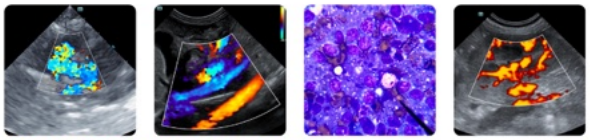


PATIENT

Sammie Vorodi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

7.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Justin Eckenrode DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Eckenrode

INVOICE

68581

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Sammie presented about a month ago for acting off, progressive weight loss. Hiding more, lack of appetite and in appropriate urination. Focal oral inflammation at commissure of mouth. Trial of prednisolone improved appetite but once stopped, pet returned to decreased appetite. When placed back on, appetite improved but still not as active. Only initial bloodwork abnormality was elevated creat @ 2.6 which improved on subsequent bloodwork. Pet has periodontal disease (Grade III). Primary concern or rule out: Ruling out potential underlying GI Lymphoma/IBD before pursuing dental w/ extractions, oral biopsy
Abnormal PE/Chem/CBC/UA Results: FeLV/FIV/HW - neg SDMA 11; Creat 1.3; BUN 15 ALT 50; ALKP 20 proBNP 71 Fecal - NOS RBC 9.64; HCT 35.2% WBC 9.3 Neut 7.52; Lym 1.5; Eos 0.09

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: 3.25x2.22 cm, and the thickness of the cortex is 0.34 cm, in the sagittal plane. The cortical is isoechogenic 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: 3.48x2.27 cm, and the thickness of the cortex is 0.32 cm, in the sagittal plane. The cortical is isoechogenic 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

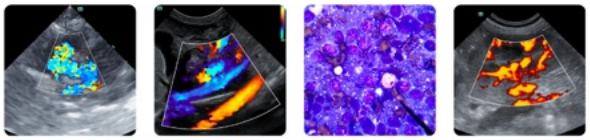
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.25 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland is partially visualized (0.23 cm).

Spleen

Splenic thickness is 0.8 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.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. common bile duct is 1.95 mm.

Gastrointestinal

The stomach is empty and folded, containing small amounts of fluid and gas. The mural thickness is 2.11 mm with preserved wall layering. The pylorus measures 2.77 mm.

Duodenum: 1.38 mm. Jejunum: 1.62–1.84 mm (mucosa 1.22 mm, submucosa 0.71 mm, muscularis propria 0.31 mm). Ileum: 1.50 mm (mucosa 0.44 mm, submucosa 0.57 mm, muscularis propria 0.31 mm) The ileocecal junction measures 2.83 mm (muscularis 1.24 mm). Wall layering is preserved in all intestinal segments. No signs of obstruction, ileus, or foreign material are identified.

Colon: wall thickness 0.76 mm, containing a small amount of fecal material.

Pancreas

The right limb (4.76 mm), body (5.87 mm), and left limb (4.90 mm) are irregular in contour. The pancreatic parenchyma appears hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.28–1.43 mm, which is at the upper end of the normal reference range. No evidence of active peripancreatic fat inflammation or free fluid is observed.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Pancreas with irregular margins, parenchymal hypoechogenicity, and a pancreatic duct upper reference limit.
- Ileocecal junction: Focal wall thickening measuring 2.83 mm in total, with a muscular layer of 1.24 mm, corresponding to approximately 44% of total wall thickness (normal 25-35%) indicating mild muscular hypertrophy.

SECONDARY FINDINGS

- Small amount of biliary sludge within the gallbladder.

