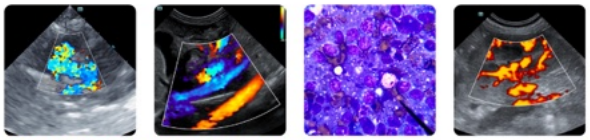




**PATIENT**

Dusty Alderman

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

7.82 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Amy Isaac

**HOSPITAL NAME**

Valley West & Elk Valley VH

**REFERRING VET**

Dr. Isaac

**INVOICE**

68735

**DATE**

11/17/25

## PRESENTING CLINICAL SIGNS

History: History of gradual weight loss over the last 6-9 months, with normal even increased appetite. Stopped eating dry food, will only eat canned food. Vomits once every 2 weeks. No diarrhea. Indoor only.
Abnormal PE/Chem/CBC/UA Results: Minimal PE prior to sedation, fractious. CBC normal. ALT 185 (27-158), ALP 103 (12-59), GGT 31 (0-6) USPG 1.021 with 1+ protein. T4 2.3. Sedated oral exam shows no obvious oral pathology that would contribute to pet only eating canned food now.

## 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 contains abundant floating hyperechoic echoes. 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: 3.83×1.88 cm, and the cortical thickness is 0.35 cm in the sagittal plane. The right kidney is normal in shape and size: 4.02×2 cm, and the cortical thickness is 0.31 cm in the sagittal plane. The renal cortex appears normal. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.25 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.23 cm at the cranial pole and 0.20 cm at the caudal pole.

### *Spleen*

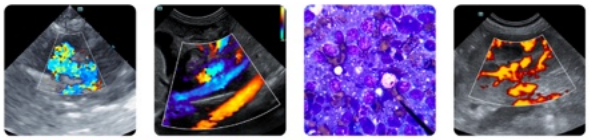
Splenic thickness is 0.58 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and hyperechoic 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. No evident dilation of the cystic duct or common bile duct is observed.

### *Gastrointestinal*





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The stomach is empty and folded, with fluid in the lumen and mural thickness (2.36 mm) and preserved wall layering.

The pylorus (3.60 mm). Duodenum: 2.20 mm. Jejunum: 2.07 mm — Mucosa: 0.77 mm, Submucosa: 0.46 mm, Muscularis propria: 0.73 mm. Ileum: 1.97 mm — Mucosa: 0.47 mm, Submucosa: 0.55 mm, Muscularis propria: 0.85 mm. Normal wall layering. The ileocecal junction was not visualized. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.64 mm, with formed feces in the descending segment.

### *Pancreas*

Although no specific videos of the pancreas were provided, the areas examined showed no evident signs of inflammation.

### *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

- Floating hyperechoic echoes present in the bladder urine.
- Ileum: Muscularis/mucosa ratio: 0.85 / 0.47 ≈ 1.81.
- Hepatic parenchyma increased in echogenicity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears markedly hyperechoic, which—together with the elevated ALT, ALP, and GGT—strongly suggests hepatic lipidosis.

The stomach shows evidence of gastric wall inflammation, consistent with chronic gastritis.

In the ileum, the muscularis layer is abnormally thickened relative to the mucosa, a pattern typical of chronic enteropathy such as inflammatory bowel disease.

The urine contains floating hyperechoic echoes and mild proteinuria with a low-normal USG, indicating a small degree of urinary sediment or mild protein loss.

Clinically, the patient's chronic weight loss despite a good appetite, preference for canned food, and intermittent vomiting align well with a diagnosis of feline IBD accompanied by secondary hepatic lipidosis.

