



## PATIENT

Shadow Stupak

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Spayed female

## AGE

14 years

## WEIGHT

3.83 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Titi Antonopoulos

## HOSPITAL NAME

Orchard VC

## REFERRING VET

Dr. Titi Antonopoulos

## INVOICE

69104

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

History: Patient currently on Mirtazapine and Cerenia for inappetence, nausea. Decreased appetite/nausea presented about 1 month ago. Doing well on treatment Past two blood work has showed CKD, hypercalcemia, increased ALT  
Abnormal PE/Chem/CBC/UA Results: Calcium 316 (1.95-283) Cre: 182 (71-212) BUN: 14.6 (5.7-12.9) ALT: 141 (12-130) USG 1.010

## 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: 3.52 x 2.19 cm, and the thickness of the cortex is 0.32 cm, in the sagittal plane. The cortical is isoechoic 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: 3.24 x 1.05 cm, and the thickness of the cortex is 0.29 cm, in the sagittal plane. The cortical is isoechoic 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

The left adrenal gland measures 0.31 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.27 cm at the caudal pole.

### Spleen

Splenic thickness is 0.71 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is empty and folded, with mural thickness of 1.78 mm and preserved wall layering. Pylorus: 5.37 mm (muscularis 2.04 mm).

Duodenum: proximal 2.75 mm; distal 2.37 mm. Jejunum: 1.71 mm (mucosa 1.11 mm; submucosa 0.39 mm; muscularis propria 0.33 mm). Ileum: 1.39 mm (mucosa 0.53 mm; submucosa 0.29 mm; muscularis propria 0.20 mm). Normal wall layering is preserved. The ileocecal junction measures 3.04 mm (muscularis 1.03 mm). No signs of obstruction, ileus, or foreign material are identified.

Colon: ascending 0.56 mm; transverse 0.55 mm; descending 0.53 mm, with formed feces in the descending segment.

## *Pancreas*

Right limb: 6.18 mm; body and left limb: 7.21 mm. The pancreatic parenchyma is hypoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 1.64 mm. No signs of active inflammation of the peripancreatic fat are evident.

## *Peritoneal Cavity*

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

## ULTRASONOGRAPHIC FINDINGS

- Pylorus moderately thickened with prominent muscularis.
- Ileum / Ileocecal junction: Ileocecal junction thickened (3.04 mm; muscularis 1.03 mm).
- Pancreas: Mildly enlarged, hypoechoic parenchyma; pancreatic duct 1.64 mm; no peripancreatic fat inflammation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pylorus is moderately thickened with prominent muscularis, and the ileocecal junction is thickened. This pattern is compatible with chronic inflammatory enteropathy, or low-grade alimentary lymphoma remains a significant differential diagnosis, especially given the distribution (pylorus and ileocecal region) and the degree of muscularis involvement.

The pancreas is mildly enlarged and hypoechoic, which may be seen with chronic or low-grade pancreatitis, even in the absence of peripancreatic fat inflammation. Chronic pancreatitis is often associated with feline triaditis and can contribute to intermittent nausea and hyporexia.

Both kidneys show normal morphology with preserved architecture; however, correlation with the patient's known CKD, isosthenuria, and persistent hypercalcemia is essential. Hypercalcemia is a known



