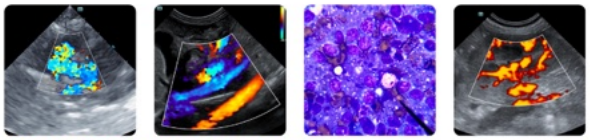


PATIENT

Lucky Moll

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

11.36 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Anne Culp

HOSPITAL NAME

Onion River AH

REFERRING VET

Dr. Culp

INVOICE

69390

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Chronic vomiting- resolved after 1 week of cerenia decreased appetite, mild weight loss- continued
Abnormal PE/Chem/CBC/UA Results: Ca 11.4 (iCa 1.44), BW otherwise normal rads WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is semi-distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.01×2.01 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.86×2.31 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland was not visualized. The right adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole.

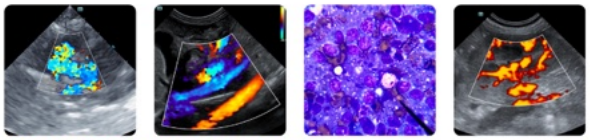
Spleen

Splenic thickness is 0.68 cm. The splenic 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 hepatic parenchyma appears 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 thickened, measuring approximately 1.98 mm, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of approximately 2.65 mm. The pylorus measures approximately 3.44 mm and contains a small amount of fluid. The duodenum measures approximately 1.40 mm.

The ileum measures approximately 1.22 mm, with preserved wall layering. Individual intestinal wall layers are extremely thin and could not be clearly distinguished or accurately measured with the microconvex transducer used. The ileocecal junction measures approximately 2.62 mm, with a muscularis thickness of 0.61 mm. No sonographic signs of intestinal inflammation, ileus, or foreign material are identified.

The colon wall measures approximately 0.74 mm, with formed feces in the descending segment.

Pancreas

The pancreas could not be clearly visualized; however, the evaluated pancreatic regions do not demonstrate sonographic evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized. A gastric lymph node measuring approximately 5.28×7.05 mm is identified; it is rounded, mildly hypoechoic, and associated with mild surrounding fat hyperechogenicity adjacent to the stomach. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Gastric wall thickness is at the upper limits of normal, and the pyloric wall is mildly increased in thickness, with preserved layering and a small amount of intraluminal fluid.
- Enlarged, rounded gastric lymph node with mild surrounding fat hyperechogenicity.
- Gallbladder wall thickening with mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall thickness is at the upper limits of normal, and the pyloric wall is mildly increased in thickness, with preserved wall layering and a small amount of intraluminal fluid. While these findings are nonspecific, in the appropriate clinical context they are most consistent with mild chronic gastritis and/or functional pyloric spasm. The presence of a rounded, mildly hypoechoic gastric lymph node with mild adjacent fat hyperechogenicity further supports localized inflammatory or antigenic stimulation involving the stomach or proximal gastrointestinal tract.

The gallbladder wall is thickened, with a small amount of biliary sludge, and without biliary duct dilation or hepatic parenchymal abnormalities. These findings are considered reactive and may be secondary to systemic illness or gastrointestinal inflammation.

