



## PATIENT

Lucy Handy

## SPECIES

Feline

## BREED

DSH

## SEX

SF

## AGE

14 years

## WEIGHT

10.3 lbs

## PRESENTING CLINICAL SIGNS

- She presented 1/29/26 for annual check up and senior blood work. 2 pound weight loss noted.
- Grade 2/6 systolic heart murmur. HR 180

Abnormal PE/Chem/CBC/UA Results: Normal Px exam except for grade 2/6 systolic heart murmur. Thyroid slip not detected. Sr. profile: BUN29, Ct 1.9, UA spgr 1.020, T4 3.8 (.8-4.0), TSH .08 (0-.3), FT4by ED 56.9 (10-50) Consult with Antech Internal Medicine specialist: She thought that more GI disease and not thyroid disease.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or mural abnormalities are identified.

The left kidney measures 3.80×2.49 cm in the sagittal plane, with a cortical thickness of 0.39 cm. The right kidney measures 3.67×1.98 cm in the sagittal plane, with a cortical thickness of 0.36 cm.

In both kidneys, the renal cortex is isoechoic relative to the liver. Corticomedullary differentiation remains preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates normal vascular flow.

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### Adrenal Glands

Both adrenal glands demonstrate normal contour and echogenicity.

The left adrenal gland measures 0.29 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.34 cm at the cranial pole and 0.36 cm at the caudal pole.

All measurements fall within normal feline reference ranges (generally ≤0.45 cm).

### Spleen

Splenic thickness measures 0.73 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified.

### 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. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. A small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

### Gastrointestinal

The stomach is empty and folded. Wall layering is preserved. The pylorus measures 3.76 mm.

The duodenum measures 1.17 mm.

The jejunum measures 2.46 mm with the following layering:

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Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Laurel Logas

## HOSPITAL NAME

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Hospital

## REFERRING VET

Dr. Laurel Logas

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11317

## DATE

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- Mucosa: 1.55 mm

- Submucosa: 0.51 mm

- Muscularis propria: 0.45 mm

The ileum measures 2.56 mm with the following layering:

- Mucosa: 1.26 mm

- Submucosa: 0.42 mm

- Muscularis propria: 0.73 mm

Wall layering is preserved throughout evaluated segments.

Muscularis-to-mucosa ratios:

- Jejunum: 0.29 (0.45/1.55), within normal limits.
- Ileum: 0.58 (0.73/1.26), mildly increased but still below 1.

The ileocecal junction was not visualized.

The colon measures 0.65 mm with formed feces present.

## *Pancreas*

The pancreas measures 8.54 mm in thickness. The parenchyma is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct measures 1.55 mm in diameter. No peripancreatic fat hyperechogenicity or focal mass is identified.

In geriatric cats, pancreatic thickness up to approximately 6–7 mm is generally expected; this measurement is mildly increased. Pancreatic duct diameter in older cats may reach up to 1.5 mm; this measurement is borderline enlarged.

## *Free Abdomen*

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized. The iliac trifurcation region appears unremarkable.

## PRIMARY FINDINGS

- Mild pancreatic enlargement with borderline ductal dilation.
- Mild ileal muscularis prominence.

## SECONDARY FINDINGS

- Small amount of biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal limits overall. The ileum demonstrates mild muscularis prominence (muscularis-to-mucosa ratio approximately 0.58), but layering is preserved and there are