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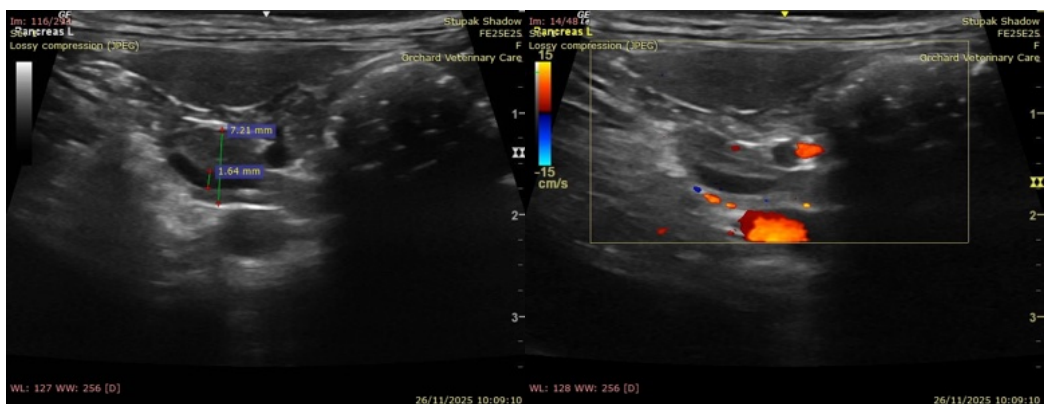
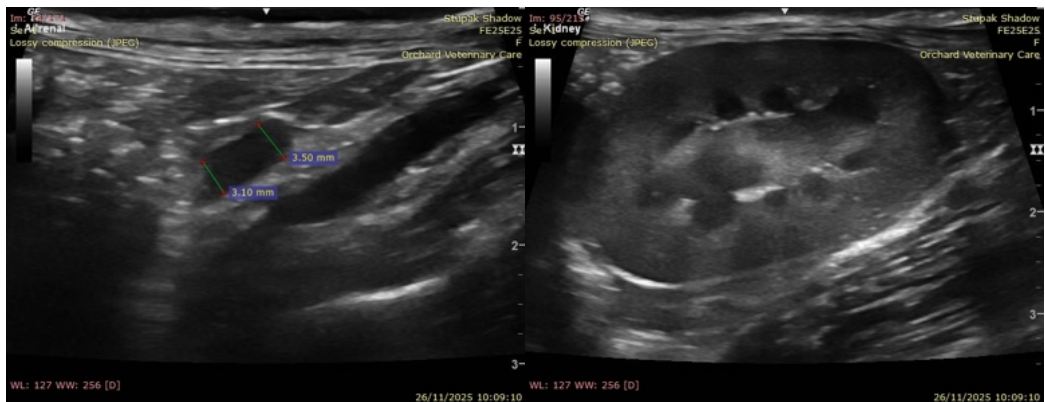
## DATE

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cause of nausea and may occur with CKD, idiopathic disease, or neoplasia (including lymphoma).

### Recommendations:

- A GI panel (cobalamin, folate, fTLI, Spec fPL) is recommended to assess chronic enteropathy, pancreatic disease, and cobalamin deficiency.
- Given the pattern of thickening, endoscopic or surgical biopsies are required for definitive diagnosis.
- Measure ionized calcium if not already performed and consider PTH and PTHrP testing if hypercalcemia persists.
- Continue monitoring of CKD progression with SDMA, creatinine, BUN, urinalysis with UPC, and blood pressure. Persistent hypercalcemia can accelerate renal deterioration.
- Continue anti-nausea therapy and appetite stimulation as clinically indicated. Consider empiric cobalamin supplementation, as deficiency is common in chronic GI disease and pancreatitis.
- Recheck ultrasound as needed.





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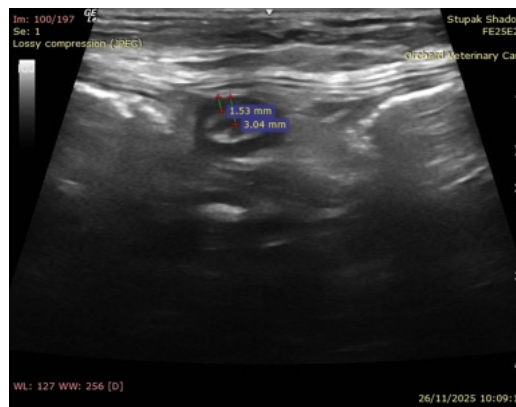
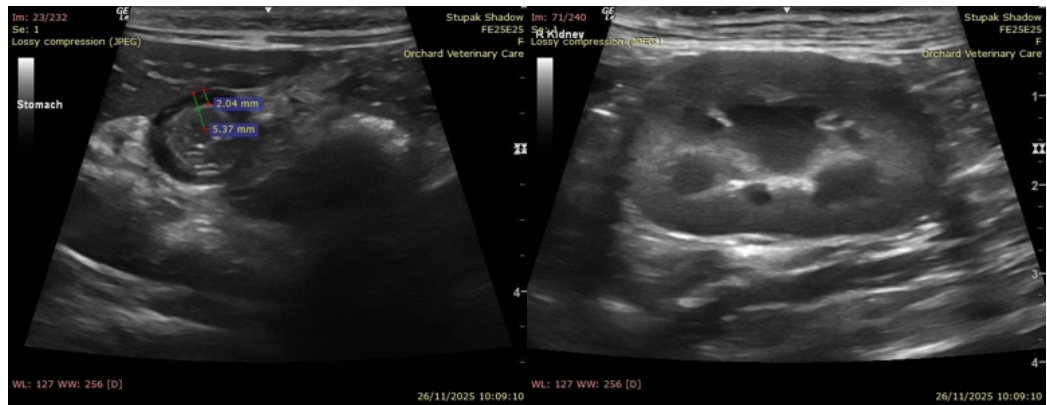
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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