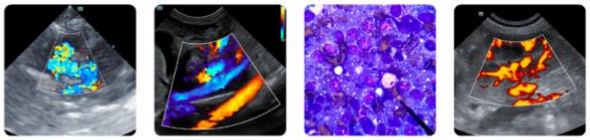


PATIENT

Wallace Sperry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

11.3 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Western New Yrok Veterinary Services

REFERRING VET

Dr. Bob Lann DVM

INVOICE

12380

DATE

11/20/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Pronounced weight loss. The owner reports a significant weight loss of approximately 7 pounds (from 16 lbs to 11 lbs) over the past year. Indoor outdoor cat Recent abscess on shoulder from another animal (presumed cat) CLINICAL SIGNS: Severe weight loss, BCS = 2.5/9 Stools apparently normal size and appearance No vomiting that O has witnessed Normal appetite MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: Recent bloodwork monocytosis at 1.16K/uL, glob 5.3g/dL. Pancreas-specific lipase was negative. Albumin was 2.7. Last FelV FIV test was 2019 and it was negative T4 = 1.8ug/dL

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 turbid, with 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: 3.92×2.63 cm, and the cortical thickness is 0.35 cm in the sagittal plane.

The right kidney is normal in shape and size: 4.23×2.12 cm, and the cortical thickness is 0.32 cm in the sagittal plane.

The cortex is hyperechoic compared to the liver parenchyma, with a medullary rim sign. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity.
The left adrenal gland measures 0.28 cm at the cranial pole and 0.30 cm at the caudal pole.
The right adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole.

Spleen

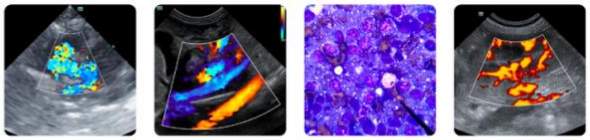
Splenic thickness is 1.03 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and is 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 with a small amount of biliary sludge. The common bile duct measures 4.66–2.99–1.47 mm from proximal to distal.

Gastrointestinal



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The stomach is empty and folded, with mural thickness (2.63 mm) and preserved wall layering.
Duodenum: 1.86 mm.
Jejunum: 3.11 mm.
Ileum: 2.71 mm. Mucosa: 1.08 mm. Submucosa: 0.35 mm. Muscularis propria: 0.20 mm. The ileocecal junction was not clearly visualized.

Multiple intestinal loops are dilated with a fluid pattern and some residual food material. No visible peristalsis. Several loops show poor differentiation of wall layers.

Colon: 1.13 mm, with very hard feces producing intense acoustic shadowing in the descending segment.

Pancreas

5.37 mm. Pancreatic parenchyma is slightly hypoechoic compared to the adjacent omental fat. The diameter of the pancreatic duct is 1.61 mm. No signs of active inflammation or neoplastic disease are evident.

Free Abdomen

No abdominal effusion is observed. The omentum is mildly reactive in the mesenteric region.
Cranial mesenteric lymph nodes measure 5–7 mm in thickness and are hypoechoic.
Ileocecal lymph nodes are not visualized.
The iliac trifurcation is normal.

PRIMARY FINDINGS

- Jejunum and ileum: mild–moderate thickening; multiple loops dilated with fluid/food content.
- Some intestinal loops show poor wall layer distinction.
- Reactive omentum in mesenteric region (mild peritonitis).
- Cranial mesenteric lymph nodes enlarged, hypoechoic

SECONDARY FINDINGS

- Turbid urine with floating hyperechoic echoes.
- Bilateral renal cortical hyperechogenicity with medullary rim sign.
- Common bile duct mildly dilated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings suggest an inflammatory or infiltrative intestinal disease with functional ileus.

The cranial mesenteric lymph nodes are moderately enlarged (5–7 mm) and hypoechoic, which is compatible with reactive lymphadenopathy secondary chronic enteropathy, IBD, or small cell intestinal lymphoma. The omentum in the mesenteric region appears mildly reactive, supporting a component of low-grade peritonitis or ongoing inflammatory disease.

