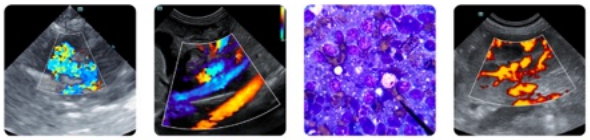


PATIENT

Knixie Saucier

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

4.26 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Revelle

INVOICE

71022

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Patient presented 1/22/26 for weight loss despite ravenous appetite. Historic hyperthyroid diagnosed 8/2023, well-controlled on methimazole. on PE grade 2/6 heart murmur, muscle atrophy diffusely, down 2.75lbs from 8/ 2025
- Labwork from 1/23/26 BUN up 50, creatinine 1.7, CA up 11.6, K up 6.2, NALK decrease 25, Amylase up 1743, Precision PSL up 35, platelet count up 741, TT4= 1.0, USG decrease 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.78×1.90 cm, with a cortical thickness of 0.31 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. Mild renal pelvic dilation (pyelectasia) measuring 4.42 mm is present. No discrete nephroliths are identified. Several small hyperechoic foci without distal acoustic shadowing are observed, the largest measuring 2.04 mm. These may represent mineral debris, early mineralization, or areas of medullary fibrosis/mineralization.

The right kidney is normal in shape and size, measuring 3.86×1.56 cm, with a cortical thickness of 0.30 cm measured in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

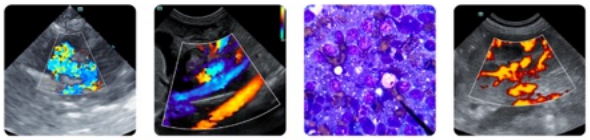
Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.32 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.33 cm at the caudal pole.

Spleen

Splenic thickness is 0.90 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with no 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 homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



PATIENT

Knixie Saucier

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

4.26 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Revelle

INVOICE

71022

DATE

1/28/26

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are predominantly anechoic. The common bile duct measures 3.04 mm proximally and 1.96 mm distally.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.01 mm and preserved wall layering. The pylorus measures 2.37 mm.

Duodenal wall thickness is 2.22 mm. Jejunal wall thickness ranges from 2.52–2.78 mm, with the following layer measurements: mucosa 1.45 mm, submucosa 0.72 mm, muscularis propria 0.70 mm. Ileal wall thickness measures 1.78 mm, with the following layer measurements: mucosa 0.72 mm, submucosa 0.65 mm, muscularis propria 0.40 mm. Wall layering is preserved.

The ileocecal junction measures 2.721 mm, with a muscularis thickness of 0.68 mm.

Subjectively, all intestinal segments appear mildly thickened, with increased conspicuity of the muscularis layer. A focal, asymmetrically positioned hypoechoic extra mural layer (APHEL) is suspected within one jejunal segment.

The transverse colon wall thickness measures 0.67 mm and contains gas. The descending colon wall thickness measures 1.06 mm, with formed fecal material present.

Pancreas

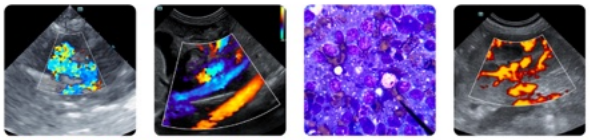
The pancreas measures 4.94 mm in thickness. The pancreatic parenchyma is isoechoic to mildly hypoechogenic relative to the adjacent omental fat. The pancreatic duct is not dilated. There is no ultrasonographic evidence of overt pancreatic inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes measure 3.46 mm in thickness. Ileocecal lymph nodes measure 2.75 mm and 3.80 mm in thickness. Lymph nodes are normal in shape and echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Left renal pyelectasia. Small hyperechoic renal medullary foci without acoustic shadowing.
- Mild right renal cortical hyperechogenicity.
- Mild diffuse intestinal wall thickening with increased muscularis prominence.
- Suspected focal APHEL within a jejunal segment.