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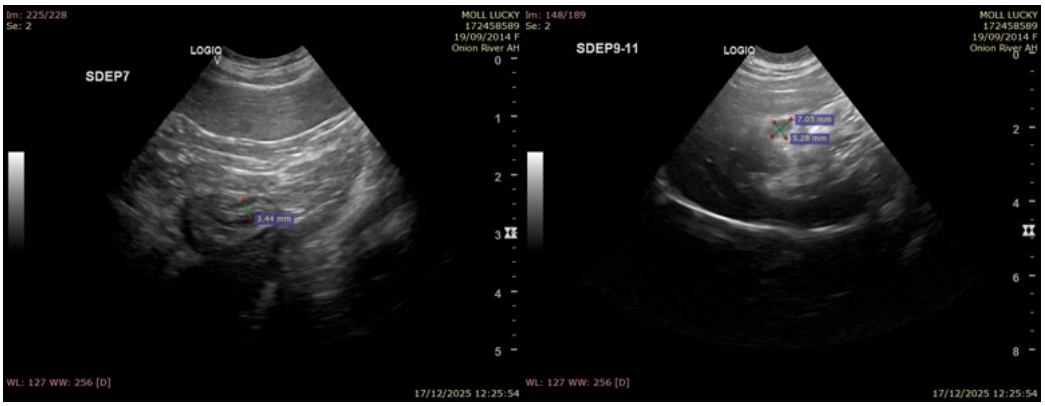
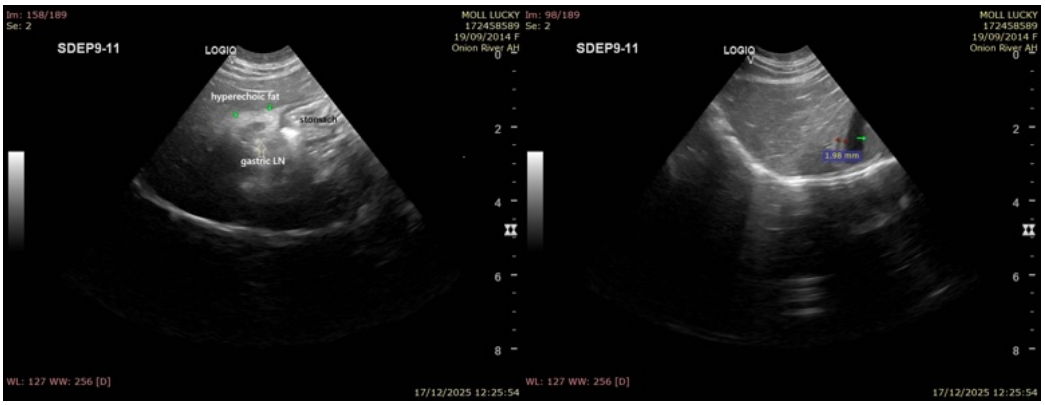
The remainder of the gastrointestinal tract appears structurally normal, with preserved wall layering and measurements within expected limits, and there is no sonographic evidence of intestinal lymphoma, infiltrative enteropathy, or mechanical obstruction. The pancreas could not be clearly visualized; however, there are no secondary sonographic changes to suggest active pancreatitis.

In the context of persistent hypercalcemia, no definitive ultrasonographic evidence of neoplasia is identified. The ultrasonographic findings are most compatible with mild chronic gastritis with possible functional pyloric involvement, accompanied by reactive regional lymphadenopathy, and do not support a diagnosis of gastrointestinal neoplasia or advanced inflammatory bowel disease at this time.

Recommendations

- Correlate with serial ionized calcium measurements to confirm persistence and progression of hypercalcemia.
- Consider further evaluation of hypercalcemia, including PTH, PTHrP, and vitamin D–related testing, if clinically indicated.
- Invasive diagnostics are not immediately indicated unless clinical signs worsen or additional abnormalities develop. If this happens, an upper gastrointestinal endoscopy and/or tissue sampling would be recommended to rule out gastric inflammatory disease and to evaluate the integrity of the gastric mucosa.





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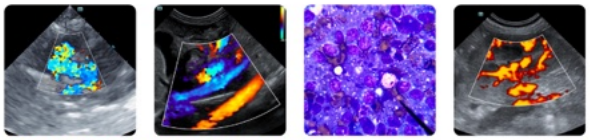

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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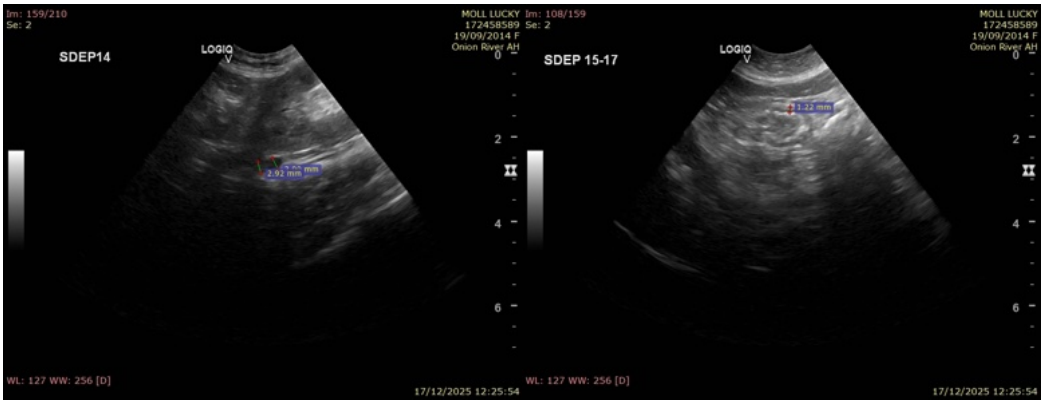

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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