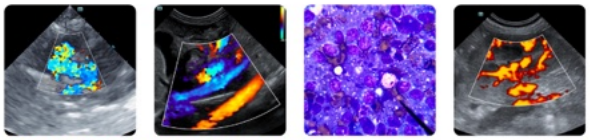


PATIENT

Dewey Finger Lakes AH

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.42 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Emila Monachino

HOSPITAL NAME

Finger Lakes AH Vector

REFERRING VET

Dr. Monachino

INVOICE

69720

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Hospital cat. Had previous abdominal scan March 2025. Suspected IBD since 2019. Has been on Ultamino diet since that time. No recent GI symptoms and currently doing well. No longer on Tylosin or Vitamin B12 injections. Chronic soft lobular mass on ventral abdomen is concerning for a possible abdominal hernia but cannot be reduced. New concern is development of mild nonregenerative anemia since Sept 2025.
Abnormal PE/Chem/CBC/UA Results: Dec 2025: CBC - slight dec RBCS 6.54 , dec HCT 26.9, dec Hg 9.5, rest WNL. CHEM - dec TP 5.4, normal ALB 2.8, dec GLOB 2.6. T4 = 2.2 WNL. Pancreatic lipase = 2.0 = WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is predominantly anechoic with scant suspended echogenic material. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction, with a visible medullary rim sign. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern. The left kidney is normal in shape and size, measuring 3.68 × 2.20 cm, with a cortical thickness of 0.37 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.85 × 2.36 cm, with a cortical thickness of 0.39 cm in the sagittal plane.

Adrenal Glands

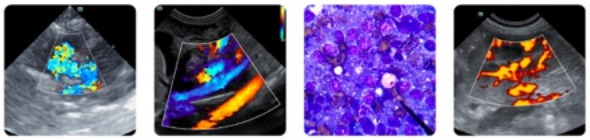
Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.23 cm at the cranial pole and 0.21 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.26 cm at the caudal pole.

Spleen

Splenic thickness measures 0.76 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is moderately distended. The gallbladder wall measures 1.12 mm. The contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and mildly folded, with a mural thickness of 1.88 mm and preserved wall layering. The pyloric wall measures 2.81 mm.

The duodenum measures 1.27 mm. The jejunum measures 1.85 mm, with the following wall layer measurements: mucosa 1.09 mm, submucosa 0.34 mm, and muscularis propria 0.36 mm. The ileum measures 1.13 mm, with mucosa 0.41 mm, submucosa 0.59 mm, and muscularis propria 0.26 mm; wall layering is preserved. The ileocecal junction measures 3.01 mm, with a muscularis thickness of 1.0 mm. No evidence of gastrointestinal obstruction, ileus, or foreign material is identified.

The colonic wall measures 0.65 mm, with formed fecal material present in the descending colon.

Pancreas

The pancreas measures approximately 6.68–7.15 mm in thickness, with regular margins. Pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.34 mm in diameter. No ultrasonographic evidence of peripancreatic fat inflammation is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. The cranial mesenteric and ileocecal lymph nodes are normal in size, with the largest measuring approximately 2.67 mm in thickness. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mildly increased cortical echogenicity with a medullary rim sign.
- Small amount of biliary sludge within a moderately distended gallbladder.
- Mildly visible pancreatic duct with slightly hypoechoic pancreatic parenchyma, without secondary inflammatory changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal wall thicknesses are within expected limits, and wall layering is preserved throughout. Mild muscularis prominence at the ileocecal junction is noted but remains proportionate and well layered. There are no focal intestinal masses, loss of layering, or transmural lesions identified.

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The pancreatic parenchyma appears slightly hypoechoic, and the pancreatic duct is mildly dilated. These findings are most consistent with age-related or chronic subclinical changes, and there are no ultrasonographic features supportive of active pancreatitis.

Both kidneys demonstrate increased cortical echogenicity with a medullary rim sign. In cats, this finding is nonspecific and may be associated with early or chronic renal changes, age-related variation, or prior systemic disease. Correlation with renal values and urinalysis is required to determine clinical significance.

