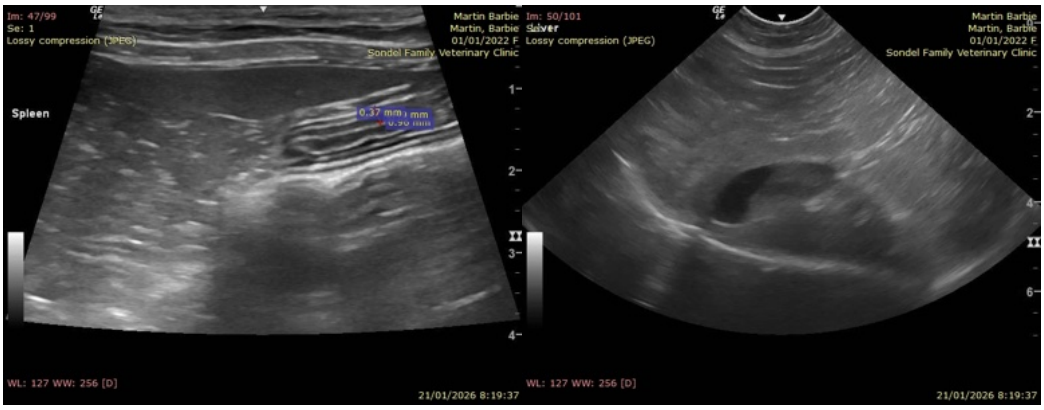
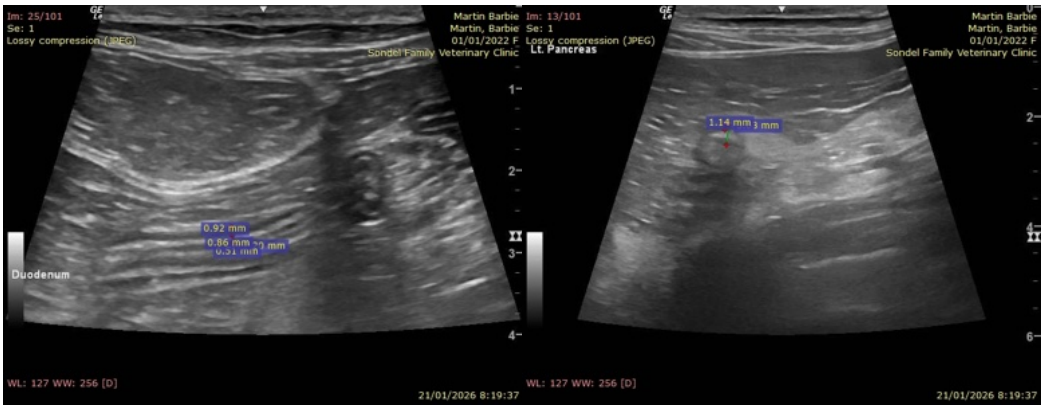
disproportionate thickening. The muscularis-to-mucosa and muscularis-to–total wall thickness ratios remain within accepted limits and do not meet ultrasonographic criteria for intestinal lymphoma. No focal masses, obstructive patterns, or associated lymphadenopathy are identified. Overall, the intestinal findings are considered within normal limits to mildly nonspecific and do not support a diagnosis of infiltrative intestinal disease based on ultrasonography alone.

A moderate amount of biliary sludge is present within the gallbladder, without gallbladder wall thickening or biliary duct dilation. This finding is most consistent with benign bile stasis, which may be associated with reduced appetite, chronic illness, or altered gallbladder motility, and is unlikely to be the primary cause of the patient's clinical signs.

Recommendations

- Clinical correlation with renal laboratory parameters and continued monitoring of renal function is recommended, consistent with known IRIS stage II chronic kidney disease.
- Given the history of rapid weight loss and vomiting, further evaluation for chronic enteropathy or low-grade intestinal lymphoma may be considered despite the absence of definitive ultrasonographic abnormalities (GI panel including cobalamin ± folate, or response-to-therapy approach).
- Ongoing clinical monitoring of body weight, appetite, and gastrointestinal signs is advised, with reassessment if signs progress or fail to respond to medical management.





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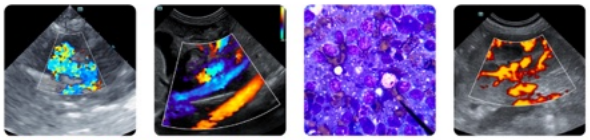

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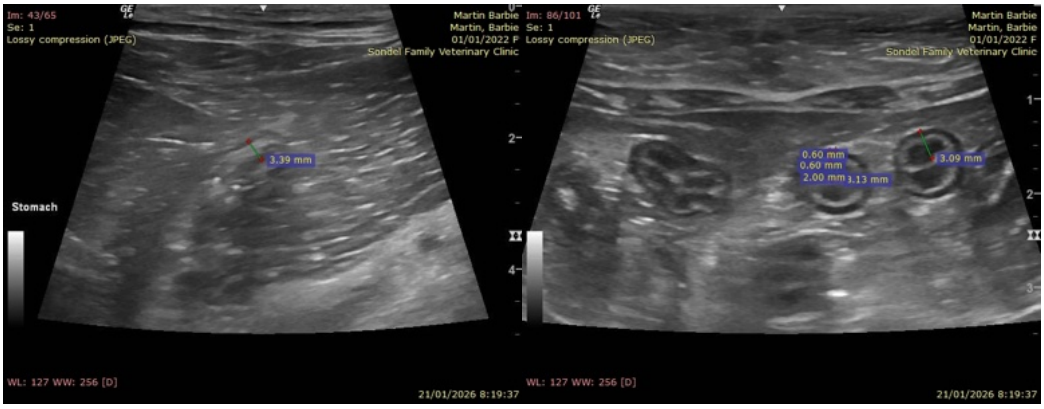

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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