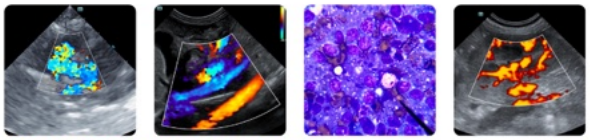


PATIENT

Febe McNabb

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

8.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Valerie White

HOSPITAL NAME

Great Miami VC

REFERRING VET

Dr. White

INVOICE

68776

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Treated in Feb 2025 for diarrhea, weight 10.5lbs x years (b12, gi biome diet, bw unremarkable). Seen in Oct for annual- decr to 8.5lbs. BW wnl (eos and basophils incr), normal thyroid. Eating ~200kcal/day.
Abnormal PE/Chem/CBC/UA Results: BW wnl (eos and basophils incr), normal thyroid. Eating ~200kcal/day.

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: 3.70 × 2.30 cm, and the cortical thickness is 0.25 cm in the sagittal plane. The cortex appears slightly thinned with small, patchy hyperechoic areas. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 3.65 × 2.29 cm, and the cortical thickness is 0.30 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

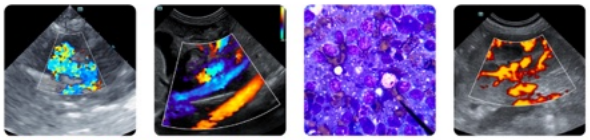
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.32 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland was partially visualized, with the caudal pole measuring 0.27 cm.

Spleen

Splenic thickness is 0.84 cm. The 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 edges and a regular contour. The liver parenchyma appears 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 measures 0.93 mm, 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 mural thickness of 2.16 mm and preserved wall layering. The pylorus measures 2.92 mm.

Duodenum: not explicitly visualized. Jejunum: 2.70 mm total; mucosa 1.25 mm, submucosa 0.33 mm, muscularis propria 1.19 mm. Ileum: 2.83 mm total; mucosa 1.02 mm, submucosa 0.61 mm, muscularis propria 1.00 mm. The ileocecal junction was not clearly visualized.

Colon: transverse colon 1.69 mm, descending colon 2.69 mm; wall layering is preserved with small amounts of semi-liquid content.

Pancreas

The pancreatic regions explored did not show clear signs of inflammation, although no consistently sharp images of the pancreatic parenchyma were obtained.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Jejunum and ileum showing abnormally increased muscularis-to-mucosa ratio.
- Descending colon thickening (up to 2.69 mm), with preserved wall layering.

SECONDARY FINDINGS

- Left renal cortical thinning with small patchy hyperechoic areas.
- Gallbladder sludge (small amount).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse intestinal and colonic thickening. Abnormally increased muscularis-to-mucosa ratio in the jejunum (~0.95) and ileum (~0.98), indicating disproportionate muscularis hypertrophy relative to expected feline reference values. This pattern is most consistent with chronic enteropathy. The

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preserved wall layering reduces concern for neoplasia, although early small-cell lymphoma cannot be fully excluded based on imaging alone.

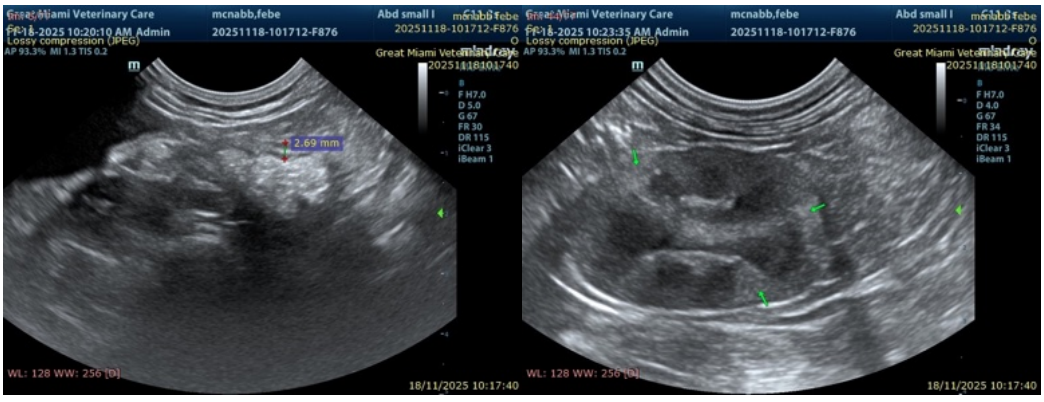
The small amount of biliary sludge is a common incidental finding and usually clinically insignificant unless clinical signs of hepatobiliary disease are present.

The ultrasonographic findings reveal mild renal cortical changes on the left kidney (focal thinning and patchy cortical hyperechogenicity), which may represent early or mild chronic kidney changes, age-related cortical remodeling, or prior subclinical insult.

Overall, the ultrasonographic and hematologic findings — particularly the eosinophilia and basophilia reported previously — support a chronic inflammatory gastrointestinal process such as chronic enteropathy (lymphoplasmacytic or eosinophilic). Correlation with clinical signs (chronic diarrhea, weight loss, historical GI issues) strengthens this interpretation.

Recommendations

- Complete fecal panel (PCR, flotation, Giardia, Tritrichomonas if indicated) if not recently performed.
- Empirical deworming if not recently treated.
- Dietary trial with a hydrolyzed or novel protein diet for 6–8 weeks.
- Consider B12 supplementation, as chronic enteropathies often reduce cobalamin absorption.
- If fecal tests are negative and GI signs persist, recommend endoscopic or full-thickness intestinal biopsies for a definitive diagnosis.
- Monitor kidney values periodically due to mild cortical renal changes.



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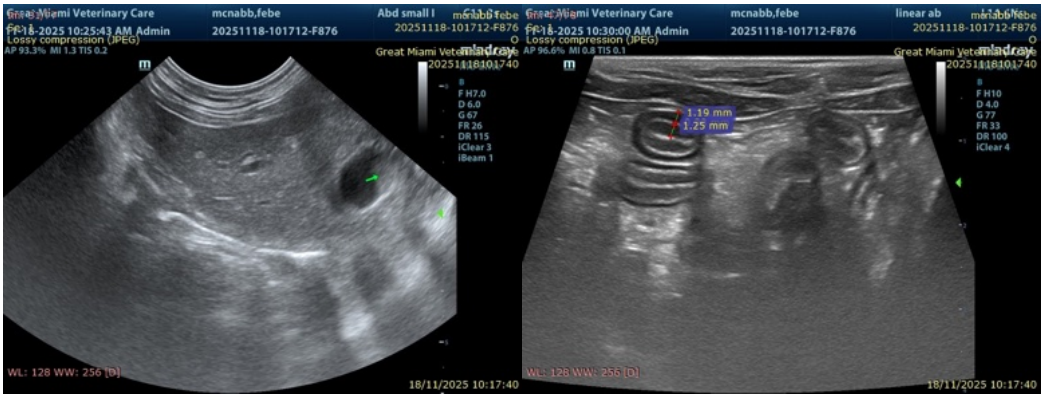

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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