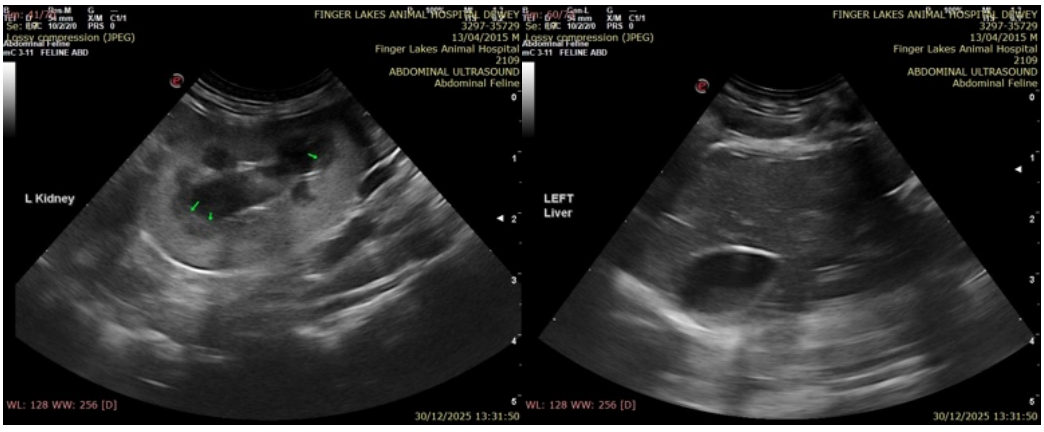
The gallbladder contains a small amount of biliary sludge without ductal dilation or wall thickening, most consistent with benign biliary stasis.

There are no ultrasonographic findings to explain the newly identified mild nonregenerative anemia or hypoglobulinemia, and ultrasound cannot assess bone marrow function or immune-mediated processes.

Overall, the ultrasonographic appearance is stable to mildly improved compared to the March 2025 examination, supporting chronic, well-controlled inflammatory enteropathy rather than progressive infiltrative disease. Small intestinal wall thicknesses and layering remain preserved and within similar ranges, and there is no new intestinal thickening or loss of layering. Mesenteric and ileocecal lymph nodes, previously described as mildly reactive, are currently within normal size limits.

Recommendations

- Continue current dietary management.
- Further evaluation of anemia and hypoglobulinemia (serial CBCs, reticulocyte count, and consideration of iron studies or inflammatory markers).
- Correlate renal ultrasonographic findings with serum creatinine, SDMA, and complete urinalysis, including urine specific gravity and UPC, if feasible.



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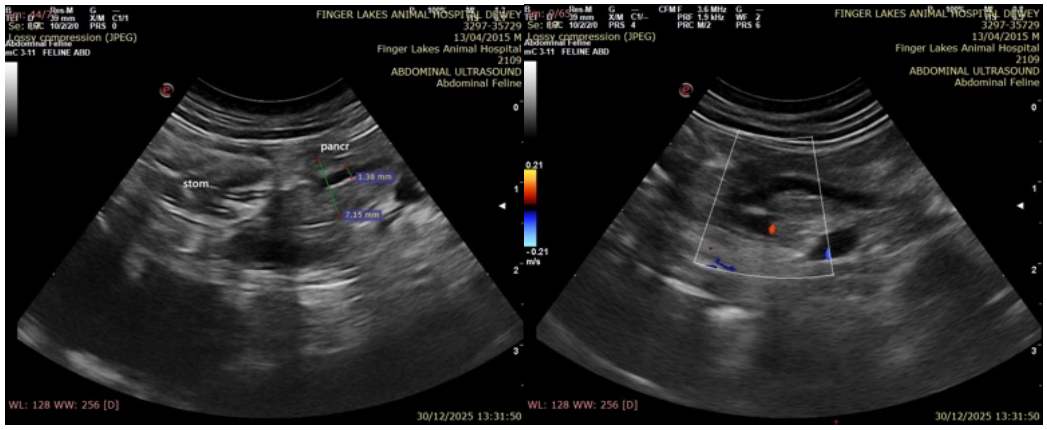