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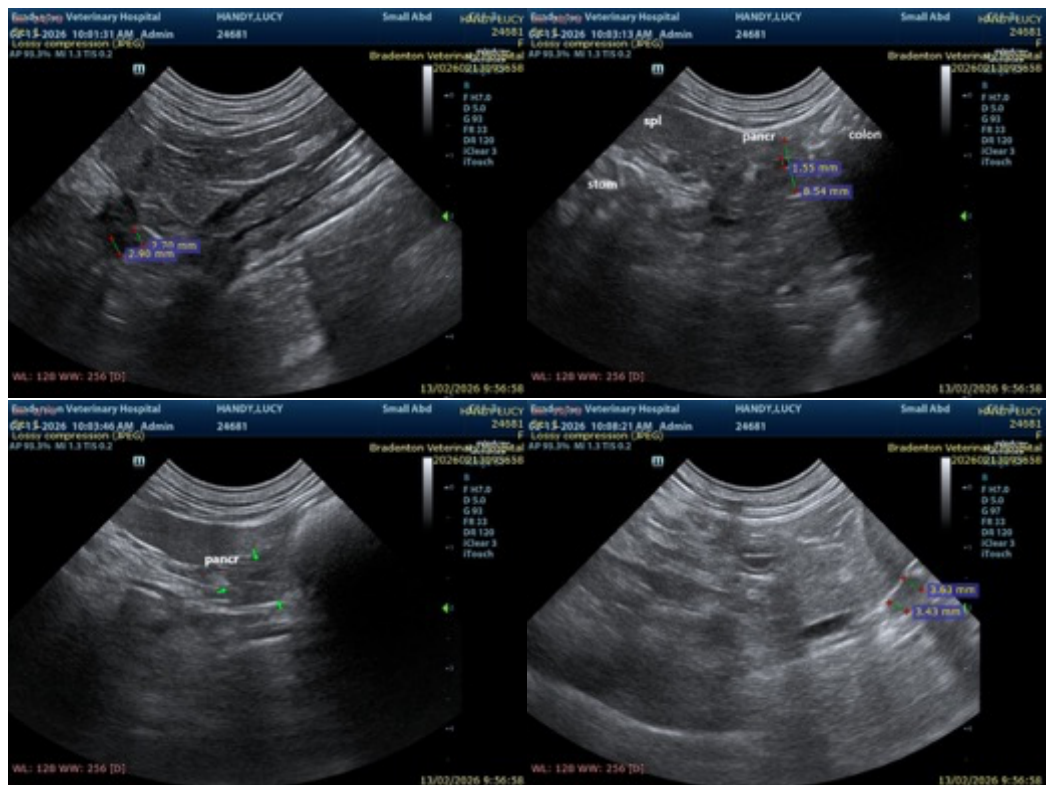
no associated lymphadenopathy or focal abnormalities. In the absence of gastrointestinal clinical signs, these findings are considered mild and of uncertain clinical significance at this time.

The pancreas is mildly thickened with borderline ductal dilation. In geriatric cats, mild ductal dilation and minimal enlargement may represent age-related change. In the absence of clinical signs of pancreatitis or peripancreatic inflammatory changes, this finding is considered incidental or chronic and subclinical.

Given the clinical context, weight loss may be multifactorial, with early chronic kidney disease representing a likely contributor. Early or evolving hyperthyroidism remains a differential consideration given the borderline high total T4 and mildly elevated free T4-

**Recommendations**

- A complete feline gastrointestinal panel (including serum cobalamin, TLI, and feline pancreatic lipase immunoreactivity) is recommended given the weight loss and mild ultrasonographic changes. This may help identify subclinical chronic enteropathy, malabsorption, or low-grade pancreatic disease.
- Repeat thyroid testing in 4–6 weeks (T4 and FT4 by equilibrium dialysis) given borderline values and weight loss.





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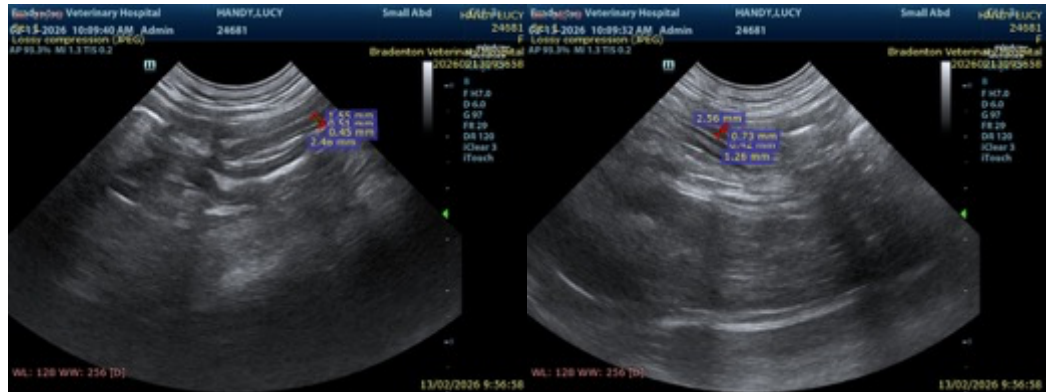
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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