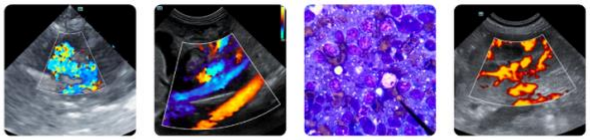


PATIENT

Velvet Denardo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14

WEIGHT

6.4 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arch Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Arch Gordon

INVOICE

35081

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Vomiting and weight loss Labwork normal except elevated ALT and AST pro BNP slight elevation.

Abnormal PE/Chem/CBC/UA Results: ast 223 (16-67 U/L) alt 374 (27-158 u/L) Urine non crystaline debris noted , Thyroid normal pro BNP 114 (0-100 pmol / L).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is slightly turbid, with a few floating echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.63×2.06 cm, with a cortical thickness of 0.36 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.62×1.98 cm, with a cortical thickness of 0.34 cm in the sagittal plane.

Both kidneys: The renal cortex is slightly increased in echogenicity, resulting in mild increased corticomedullary distinction. 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 0.23 cm at the cranial pole and 0.21 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 0.70 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

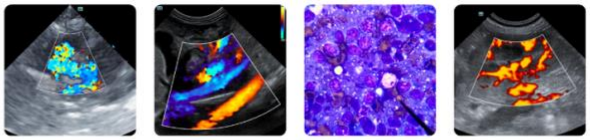
Liver

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.

The gallbladder lumen is moderately distended. The wall is thin, and the contents include a moderate amount of biliary sludge. The cystic duct measures 5.40 mm, and the common bile duct measures 2.01 mm.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.41 mm and preserved wall layering. The pylorus measures 3.04 mm, with a muscularis thickness of 1.42 mm.



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The duodenum measures 1.73 mm and contains a small amount of fluid and gas.

The jejunum measures 2.03 mm (mucosa: 0.75 mm; submucosa: 0.85 mm; muscularis propria: 0.30 mm).

The ileum measures 1.97–2.31 mm; however, a segment of the ileum measures up to 3.78 mm (mucosa: 0.55 mm; submucosa: 1.20 mm; muscularis propria: 1.25 mm), with preserved wall layering.

The ileocecal junction measures 2.11 mm. No signs of obstruction, ileus, or foreign material are identified.

The ascending colon measures 1.16 mm and appears empty. The descending colon measures 1.02 mm, with a small amount of formed feces.

Pancreas

The pancreas measures approximately 6.63 mm and appears normal. The pancreatic parenchyma is isoechoic compared to the adjacent omental fat. The pancreatic duct measures 0.94 mm in diameter. No signs of active inflammation or neoplastic disease are evident.

Free Abdomen

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

PRIMARY FINDINGS

- Segmental thickening of the ileal wall with preserved layering and muscularis hypertrophy.
- Moderate biliary sludge within the gallbladder.
- Prominence of the cystic duct and common bile duct, without evidence of obstruction.

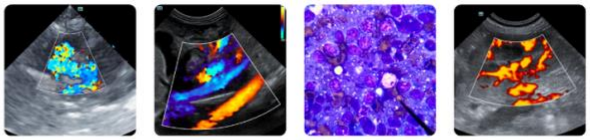
SECONDARY FINDINGS

- Mild bilateral increased renal cortical echogenicity (nonspecific, age-related finding).
- Mild urinary turbidity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the liver appears subjectively normal in size and echotexture on ultrasound, with no focal lesions or diffuse parenchymal abnormalities identified, the presence of moderate biliary sludge in combination with elevated ALT and AST suggests secondary hepatobiliary involvement rather than primary hepatic disease. In the context of chronic gastrointestinal inflammation and weight loss, these findings are most consistent with a reactive or secondary hepatopathy, potentially related to altered enterohepatic circulation, chronic inflammation, or reduced biliary flow. Primary hepatic neoplasia or advanced diffuse liver disease is considered unlikely based on the current ultrasonographic appearance

Intestinal wall layering is preserved. However, the focal nature and degree of ileal wall thickening raise concern for early inflammatory bowel disease (IBD), with early low-grade intestinal lymphoma remaining a relevant differential diagnosis. No ultrasonographic evidence of obstruction or discrete mass effect is identified.



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The pancreas appears sonographically normal, and there is no ultrasonographic evidence of active pancreatitis. No abdominal lymphadenopathy or effusion is identified.

The kidneys show mild, bilateral increased cortical echogenicity with preserved corticomedullary definition, a common finding in older cats and not necessarily indicative of clinically significant renal disease in the absence of azotemia.

Mild urinary turbidity with fine suspended echoes is noted. In the absence of bladder wall abnormalities, shadowing material, or clinical urinary signs, this finding is considered nonspecific and most consistent with urine concentration or transient urinary stasis.