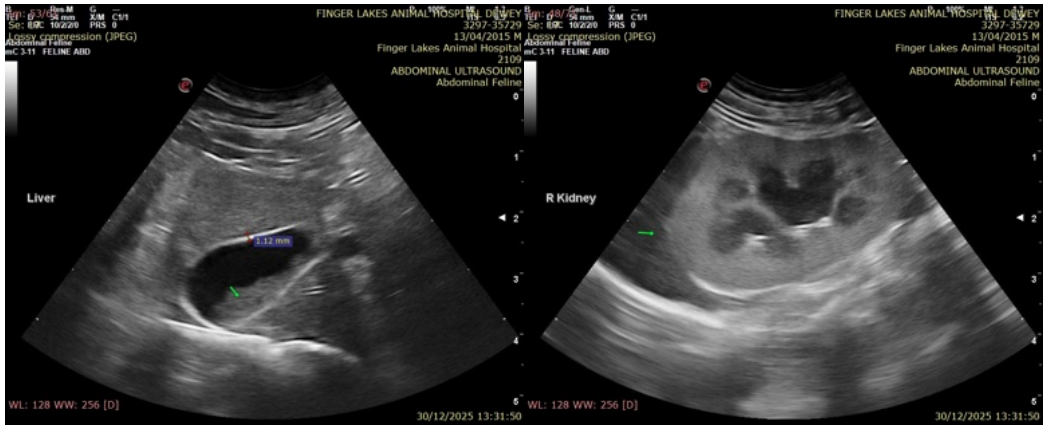

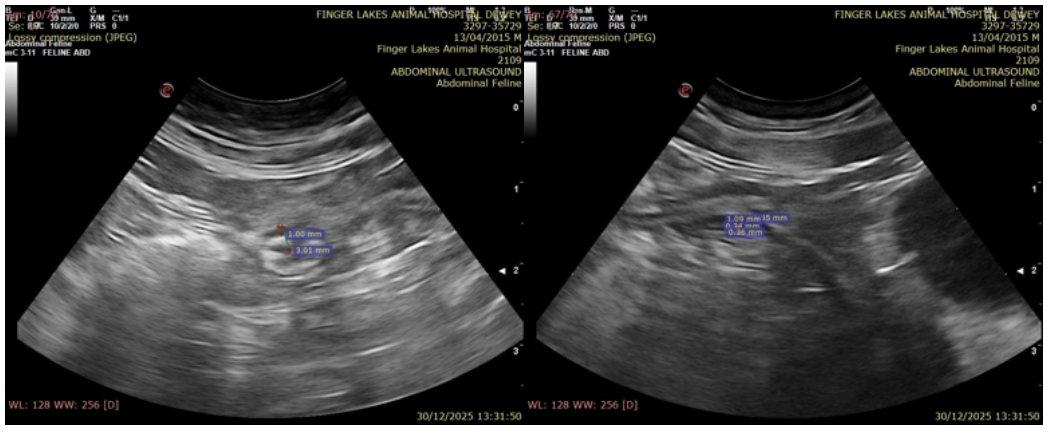

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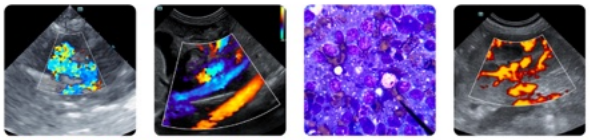

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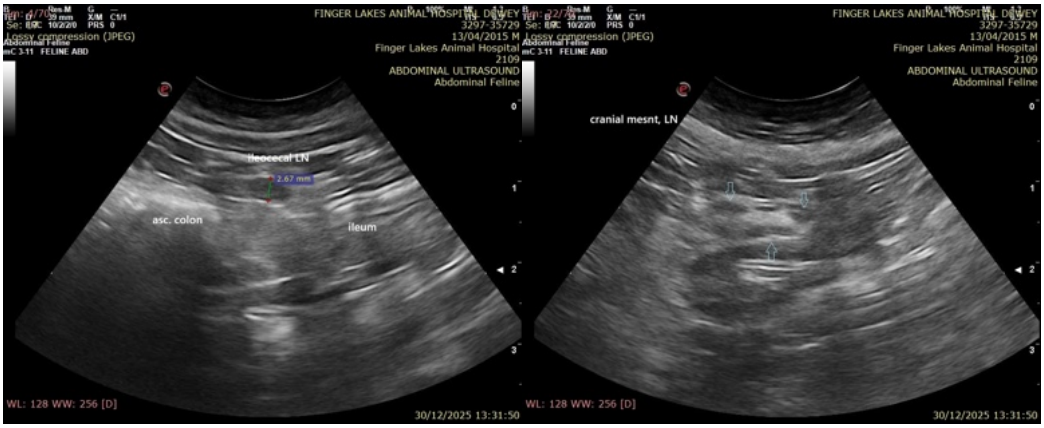

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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