PATIENT

Knixie Saucier

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

4.26 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Revelle

INVOICE

71022

DATE

1/28/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination demonstrates subtle but widespread gastrointestinal changes, characterized by mild diffuse intestinal wall thickening and mildly increased muscularis-to-mucosa ratios, particularly in the ileum.

APHEL most likely corresponds to lymphoid aggregates within the lamina propria and/or submucosa, resulting in focal expansion and altered echogenicity of these layers. In essence, it reflects organized lymphoid tissue accumulation rather than transmural invasion. This finding has been reported more frequently in cats with chronic enteropathy: lymphoplasmacytic inflammation and low-grade alimentary lymphoma; representing a supportive but nonspecific ultrasonographic feature.

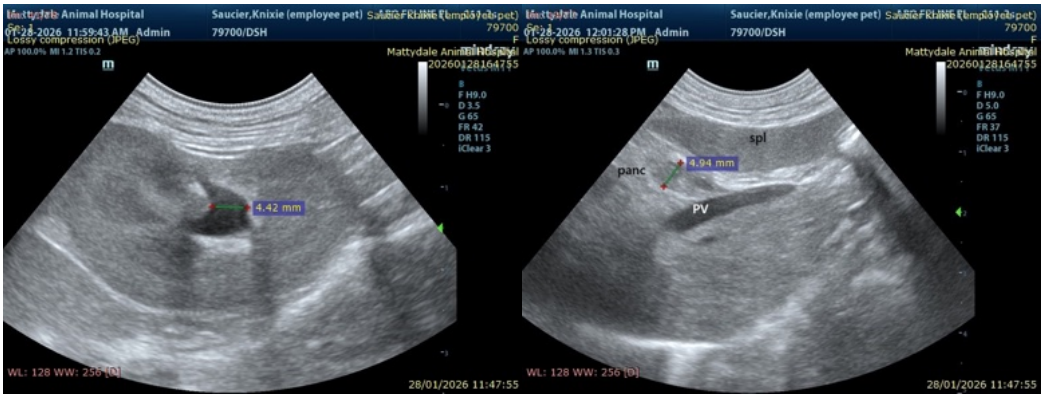
Mesenteric and ileocecal lymph nodes are within normal size and morphology.

Renal findings, including mild left-sided pyelectasia and scattered hyperechoic medullary foci, are compatible with early or mild chronic renal change, which correlates with the mild azotemia, decreased urine concentrating ability, and increased SDMA. These renal changes are not considered the primary driver of the patient's weight loss.

A markedly elevated feline pancreatic lipase immunoreactivity supports clinically relevant pancreatic involvement. In cats, this finding may be present despite minimal or absent ultrasonographic changes and is commonly seen in association with chronic gastrointestinal disease.

Recommendations

- Review whether a gastrointestinal panel (including cobalamin) has been performed, and assess serum cobalamin concentration, supplementing if low or low–normal.
- Dietary management may be initiated as a conservative first step, using a highly digestible, novel protein or hydrolyzed diet, with close monitoring of weight and clinical response.
- Given the substantial ultrasonographic overlap between inflammatory bowel disease and low-grade alimentary lymphoma, and the inability to definitively differentiate these entities based on imaging alone, intestinal biopsy is recommended if a definitive diagnosis is desired to guide therapeutic decision-making.
- Continue to monitor renal parameters and urine concentrating ability, managing concurrent renal disease as appropriate.



