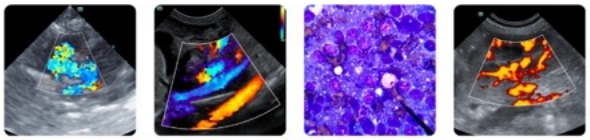


PATIENT

Lily Aponick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

11.06 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

69361

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Elevated ALT and weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The proximal urethra and vesicoureteral junction appear normal. No calculi or signs of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size: 3.64 x 2.24 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The right kidney is normal in shape and size: 3.93 x 1.96 cm, with a cortical thickness of 0.35 cm in the sagittal plane. Both kidneys show a cortex that is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

Adrenal glands were not visualized.

Spleen

Splenic thickness is 0.87 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

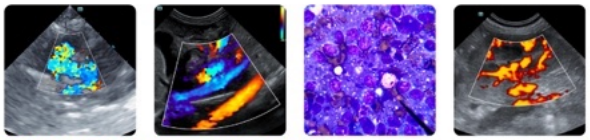
The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is noted.

The gallbladder lumen is normally distended. The wall is thin 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.

Gastrointestinal

The stomach is empty and folded; mural thickness is preserved (measurement not provided) with normal wall layering.

Pylorus: 2.60 mm. Duodenum: 1.80 mm. Jejunum: 2.32–2.73 mm (Mucosa 0.77 mm, Submucosa 0.52 mm, Muscularis propria 1.28 mm). Ileum: 2.53 mm (Mucosa 0.76 mm, Submucosa 0.80 mm, Muscularis propria 1.05 mm). Wall layering is preserved throughout. The ileocecal junction measures 2.09 mm, with the muscularis layer measuring 1.15 mm.



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Colon wall thickness is 0.99–1.07 mm, containing small amounts of fecal material in the descending segment.

Pancreas

Pancreatic thickness is 6.54 mm. The right limb, body, and left limb appear normal. The pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 1.34 mm. No signs of active inflammation or neoplastic disease are identified.

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 appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Jejunal and ileal muscularis prominence (muscularis > mucosa in both segments).
- Ileocecal junction muscularis markedly prominent.
- Pancreatic duct mildly enlarged.

SECONDARY FINDINGS

- Biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound reveals diffuse prominence of the muscularis layer across multiple intestinal segments, including the jejunum (muscularis:mucosa ratio 1.66:1), ileum (1.38:1), and ileocecal junction (muscularis comprising ~55% of total wall thickness), while overall mural thickness and layering remain within normal limits. While this mural pattern is compatible with chronic enteropathy, it is important to note that muscularis-predominant thickening in cats overlaps substantially with the appearance of early or low-grade small-cell lymphoma, and ultrasound alone cannot reliably distinguish between these conditions. No abdominal lymphadenopathy is detected in the videos provided.

Overall, the sonographic findings most strongly support chronic gastrointestinal disease, with possible concurrent chronic pancreatitis, both of which are common contributors to weight loss and mild ALT elevation in older cats and may occur without appreciable hepatic parenchymal changes on ultrasound.

Recommendations

- Further evaluation with a complete GI panel (TLI, fPLI, folate, cobalamin) is recommended to characterize potential chronic pancreatitis, dysbiosis, or malabsorption. Empirical cobalamin supplementation and a dietary trial with a novel or hydrolyzed protein diet may be beneficial.

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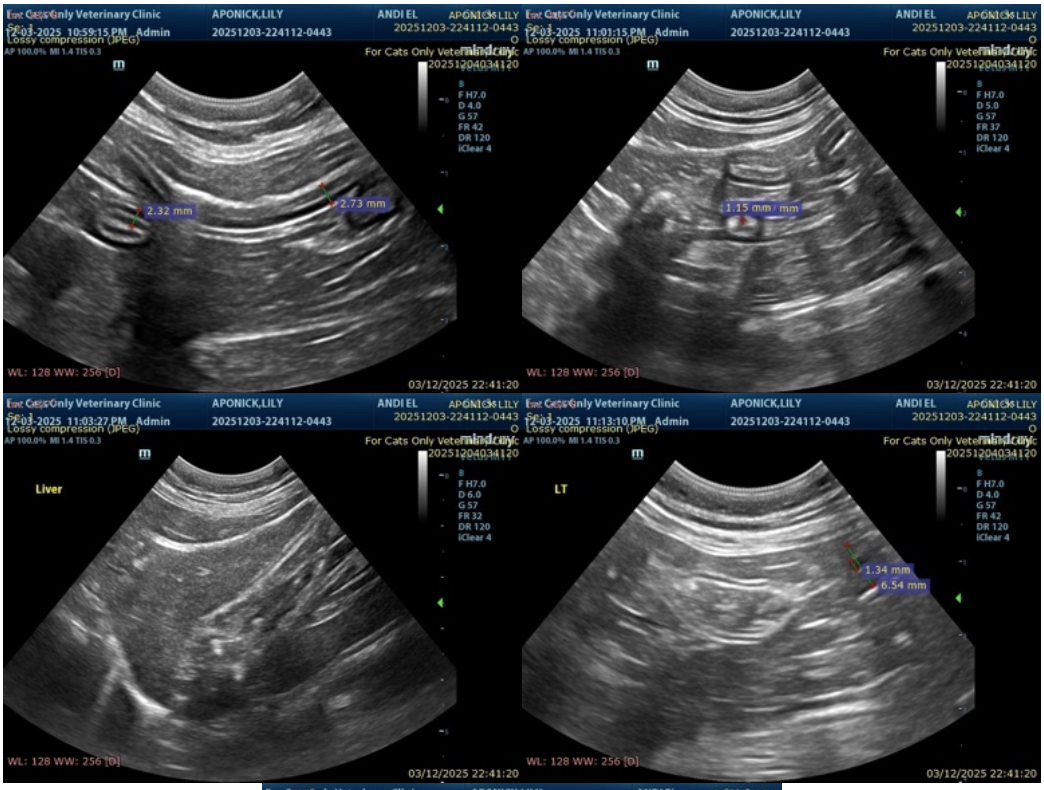
- Clinical reassessment and repeat imaging should be considered if signs persist or if weight loss continues.
- Gastrointestinal biopsies should be considered if clinical signs persist despite appropriate medical management or if a definitive diagnosis is required to guide long-term therapy.



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.

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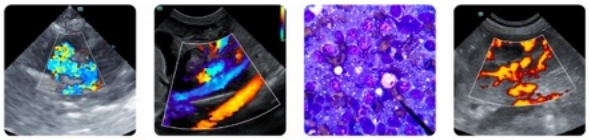

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