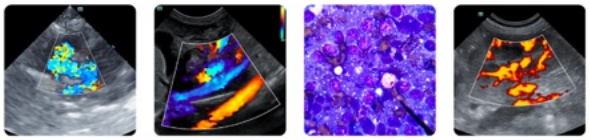


PATIENT

Logan Wagner

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

7 years

WEIGHT

10.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Isabel Plourde

HOSPITAL NAME

Riverbend Veterinary PetCare Hospital

REFERRING VET

Dr. Plourde

INVOICE

68565

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Pt was seen in May and in October for decreased appetite, lethargy and diarrhea some with hematemesis. He has previously had an abdominal explore and a large hairball was removed from the stomach. Given the intermittent gi signs, concern for IBD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The proximal urethra and vesicoureteral junction show normal appearance. No calculi or evidence of inflammatory or neoplastic changes are detected.

Left kidney: 4.04×2.51 cm; cortical thickness 0.37 cm (sagittal plane).

Right kidney: 4.12×2.70 cm; cortical thickness 0.39 cm.

Both kidneys are normal in shape and size. The renal cortex is increased in echogenicity, resulting in enhanced corticomedullary distinction bilaterally. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity.

- Left adrenal gland: 0.23 cm (cranial pole) and 0.23 cm (caudal pole).
- Right adrenal gland: 0.26 cm (cranial pole) and 0.26 cm (caudal pole).

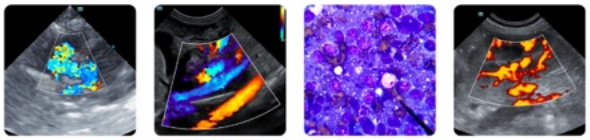
Spleen

Splenic thickness is 1.01 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

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

The gallbladder is normally distended, with a thin wall and primarily anechoic content. The common bile duct measures 1.13–1.44 mm and is not dilated.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.19 mm and preserved wall layering. A localized thickening of up to 3.81 mm is observed along the mucosal folds, likely corresponding to transient contraction. The pylorus measures 2.81 mm, with a muscular layer up to 1.43 mm.

The duodenum measures 1.76 mm. The jejunum measures 2.30 mm (mucosa 1.20 mm, submucosa 0.71 mm, muscularis propria 0.37 mm). The ileum measures 1.55–1.91 mm (mucosa 0.89 mm, submucosa 0.40 mm, muscularis propria 0.28 mm). Wall layering is preserved throughout the small intestine. The ileocecal junction measures 1.86 mm, with a muscular layer of 0.37 mm. No signs of obstruction, ileus, hairballs, or foreign material are identified.

The colon shows a mural thickness of 0.90 mm (ascending) and 1.08 mm (descending), containing formed feces in the descending segment.

Pancreas

The right limb (4.42 mm), and left limb (5 mm) appear normal. The parenchyma is isoechoic to the adjacent omental fat, and the pancreatic duct measures 0.41 mm. No evidence of inflammation, peripancreatic reaction, or neoplastic change is observed.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed.
The cranial mesenteric lymph nodes measure 3.82 mm, and the ileocecal lymph nodes measure 2.74 mm; both show normal shape and echogenicity.
The pancreaticoduodenal lymph node measures 4.65×3.62 mm, with normal form and echogenicity.
The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Bilateral increased renal cortical echogenicity with preserved corticomedullary definition.
- Mild thickening of the gastric wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS
Both kidneys are of normal size and shape, but the renal cortices appear mildly hyperechoic with preserved corticomedullary distinction. This finding is most consistent with benign lipid infiltration (renal cortical lipidosis) rather than degenerative or inflammatory disease.

The stomach shows a very mild diffuse thickening possibly accentuated by transient contraction. The pyloric wall and muscular layer are within the upper limit of normal for a feline patient. However, given the patient's clinical history of vomiting and appetite changes, mild chronic gastritis cannot be entirely ruled out, even in the absence of regional lymphadenopathy or significant mural disruption.

