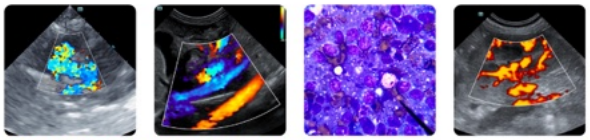


PATIENT

Henrietta Adamow-Wandall

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

20.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

69974

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.94×2.34 cm. Cortical thickness is 0.39 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern
The right kidney is normal in shape and size, measuring 4.05×2.19 cm. Cortical thickness is 0.35 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.34 cm at the cranial pole and 0.35 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.

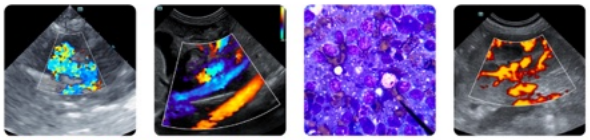
Spleen

Splenic thickness is 0.9 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 appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering (2.19 mm). Duodenum: 1.99 mm. Jejunum: 2.28 mm (Mucosa: 1.50 mm, Submucosa: 0.37 mm, Muscularis propria: 0.37 mm). Ileum: 3.32 mm (Mucosa: 0.92 mm, Submucosa: 0.75 mm, Muscularis propria: 1.49 mm). Wall layering is preserved.

The ileocecal junction measures 2.58 mm, with a muscularis thickness of 1.02 mm.

Colon: Ascending colon wall thickness is 1.21 mm and is partially empty. Transverse colon wall thickness is 1.07 mm. Descending colon wall thickness is 1.16 mm, with scant, pasty fecal content.

Pancreas

The pancreatic regions evaluated do not demonstrate evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is identified. Cranial mesenteric and ileocecal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Mild ileal wall thickening with relative muscularis prominence and preserved wall layering.
- Scant, pasty colonic contents consistent with diarrhea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ileum is mildly thickened (up to 3.32 mm), with prominence of the muscularis layer. The ileocecal junction measurements are within acceptable limits, and no associated lymphadenopathy is detected.

The colon shows normal wall thickness with scant, pasty fecal content, consistent with the reported history of chronic diarrhea. No ultrasonographic features of colitis, such as marked mural thickening or loss of layering, are identified.

The ileal wall thickening with relative muscularis prominence and preserved wall layering is most consistent with a chronic enteropathy. In cats, this ultrasonographic pattern is classically associated with inflammatory bowel disease (lymphoplasmacytic enteritis) and low-grade (small-cell) intestinal lymphoma, which cannot be reliably distinguished on ultrasound alone.

Recommendations

- Correlate ultrasonographic findings with clinical signs, fecal analysis, and gastrointestinal laboratory testing as indicated.
- A complete gastrointestinal panel testing is also recommended.

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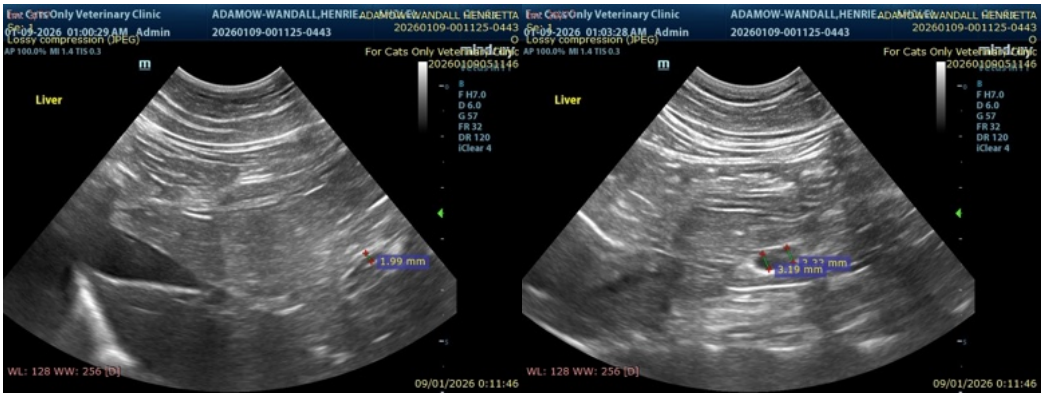
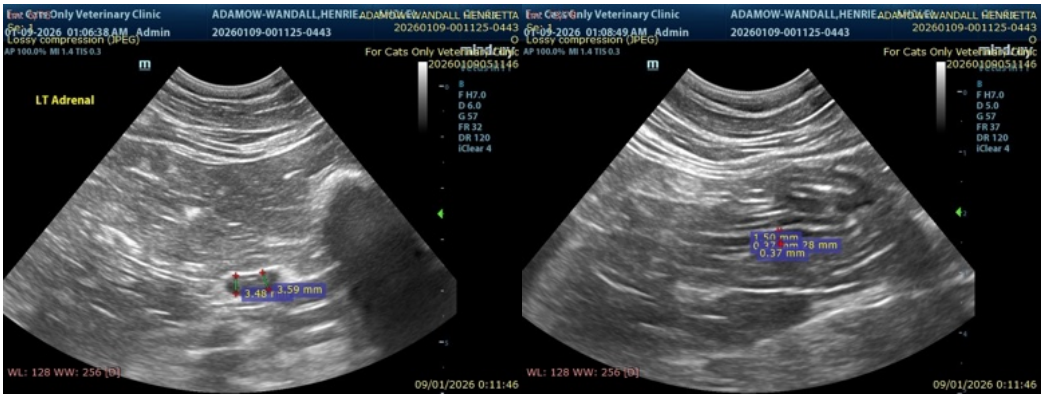
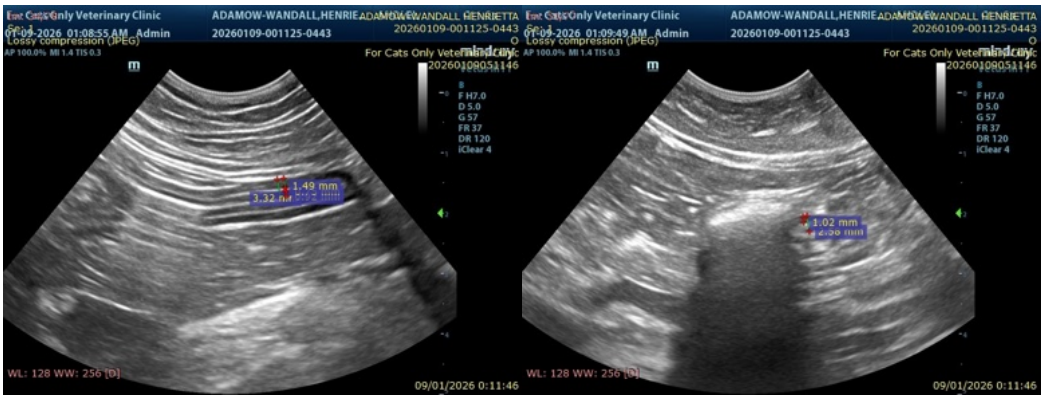
- Consider dietary trials (novel protein, hydrolyzed, or highly digestible diets) if not already performed.
- Monitor body weight, stool quality, and clinical response to therapy over time.
- Monitor with abdominal ultrasound, and if there is progression of new abnormalities, consider intestinal biopsy to evaluate for inflammatory or infiltrative enteropathy.







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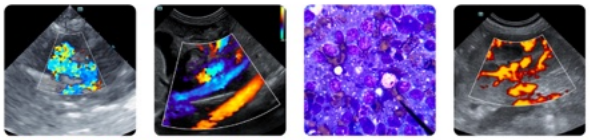

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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