



PATIENT

Marley Sipp

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

8.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

71479

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Weight loss with ravenous appetite
- Stage 2 renal disease; no other bloodwork findings
- No vomiting or diarrhea

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is mildly underdistended. The urinary bladder wall measures 1.59 mm. Due to underdistension, wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 3.69×1.93 cm in the sagittal plane. The right kidney measures 3.62×1.89 cm in the sagittal plane. Both kidneys are normal in shape and size for a cat of this body size. In both kidneys, the renal cortex is increased in echogenicity compared to the liver parenchyma, and corticomedullary definition is decreased. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler settings in the provided image are not optimized for feline renal perfusion assessment. The pulse repetition frequency (PRF) is set too high to detect normal intrarenal (interlobar/arcuate) flow. With the PRF observed in the image, normal renal blood flow would fall below the detection threshold; therefore, absence of Doppler signal cannot be interpreted as reduced perfusion.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.30 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.21 cm at the caudal pole.

Spleen

Splenic thickness measures 0.66 cm. The 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 edges and a regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin. The contents are primarily anechoic. The common bile duct measures 2.69 mm proximally and 1.38 mm distally.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.74 mm and preserved wall layering. The pylorus measures 3.04 mm.

The duodenum measures 1.78 mm in thickness, with a small amount of intraluminal fluid.

The jejunum measures 2.09 mm in thickness. The mucosa measures 1.16 mm, the submucosa 0.54 mm, and the muscularis propria 0.52 mm, resulting in a muscularis-to-mucosa ratio of approximately 0.45, which is within expected limits for a normal feline small intestine.

The ileum measures 2.22 mm in thickness. The mucosa measures 1.05 mm, the submucosa 0.50 mm, and the muscularis propria 0.85 mm, resulting in a muscularis-to-mucosa ratio of approximately 0.81. While layering is preserved and overall wall thickness remains within reference limits (generally ≤ 2.7 –3.0 mm), this represents mild relative muscularis prominence.

The ileocecal junction measures 3.01 mm, with muscularis measuring 0.71 mm. Wall layering is preserved.

There is a moderate amount of gas within the small intestine, which mildly limits mural evaluation in some segments.

The colon measures 0.81 mm and contains formed feces within the descending segment.

Pancreas

The pancreas measures 6.91 mm in thickness. The parenchyma is slightly hyperechoic relative to adjacent omental fat. The pancreatic duct measures 1.59 mm in diameter. No focal mass or peripancreatic inflammatory changes are identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. The ileocecal lymph nodes measure 2.43–2.95 mm and have normal shape and echogenicity. The cranial mesenteric lymph nodes are not visualized, and the surrounding region appears unremarkable. The iliac trifurcation region is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral increased renal cortical echogenicity with reduced corticomedullary definition.
- Mild relative ileal muscularis prominence (muscularis-to-mucosa ratio approximately 0.8).

SECONDARY FINDINGS

- Mild pancreatic hyperechogenicity with pancreatic duct measuring 1.59 mm.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

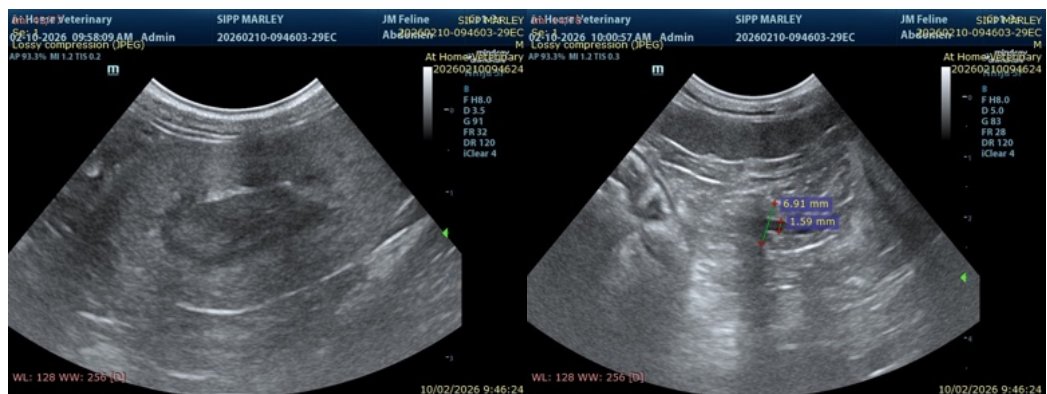
The most significant ultrasonographic findings are bilateral renal cortical hyperechogenicity with reduced corticomedullary distinction, consistent with chronic parenchymal renal disease and compatible with previously diagnosed IRIS stage 2 chronic kidney disease. Renal size remains within normal limits, supporting chronic rather than end-stage change.

The gastrointestinal tract is largely within normal thickness parameters. The jejunal muscularis-to-mucosa ratio is normal. The ileum demonstrates mild relative muscularis prominence (ratio approximately 0.8) with preserved layering and normal overall thickness. This change is subtle and nonspecific. In isolation, and in the absence of vomiting, diarrhea, lymphadenopathy, or marked wall thickening, it does not strongly support clinically significant inflammatory enteropathy or low-grade lymphoma at this time, though early or mild disease cannot be entirely excluded based on ultrasound alone.