In addition, the ileocecal junction was not visualized, which is a meaningful limitation in feline patients. This region is a key site for detecting early changes associated with small-cell lymphoma or advanced chronic enteropathy. Given the abnormal ileal muscularis thickening and the patient's clinical history,

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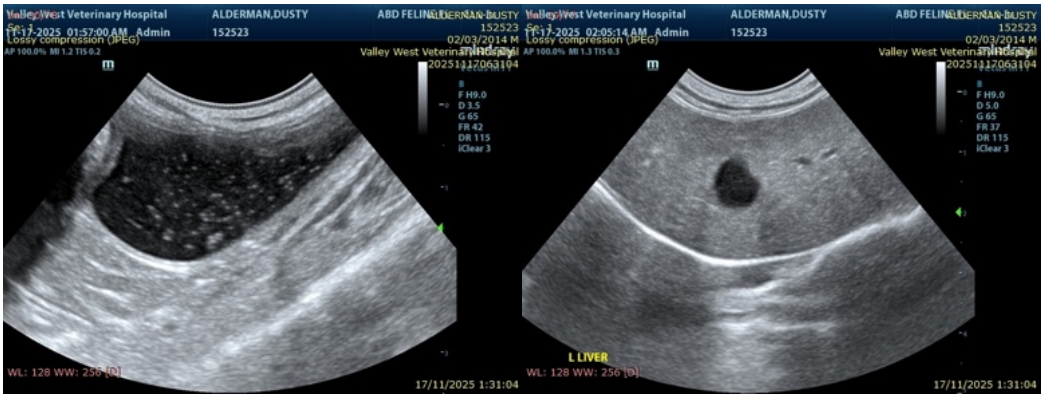
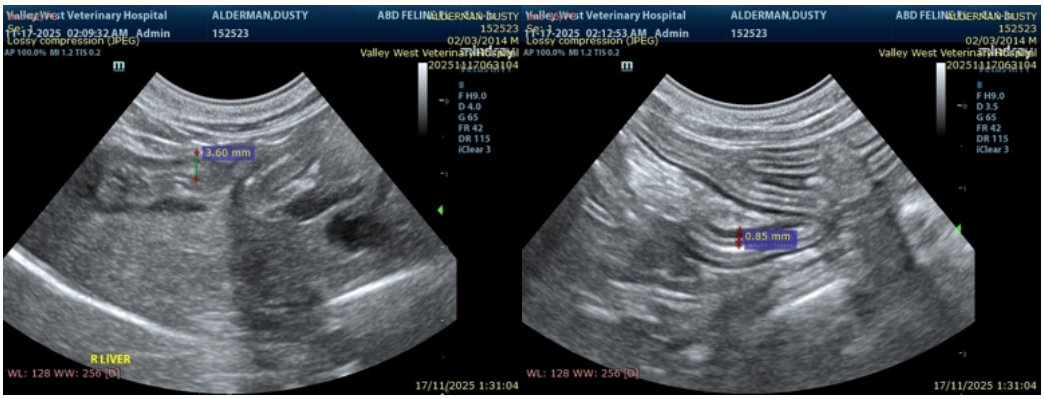
the inability to assess the ileocecal valve prevents ruling out early lymphomatous involvement at this location.

Recommendations

- Full GI panel (cobalamin, folate, fPLI, fTLI) to assess chronic enteropathy, malabsorption, or chronic pancreatitis.
- Gastrointestinal biopsies (endoscopic or full-thickness) for definitive differentiation between IBD and small-cell lymphoma.
- Start cobalamin (B12) supplementation, as most cats with chronic GI disease are deficient even before bloodwork confirms it.
- Nutritional support plan, including offering highly digestible canned diets and monitoring caloric intake to prevent progression of hepatic lipidosis.



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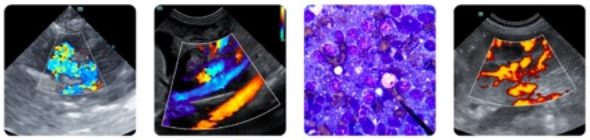

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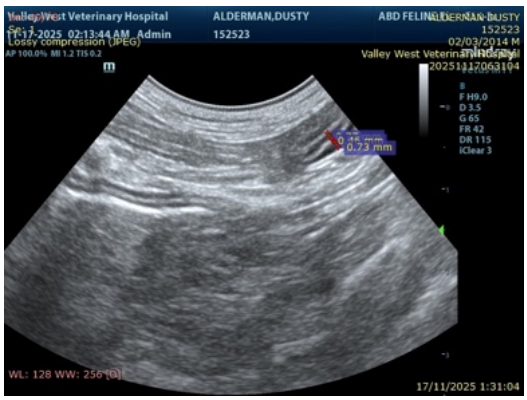


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com