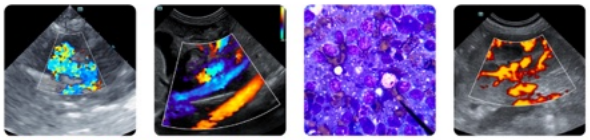


PATIENT

Liam C2076 Animals in Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

71545

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Weight loss
- Decreased appetite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is turbid with abundant suspended echogenic debris. The bladder neck and proximal urethra appear normal. No calculi are identified, and no mural masses are observed.

The left kidney measures 3.77×2.70 cm in the sagittal plane, with a cortical thickness of 0.39 cm.

The right kidney measures 4.12×2.65 cm in the sagittal plane, with a cortical thickness of 0.46 cm.

In both kidneys, the cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is preserved, and corticomedullary differentiation remains distinct. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

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 0.34 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.23 cm at the caudal pole.

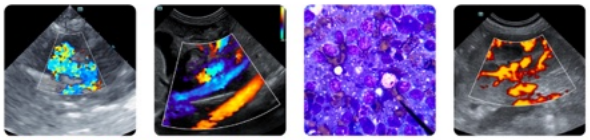
Spleen

Splenic thickness measures 0.72 cm. The parenchyma demonstrates normal echogenicity and 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 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 with a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 1.99 mm with preserved wall layering. The pylorus measures 2.56 mm. The duodenum measures 1.20 mm.

The jejunum measures 1.71 mm, with mucosa measuring 1.07 mm, submucosa 0.37 mm, and muscularis propria 0.26 mm. The ileum measures 1.26 mm, with mucosa 0.49 mm, submucosa 0.47 mm, and muscularis propria 0.26 mm. Wall layering is preserved throughout evaluated segments. The ileocecal junction was not visualized. No ultrasonographic evidence of inflammation, ileus, obstructive pattern, or intraluminal foreign material is identified.

The colon measures 0.86 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures 6.74 mm in thickness. The parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.03 mm. No peripancreatic fat inflammation is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mildly hypoechoic pancreatic parenchyma without inflammatory fat changes.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Turbid urinary contents with abundant suspended echoes.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are within normal size range for a cat, although mild cortical hyperechogenicity bilaterally may represent early chronic renal change. Correlation with renal values and urine specific gravity is recommended, particularly in a geriatric cat with weight loss.

The gastrointestinal tract is within normal thickness ranges, and there is no muscularis hypertrophy or loss of layering to support inflammatory bowel disease or small cell lymphoma at this time.

Ultrasonography does not support active pancreatitis; however, mild or chronic pancreatitis cannot be excluded based on imaging alone.

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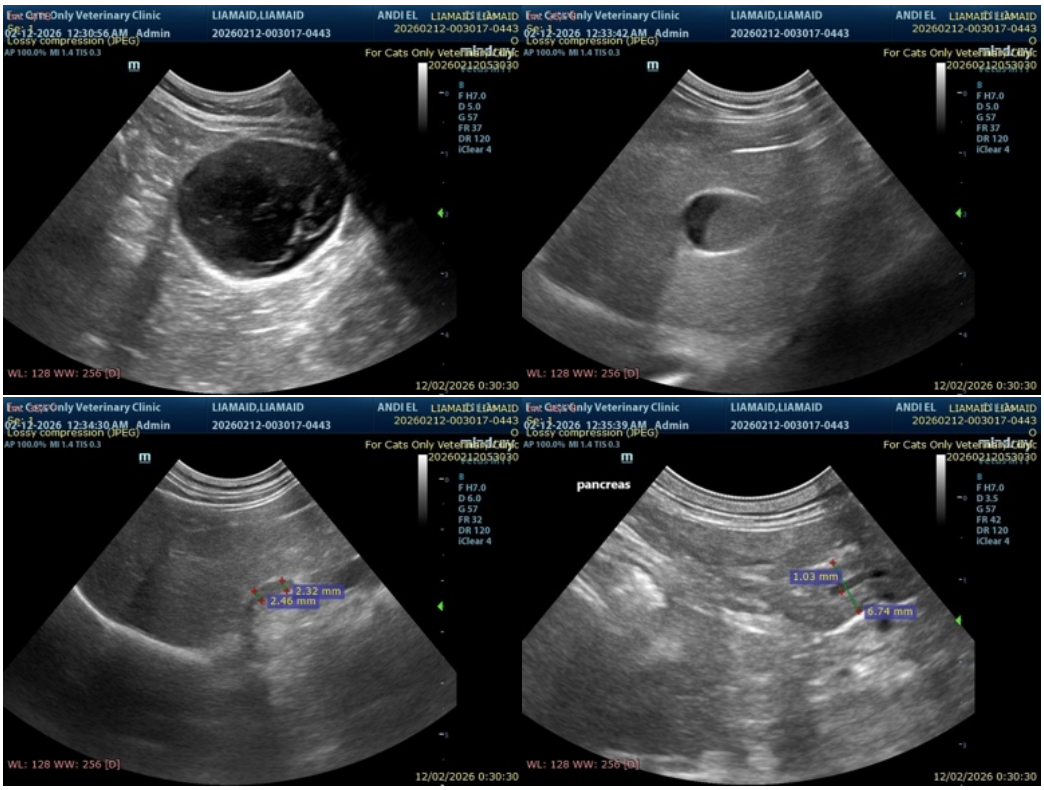
Moderate biliary sludge is present without ductal dilation or gallbladder wall thickening. In older cats, biliary sludge commonly develops secondary to bile stasis associated with reduced appetite, age-related changes in gallbladder motility, or systemic illness. In the absence of ductal dilation or mural abnormalities, there is no ultrasonographic evidence of obstructive or inflammatory biliary disease at this time.

No abdominal mass, lymphadenopathy, or structural explanation for weight loss is identified.

Recommendations

- Complete bloodwork review including renal values, T4, and cobalamin/folate panel.
- Urinalysis with sediment ± culture if clinically indicated.
- Consider Spec fPL if pancreatitis remains clinically suspected.



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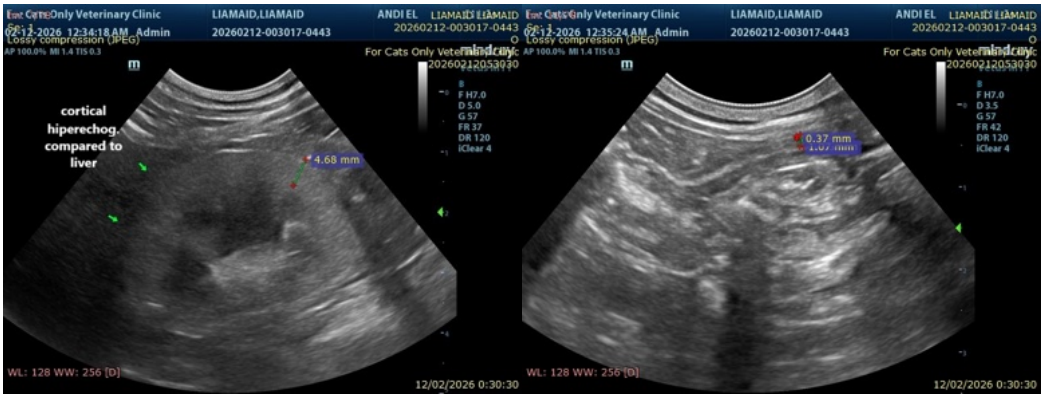

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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