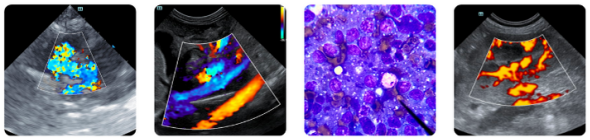


PATIENT

Daisy Zacharek

SPECIES

Feline

BREED

Blue Siamese

SEX

Spayed Female

AGE

15 years 8 months

WEIGHT

7.88 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

10773

DATE

11/19/2025

PRESENTING CLINICAL SIGNS

Chronic progressive weight loss and vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. Due to underdistension, wall measurement may be overestimated. The urine is slightly cloudy but without visible sediment. 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: 3.25×2.07 cm, and the thickness of the cortex is 0.30 cm in the sagittal plane.
The right kidney is normal in shape and size: 3.38×1.99 cm, and the thickness of the cortex is 0.29 cm in the sagittal plane.
The cortex is slightly hyperechogenic compared to liver parenchyma, with a mild medullary ring sign. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity.
The left adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole.
The right adrenal gland measures 0.34 cm at the cranial pole and 0.24 cm at the caudal pole.

Spleen

Splenic thickness is 0.98 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

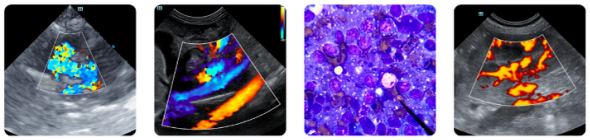
Liver

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. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a small amount of fluid in the fundus, mural thickness (1.76–2.08 mm), and preserved wall layering.
The pylorus (3.41 mm).
Duodenum: 2.65 mm.
Jejunum: 3.24 mm — Mucosa: 0.55 mm, Submucosa: 0.38 mm, Muscularis propria: 1.39 mm.
Ileum: 2.82 mm — Mucosa: 0.72 mm, Submucosa: 0.46 mm, Muscularis propria: 1.77 mm.
Normal wall layering throughout.
The ileocecal junction measures 4.97 mm, muscularis 1.30 mm, reaching up to 2.14 mm in some



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regions.
Colon: ascending 1.38 mm, semi-empty, with formed feces in the descending segment.

Pancreas

The pancreatic regions evaluated showed no evident signs of inflammation.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 0.5 cm, mildly rounded and slightly hypoechoic. Ileocecal lymph nodes measure 4.36 mm in thickness, with normal shape and slightly hypoechoic appearance. The surrounding regions appeared unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mildly hyperechoic renal cortices with mild medullary rim sign.
- Mild thickening of the muscularis layer in multiple small-intestinal segments (jejunum, ileum, and ileocecal junction), though wall layering is preserved.
- Mildly enlarged cranial mesenteric and ileocecal lymph nodes, slightly hypoechoic but maintaining normal shape.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound shows diffuse thickening of the muscularis layer throughout the small intestine—most notably in the jejunum, ileum, and ileocecal junction—while preserving wall layering. This pattern is most consistent with a chronic inflammatory enteropathy, such as lymphoplasmacytic IBD, or small-cell lymphoma.

Mildly rounded, slightly hypoechoic cranial mesenteric and ileocecal lymph nodes are compatible with reactive lymphadenopathy secondary to chronic gastrointestinal inflammation or infiltrative lymphoma.

The kidneys show mild cortical hyperechogenicity and a mild medullary ring sign, changes commonly associated with early or age-related chronic kidney disease.

Recommendations

- GI panel (cobalamin, folate, TLI, fPLI) to assess for malabsorption, hypocobalaminemia, or pancreatic involvement.
- Cobalamin supplementation, as chronic GI disease commonly leads to deficiency.
- Empirical therapy trial:
    - Novel- or hydrolyzed-protein diet
    - ± Metronidazole or tylosin if dysbiosis suspected
- Full-thickness biopsies for definitive diagnosis.

