



PATIENT

Kochka Hurd

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.76 pounds

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Emma Flott

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Torrey Schwartz

INVOICE

11220

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Weight loss and hyporexia over the last 1-3 months. Patient has been on prednisolone 2.5 mg SID and hydrolyzed diet for 3 years for suspect IBD. History of OA managed with Solensia.

Abnormal PE/Chem/CBC/UA Results: PE - intestines palpate rope-y/doughy with subjective thickening appreciated, BCS 3/9 w/ diffuse muscle wasting, mild dental calculus CBC wnl Chem - TP 9.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.03x1.85 cm, and the thickness of the cortex is 0.34 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 3.35x2.10cm, and the thickness of the cortex is 0.26 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

Not clearly visualized.

Spleen

Splenic thickness is 0.97 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with normal mural layering and thickness (2.05 mm). The pylorus measures 3.34 mm.

Duodenum: 1.50 mm.

Jejunum: 2.46 mm (Mucosa 1.08 mm; Submucosa 0.60 mm; Muscularis propria 0.30 mm).



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Ileum: 2.12 mm (Mucosa 0.57 mm; Submucosa 0.89 mm; Muscularis propria 0.45 mm).

Ileocecal junction: 1.91 mm total thickness, muscular layer 0.52 mm.

The intestinal wall layering is preserved throughout. No evidence of obstruction, ileus, or foreign material is observed.

Colon: 0.56 mm, with a small amount of formed fecal material in the descending segment.

Pancreas

The right limb measures 7.75 mm, the body 7.75 mm, and the left limb 6.15 mm. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat, and the pancreatic duct is not dilated. No peripancreatic fat inflammation or mass effect is seen.

Free Abdomen

No abdominal effusion or peritonitis is present. The cranial mesenteric lymph nodes measure 3.79–4.11 mm in thickness and appear normal in shape and echogenicity. The ileocecal lymph nodes are not visualized, and the surrounding regions are unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Intestinal wall thickness and layering are within normal limits throughout, with a mild variation in the ileal muscularis-to-mucosa ratio ($\approx 1.3:1$), considered borderline but not abnormal, with preserved wall layering and no associated lymphadenopathy.
- Pancreatic parenchyma mildly hypoechoic to adjacent omental fat, without peripancreatic fat inflammation or ductal dilation.

SECONDARY FINDINGS

- Small amount of biliary sludge with normal wall and no ductal dilation.
- Cranial mesenteric lymph nodes normal in size and echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All intestinal wall measurements fall within normal reference ranges for feline patients. These findings do not support active inflammatory bowel disease or evidence of lymphoma. A partially masked inflammatory bowel process cannot be fully excluded due to chronic corticosteroid administration.

The pancreas shows mild, diffuse hypoechoic relative to the surrounding fat, consistent with pancreatitis, most likely chronic based on the sonographic appearance. However, ultrasonography alone cannot reliably distinguish chronic from acute pancreatitis, especially in the absence of peripancreatic inflammation or focal effusion.

The small amount of biliary sludge is a common secondary finding in older cats and may reflect biliary stasis associated with chronic pancreatic or intestinal disease or simply reduced gallbladder motility.

Recommendations

- Perform fPLI to confirm pancreatic inflammation, and consider a GI panel (TLI, folate, cobalamin) to further assess intestinal absorptive function and exocrine pancreatic output.
- Cobalamin supplementation is recommended if serum B12 levels are low or low-normal.
- If a definitive diagnosis is desired, intestinal biopsies would be required; however, this would necessitate discontinuation of corticosteroid therapy beforehand.



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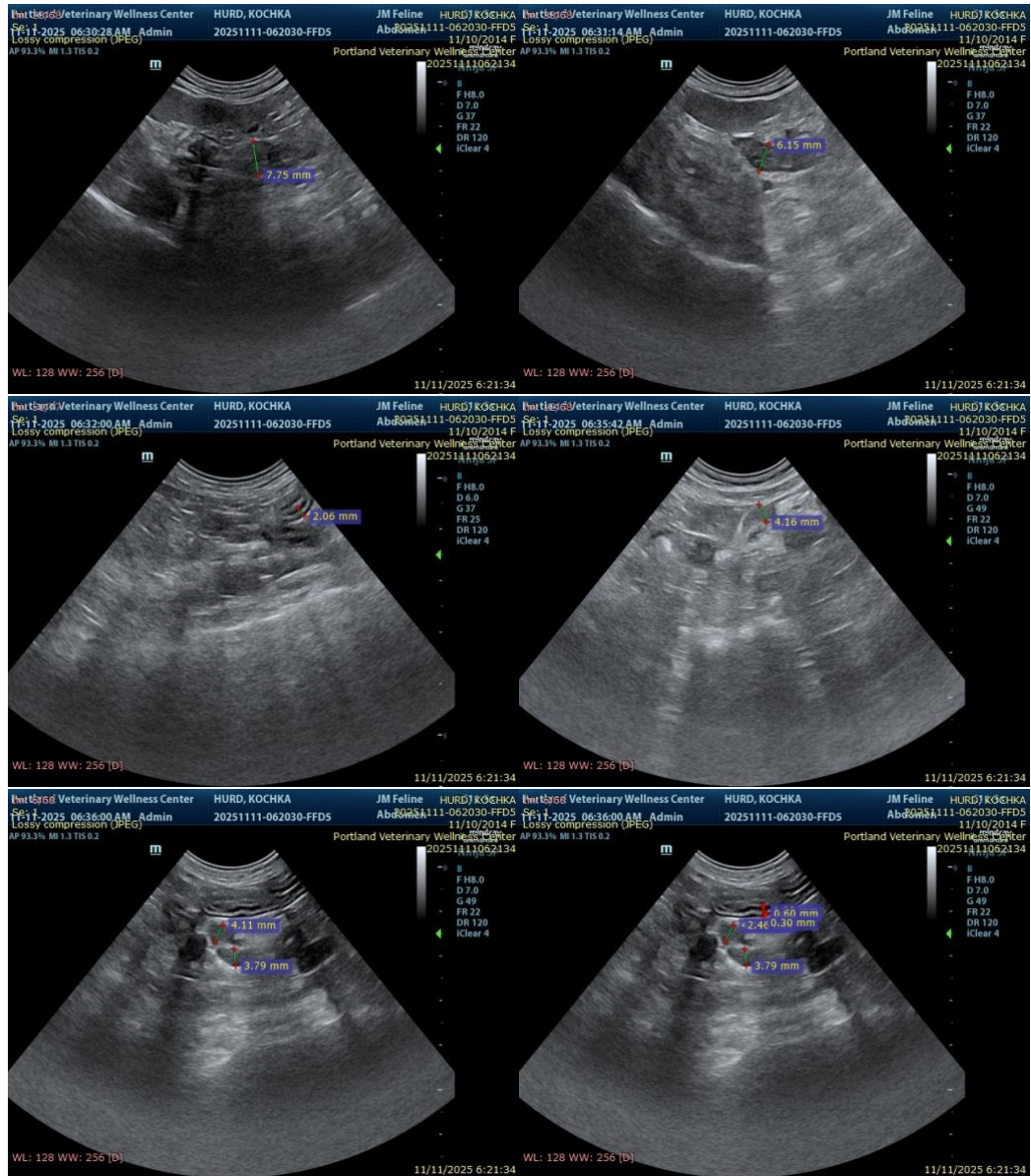
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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