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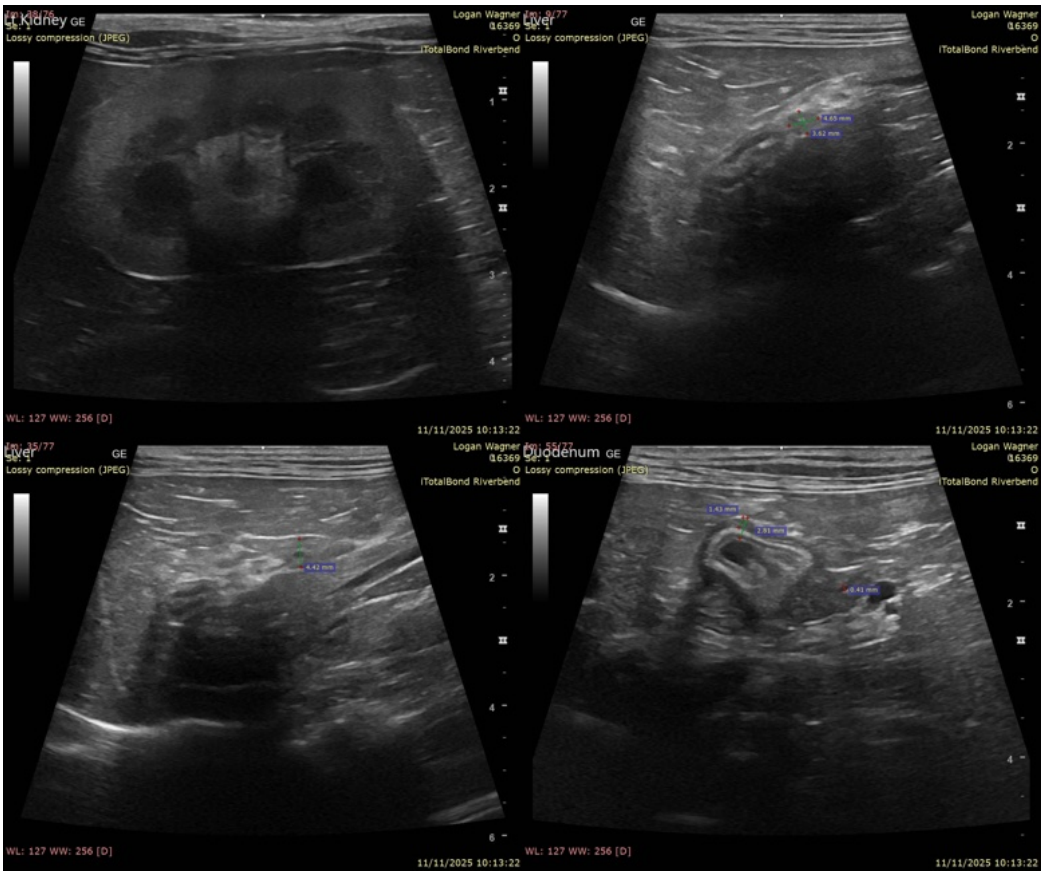
The intestinal loops show normal wall layering and normal ratios between mucosa and muscularis, making inflammatory bowel disease unlikely at this stage.

Overall, the findings are most compatible with benign renal cortical lipid infiltration and gastric wall irritative or mild inflammatory change. No ultrasonographic evidence of significant systemic or neoplastic disease is detected at this time.

Recommendations

- Consider therapeutic dietary trial with a highly digestible or novel/hydrolyzed protein diet for 4–6 weeks, if not already implemented.
- Maintain antiemetic therapy.
- If vomiting persists, despite dietary management and antiemetic therapy, perform gastroscopy with mucosal biopsies to evaluate for chronic gastritis (lymphoplasmacytic or eosinophilic) or early inflammatory bowel disease that may not yet produce marked ultrasonographic changes.



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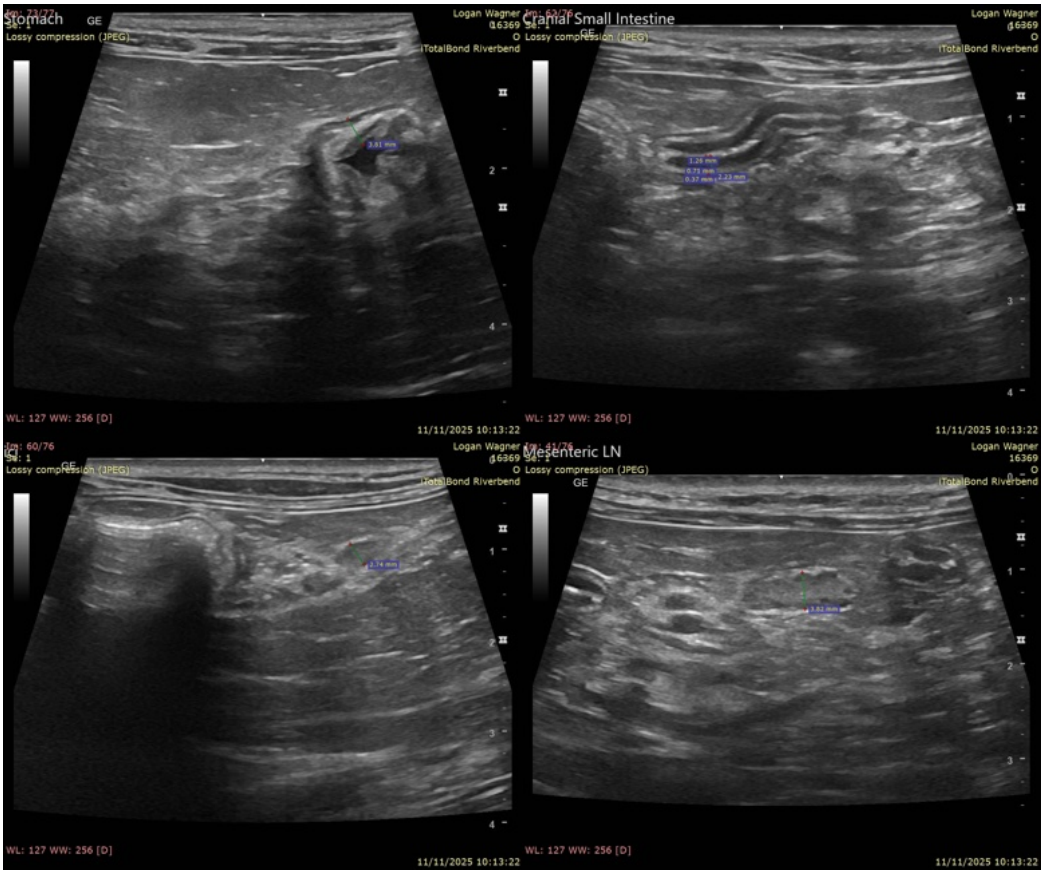

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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