Recommendations

- Monitor liver enzymes. Further hepatic evaluation, particularly bile acids testing, may be considered if liver enzyme abnormalities persist or worsen.
- A feline gastrointestinal panel (including cobalamin, folate, Spec fPL, and TLI) may be useful to further characterize intestinal function and identify concurrent malabsorption or pancreatic involvement.
- Serial abdominal ultrasound may be useful to monitor progression or resolution of the ileal changes.
- Intestinal biopsies (endoscopic or surgical, depending on availability and clinical judgment) are recommended if clinical signs persist or worsen, as ultrasound findings alone cannot definitively distinguish between inflammatory and early infiltrative disease.

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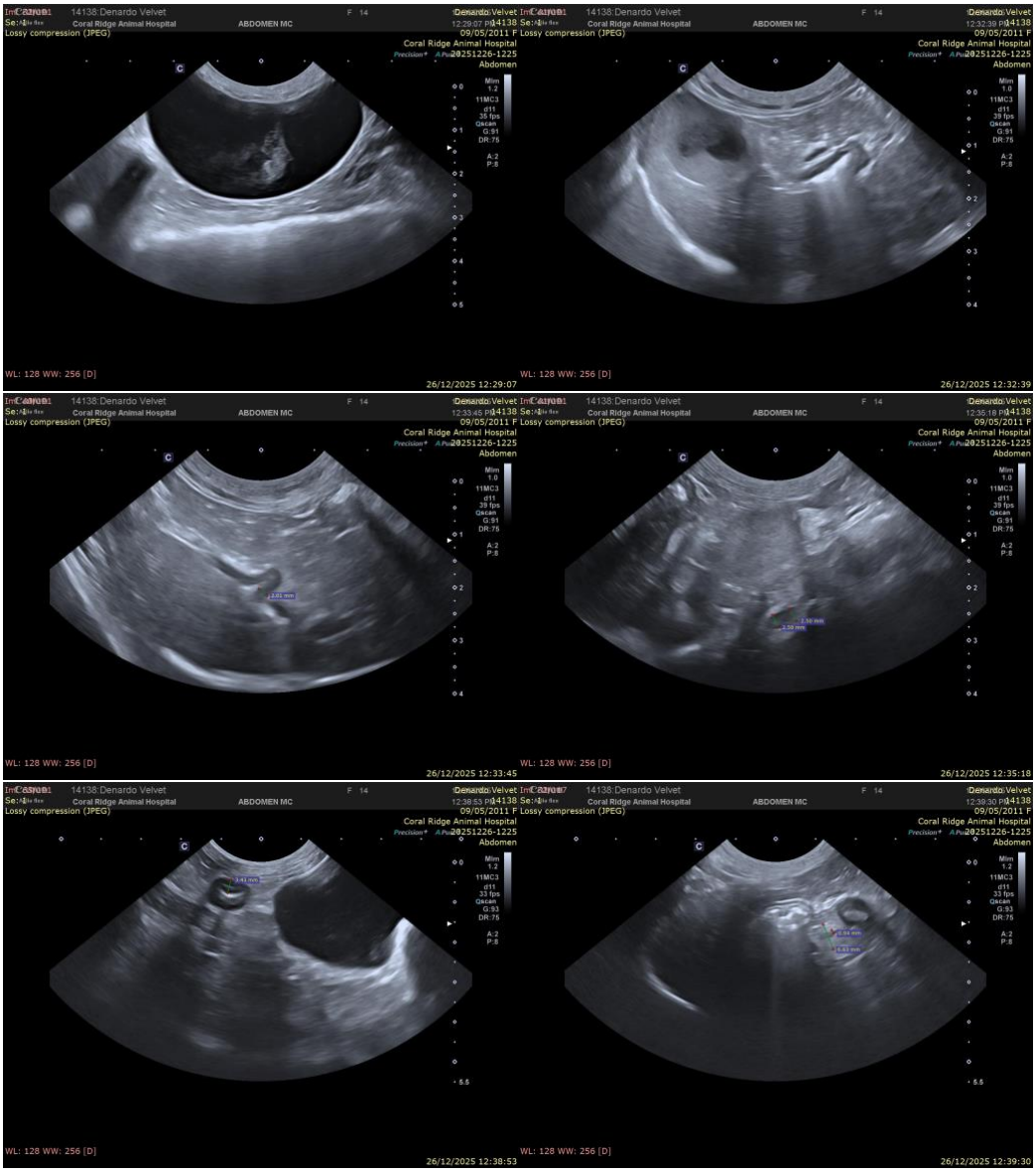

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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