Pancreatic findings can be associated with mild age-related changes.

The common bile duct is mildly prominent, though not overtly dilated, and there is no evidence of biliary obstruction. The gallbladder contains a small amount of sludge, considered incidental in most cats.

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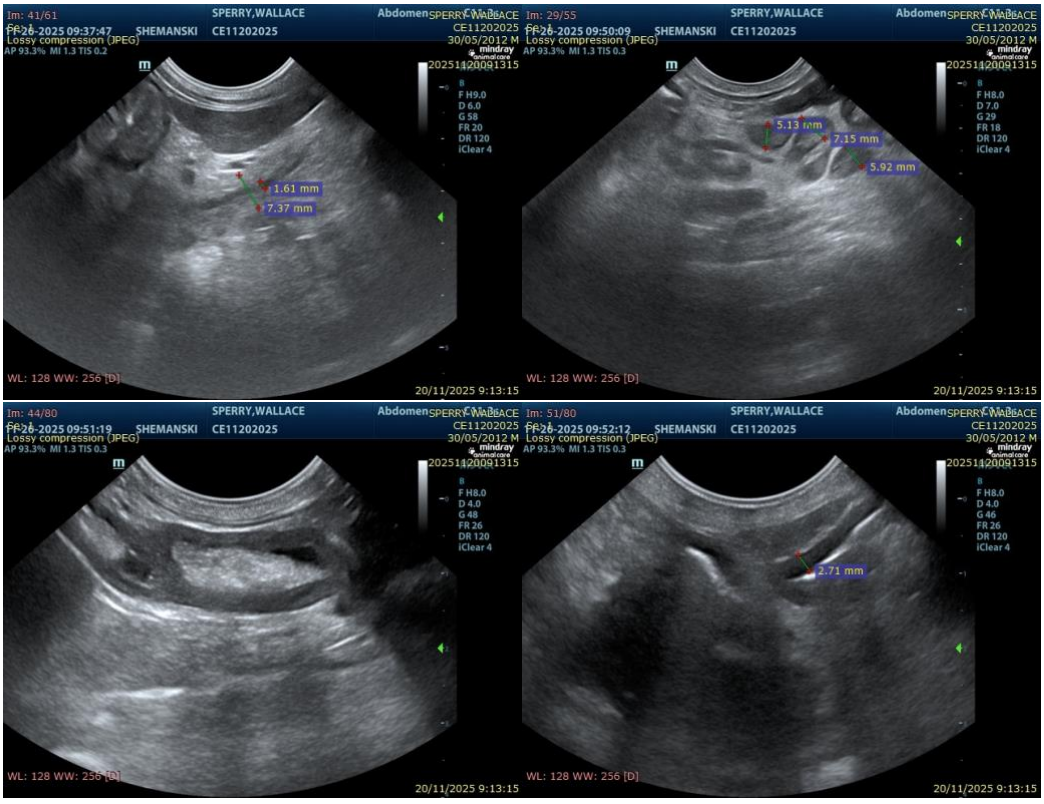
The kidneys show cortical hyperechogenicity with a medullary rim sign, which may indicate chronic kidney disease, interstitial fibrosis, or early nephropathy.

The floating hyperechoic echoes observed within the bladder lumen likely represent benign suspended debris, such as mucus, epithelial cells, or proteinaceous material. These findings can be seen even when urinalysis is normal, and in the absence of cystitis, hematuria, crystals, or bladder wall abnormalities, they are most often considered incidental and non-pathologic.

Recommendations

- Consider GI panel: cobalamin, folate, and TLI.
- Fecal PCR panel to rule out infectious causes of enteritis.
- Full-thickness intestinal biopsies are gold standard for differentiating IBD vs lymphoma.
- Therapeutic and supportive plan (including analgesia) while waiting for diagnosis.
- Monitor renal parameters and perform urinalysis with a urine protein-to-creatinine (UPC) ratio.



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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