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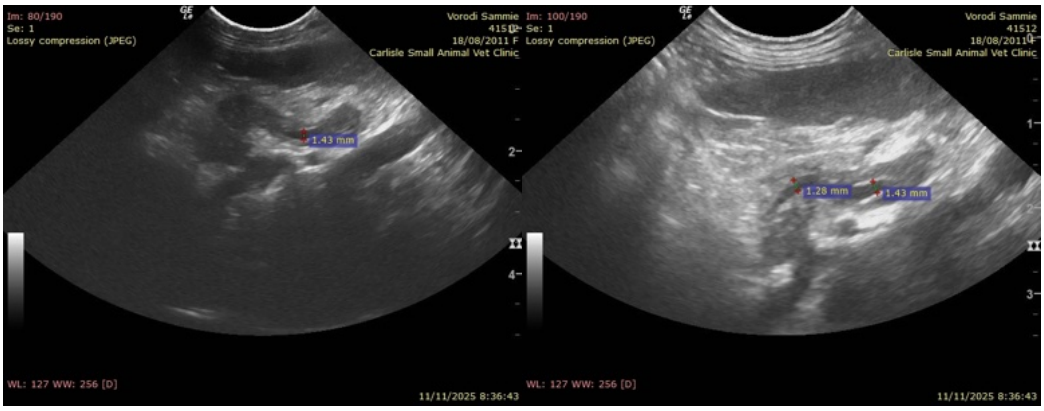
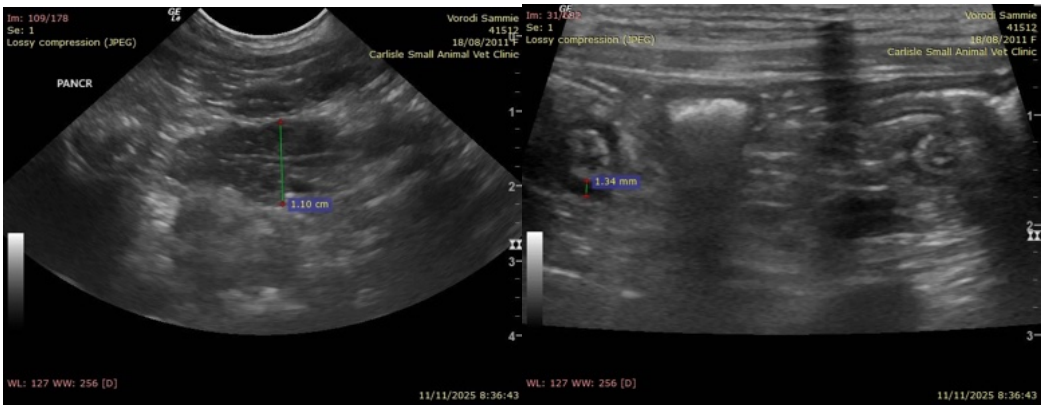
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric and intestinal wall thickness and layering are within normal limits overall. A mild focal thickening of the muscular layer is noted at the ileocecal junction, with preservation of normal wall layering and no associated lymphadenopathy. This finding may represent a localized reactive or inflammatory change. However, as the ileocecal junction is a recognized predilection site for low-grade alimentary lymphoma in cats, a very early lymphoproliferative process—although unlikely—cannot be entirely excluded at this stage. Follow-up imaging and clinical monitoring are recommended to assess progression.

Although there is no visible peripancreatic fat reaction or effusion, the pancreatic findings are compatible with chronic pancreatitis. It is important to note that ultrasonography in feline pancreatitis has limited sensitivity, and even subtle sonographic changes may correspond to significant histopathologic inflammation.

Therefore, further evaluation with a specific pancreatic lipase assay (fPLI) is strongly recommended to confirm or exclude active pancreatic inflammation.





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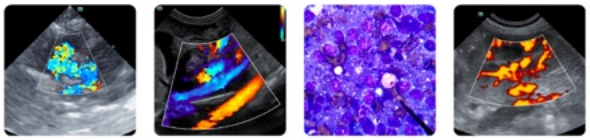

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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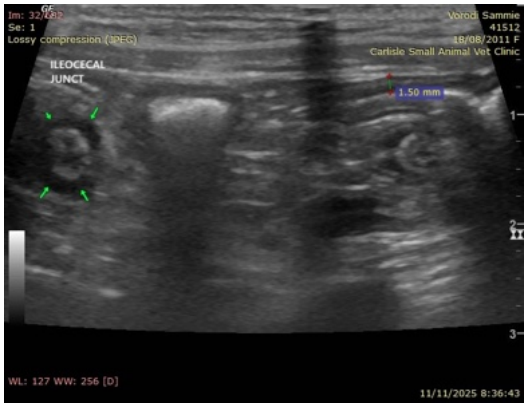

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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