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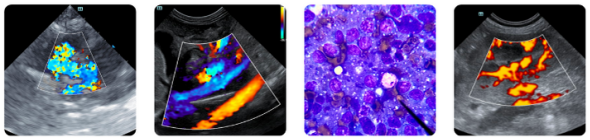

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Educational Teleconsultation Services™

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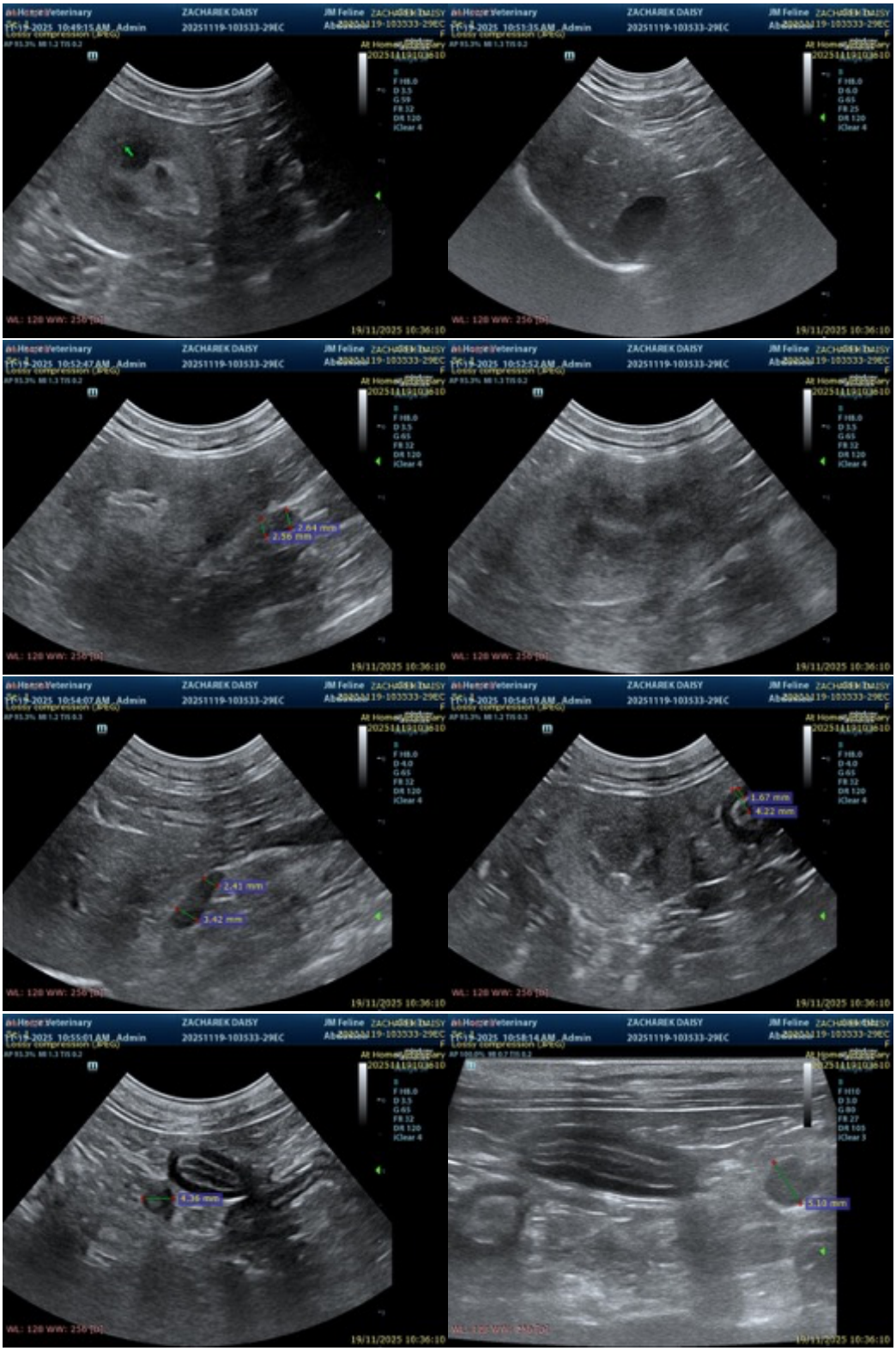

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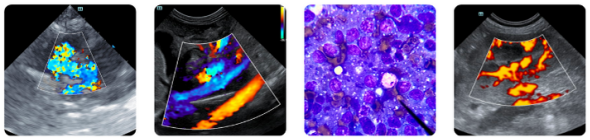

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com