The pancreas is mildly hyperechoic with a pancreatic duct measuring 1.59 mm. In geriatric cats, mild pancreatic duct dilation and increased echogenicity are common age-related findings and may reflect chronic low-grade fibrotic change rather than active pancreatitis, particularly in the absence of peripancreatic fat changes or clinical signs.

Recommendations

- Correlate renal findings with current renal parameters and blood pressure.
- Given the history of weight loss with polyphagia and minimal structural gastrointestinal abnormalities on ultrasound, definitive exclusion of hyperthyroidism is strongly recommended if not already performed.
- If endocrine causes are excluded and weight loss persists, a comprehensive feline gastrointestinal panel (including cobalamin, folate, fPLI, and TLI) may be considered to evaluate for subclinical enteropathy or chronic pancreatopathy.





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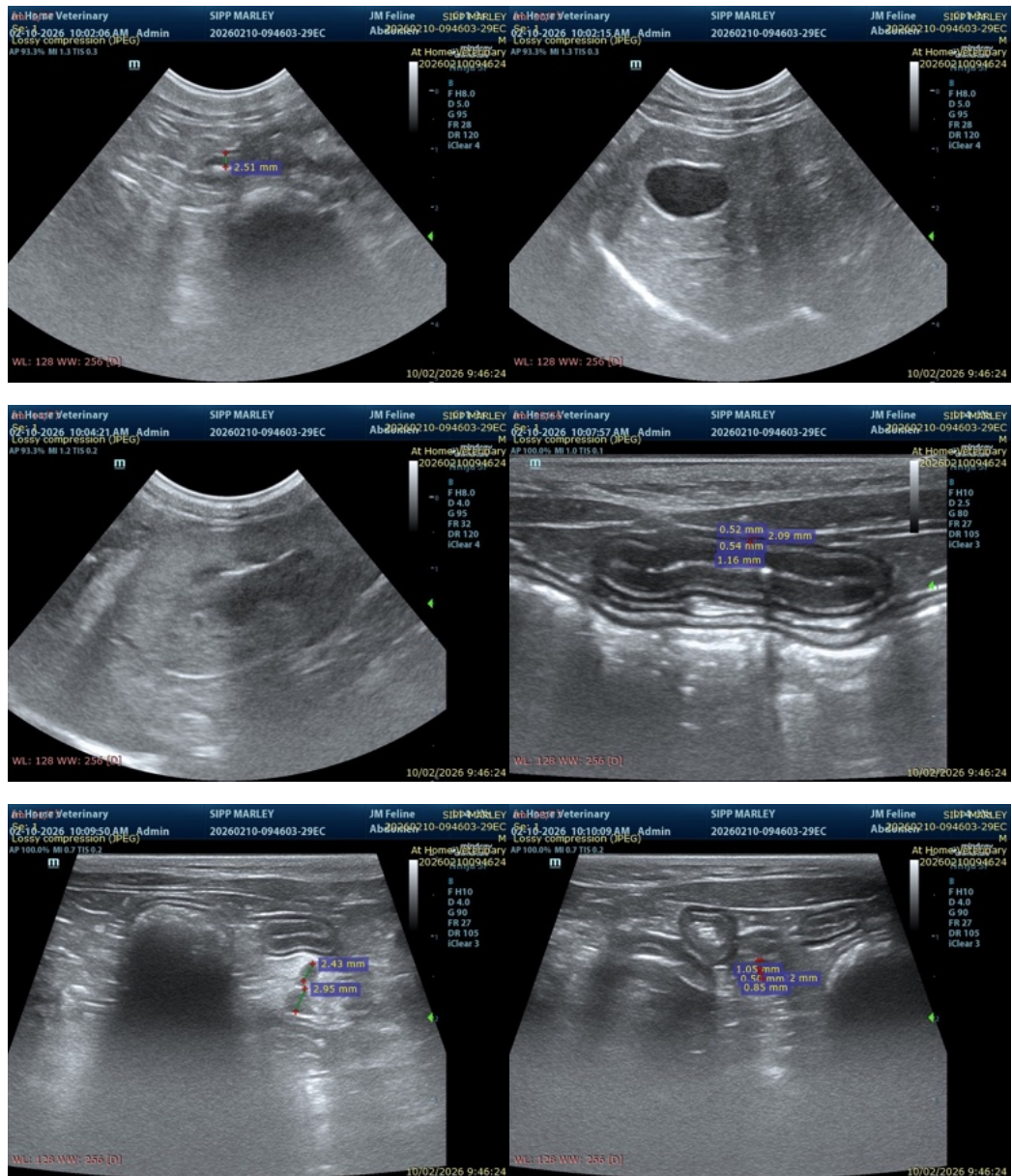
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MS.

MV Esp Ultrasound in Domestic and Wild Animals

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