PATIENT

Knixie Saucier

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

4.26 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

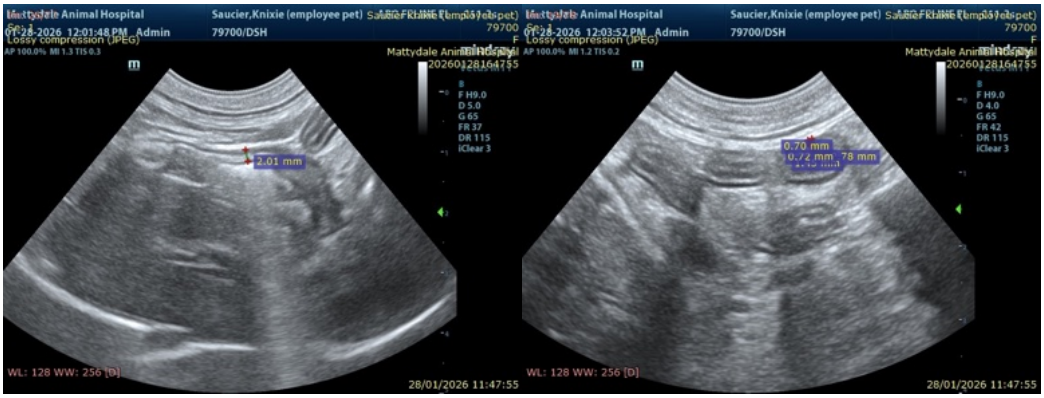
Dr. Revelle

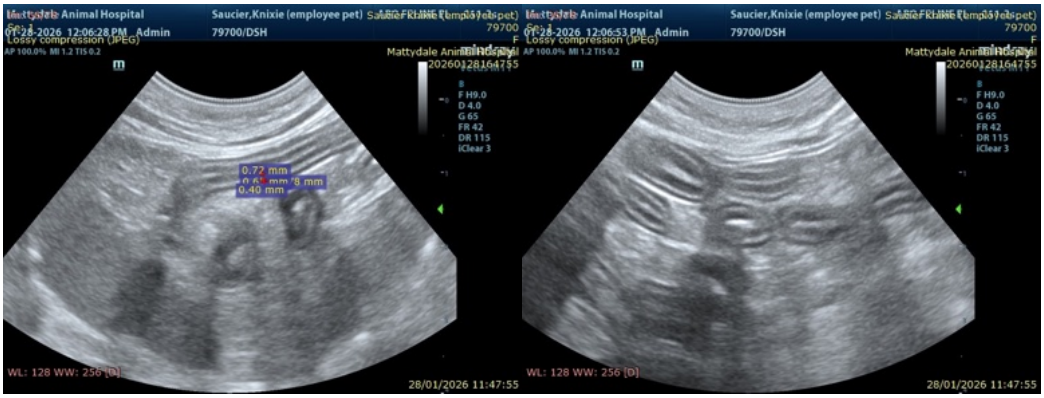
INVOICE

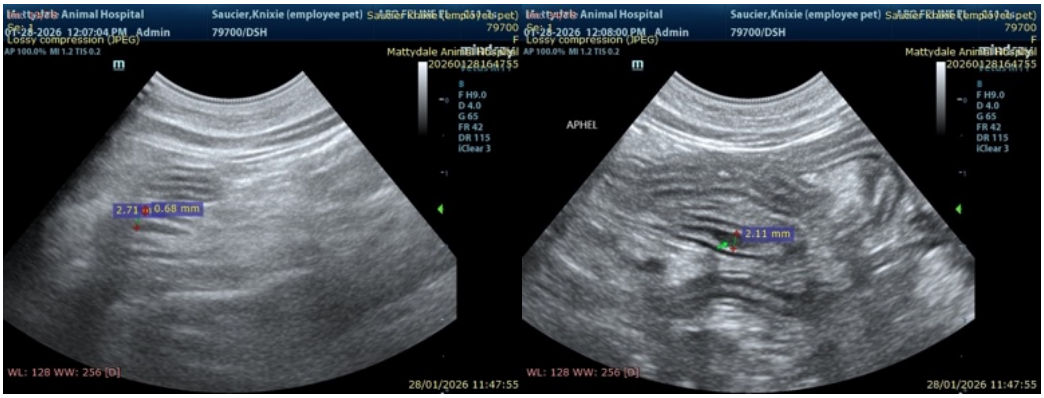
71022

DATE

1/28/26







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