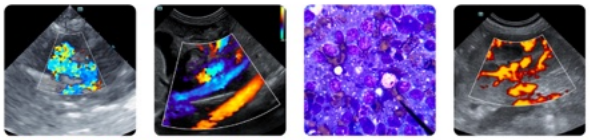


PATIENT

Elvira Cieslik

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore Veterinary Group

REFERRING VET

Dr. Rosen

INVOICE

69279

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: not eating ~3 days, no vomiting or diarrhea had URI a couple of weeks ago was on clavamox owner has been syringe feeding patient littermate passed from oral cancer
Abnormal PE/Chem/CBC/UA Results: moderate periodontal disease some mild inflammation at caudal mucosa bilaterally, worse R>L does not have appearance of tumor but could be early in disease process weight loss ~2lbs since last May bloodwork included, elevated white blood cell count and elevated globulins

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is turbid, with suspended sediment/debris. The proximal urethra and vesicoureteral junction appear normal. No calculi or ultrasonographic evidence of inflammatory or neoplastic changes are observed.

The left kidney is normal in shape and size: 3.69x1.99 cm, with a cortical thickness of 0.28 cm in the sagittal plane.
The right kidney is normal in shape and size: 3.72x2.11 cm, with a cortical thickness of 0.27 cm in the sagittal plane.

Both kidneys have cortices that are isoechoic to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A mild “medullary ring” sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity.
The left adrenal gland measures 0.34 cm at the cranial pole and 0.35 cm at the caudal pole.
The right adrenal gland measures 0.30 cm at the cranial pole and 0.29 cm at the caudal pole.

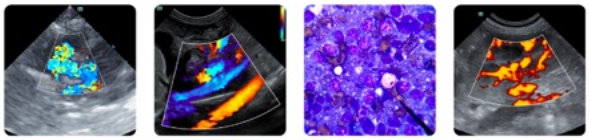
Spleen

Splenic thickness is 0.56 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 hepatic parenchyma is 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 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 1.86 mm and preserved wall layering. Pylorus: 2.60 mm. Duodenum: 1.64 mm. Jejunum: 2.96 mm (Mucosa: 1.24 mm; Submucosa: 0.93 mm; Muscularis propria: 0.66 mm). Ileum: 2.06 mm (Mucosa: 0.95 mm; Submucosa: 1.07 mm; Muscularis propria: 0.62 mm). The ileocecal junction measures 2.72 mm, with a muscularis layer of 1.01 mm. Wall layering remains normal throughout. No signs of ileus, or foreign material are identified. Colon: wall thickness 1.41 mm, with a small amount of fecal material in the descending segment.

Pancreas

The pancreatic regions evaluated do not show ultrasonographic evidence of inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild jejunal, ileal, and ileocecal wall thickening within physiologic variation, without abnormal layer distribution.

SECONDARY FINDINGS

- Turbid urine with suspended debris.
- Mild medullary rim sign in both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract shows mild diffuse small-intestinal thickening within the upper limit of normal, with preserved wall layering and physiologic segmental variation. Measured layer proportions in jejunum and ileum remain within expected ranges for geriatric cats and do not support infiltrative neoplasia or clinically significant chronic enteropathy. The ileocecal junction appears mildly thickened but maintains normal wall architecture. No mechanical obstruction, foreign material, or focal mural lesion is identified.

The urinary bladder contains turbid urine with suspended debris, consistent with cellular sediment, crystalluria, or lipidic material.

In summary, the ultrasound does not reveal structural abdominal disease to explain the patient's anorexia.

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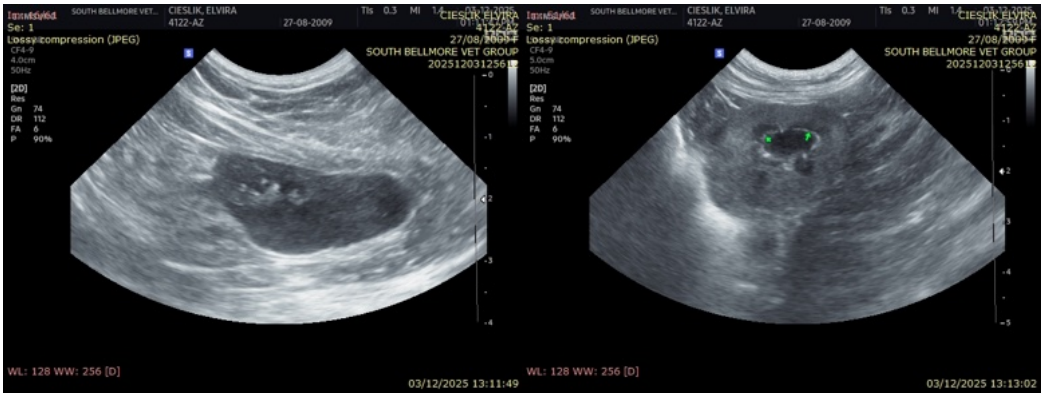
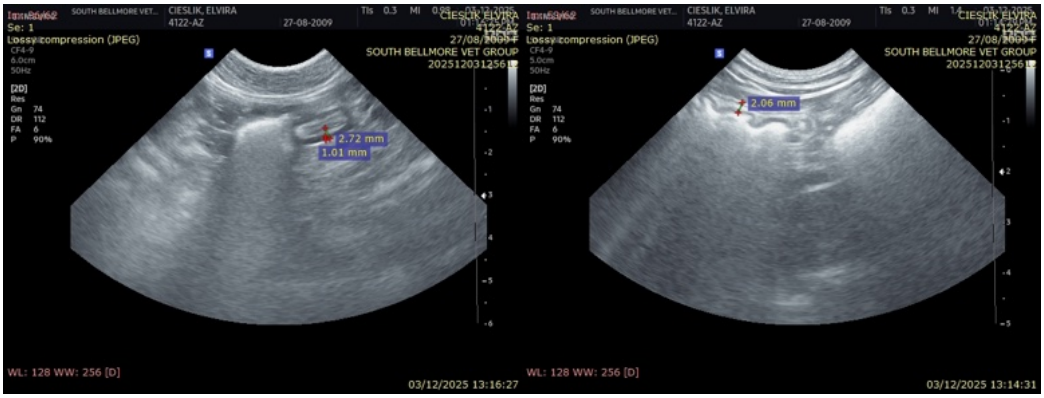
Recommendations

- Dental/oral evaluation and treatment, as oral inflammation may explain systemic inflammation and hyperglobulinemia.
- Although the pancreas appears normal on ultrasound, a Spec fPL test is recommended. Pancreatitis—particularly chronic or mild forms—may be present despite normal ultrasonographic appearance, and can contribute to anorexia and systemic inflammation in geriatric cats.
- CBC/Chemistry monitoring, especially leukocytosis and globulins.
- Supportive care for anorexia, including analgesia and appetite stimulants as needed.
- Consider infectious disease screening (FeLV/FIV, +/- toxoplasma) given hyperglobulinemia and recent URI history.
- Urinalysis with sediment exam ± culture, given turbid urine and debris.





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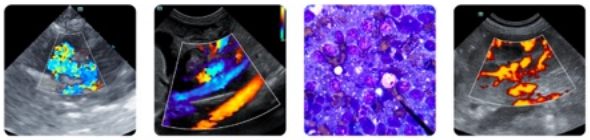

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com