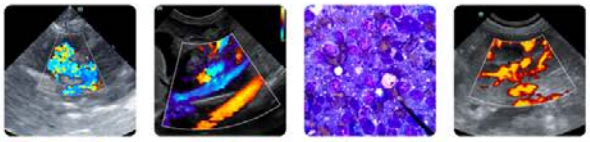


PATIENT

Stephen Peters

SPECIES

Feline

BREED

DSH, White Bengal

SEX

Neutered Male

AGE

8.5

WEIGHT

5.3

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Field

HOSPITAL NAME

Westview Veterinary Hsopital

REFERRING VET

Dr. Field

INVOICE

73154

DATE

2/20/26

PRESENTING CLINICAL SIGNS

History of intermittent vomiting, worse now. Mild weight loss, belongs to an assistant in clinic. Has cerebellar hypoplasia. Suspect possible IBD, are trialing hp diet starting now.

Abnormal PE/Chem/CBC/UA Results: No abnormalities noted, besides those related to Cerebellar Hypoplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.65 x 2.48 cm, with cortical thickness measuring 0.41 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.09 x 2.13 cm, with cortical thickness measuring 0.39 cm in the sagittal plane.

Both Kidneys: The renal cortices are mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A medullary band is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates normal vascular patterns.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.30 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland was not confidently visualized.

Spleen

Splenic thickness is 0.65 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

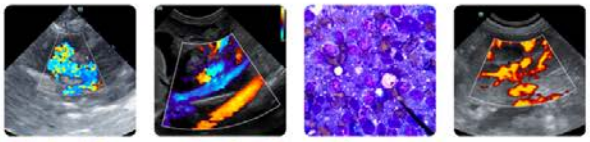
Liver

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

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.25 mm and preserved wall layering. The pylorus measures 2.43 mm. The duodenum measures 1.56 mm. The jejunum measures 2.34 mm, with mucosa 1.38 mm, submucosa 0.56 mm, and muscularis propria 0.42 mm. The ileum measures 1.50–1.98 mm, with mucosa 0.64 mm, submucosa 0.72 mm, and muscularis propria 0.23 mm, with preserved



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wall layering. The ileocecal junction was not clearly visualized. No signs of inflammation, ileus, or foreign material are identified. The colon measures 1.01 mm with formed feces in the lumen.

Pancreas

The pancreas measures 4.60–6.10 mm in thickness. The pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct is not dilated. No sonographic evidence of active inflammation or neoplastic disease is identified.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding mesentery appears unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Medullary band sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thicknesses are within accepted feline reference ranges. Intestinal muscularis-to-mucosa ratios are within normal limits. Wall layering is preserved throughout. There is no ultrasonographic evidence of inflammatory bowel disease or small-cell lymphoma.

The pancreas appears normal in size and echogenicity, with no peripancreatic inflammatory changes. However, subclinical or chronic pancreatitis cannot be excluded on ultrasound alone.

Mild bilateral renal cortical hyperechogenicity with medullary band sign is noted. In the absence of azotemia, this is nonspecific and may represent early renal parenchymal change.

Overall, this study does not identify a structural gastrointestinal abnormality to explain the history of intermittent vomiting and mild weight loss. Functional gastrointestinal disease, food-responsive enteropathy, early inflammatory enteropathy not yet ultrasonographically apparent, or chronic pancreatitis without imaging changes remain clinical differentials.

Recommendations

- Continue hydrolyzed protein diet trial for a minimum of 6–8 weeks.
- Consider comprehensive GI panel (cobalamin, folate, fPLI).
- Periodic renal monitoring.

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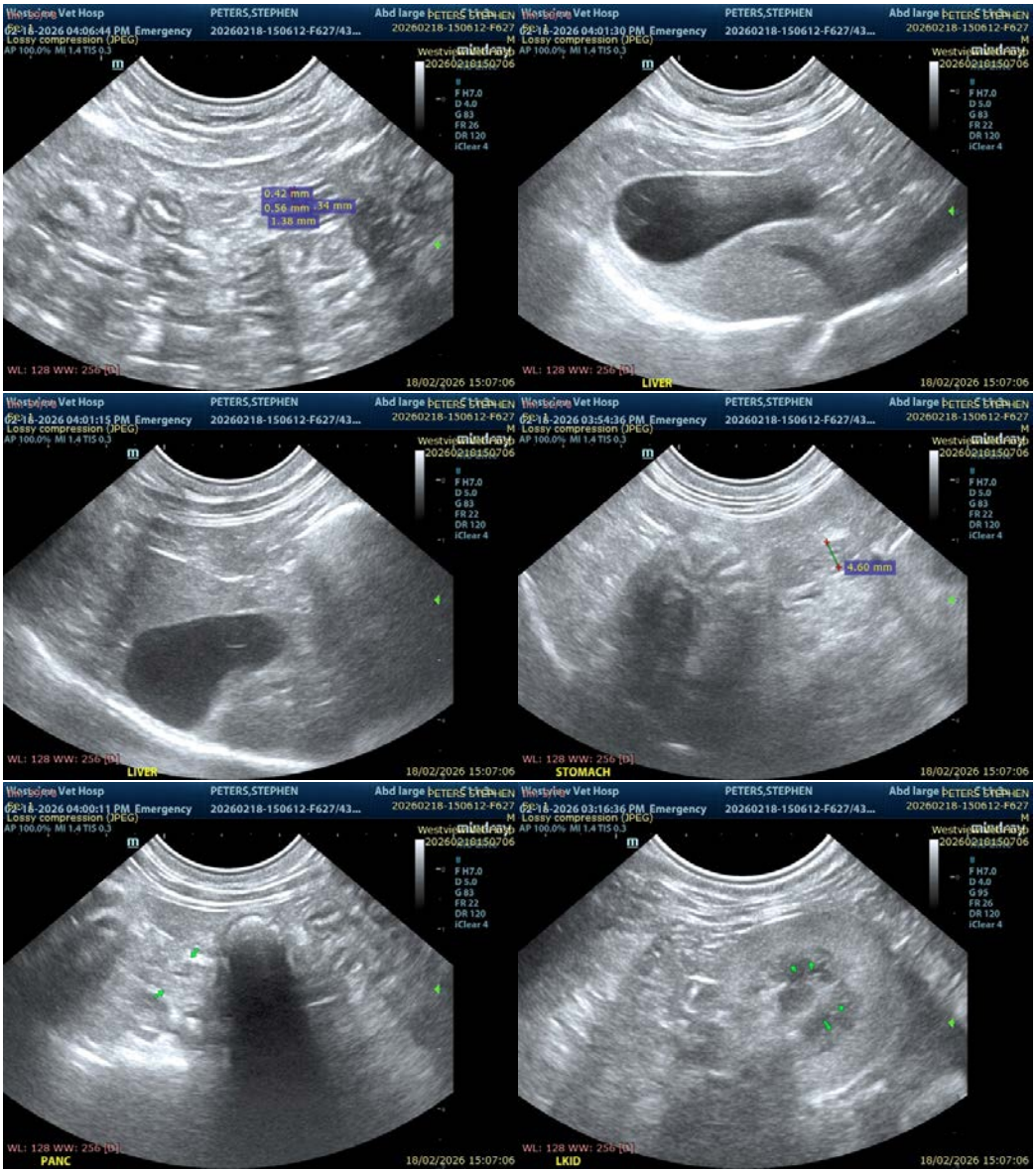

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com