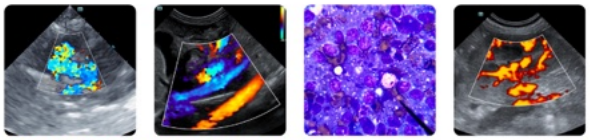

PATIENT

Annie Strock

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

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INVOICE

71992

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2/26/26

PRESENTING CLINICAL SIGNS

- Chronic intermittent vomiting - mostly after eating. Long term intermittent prednisolone - less recently.
- 3 days anorexia
- Assessment of small bowel, stomach for signs of progressive IBD/Lymphoma
- Restarting prednisolone, Vit B12
- CBC: 8.61 * was 8.81 on 1/18/25, hct 37.8 * was 38.9, wbc 5.72 (2.8-17) * was 5.7, mild lymphopenia 0.76 (0.9-6.8) * was 1.1, platelets 210 Chem: SDMA 7, creat 0.9, BUN 16 Na:K 37 Chloride 113 (112-129) * was 118 TP 6.6 (5.7-8.9) * was 7.4 Alb 2.9 (2.3-3.9) * was 3.7 in 2025 Cholesterol 96 - Jan 2025 89 (91-305) ALT 62; ALKP 39; Tbil 0.2 T4: 1.3 Biopsies: Stomach: Minimal lymphoplasmacytic gastritis Lymph node: reactive lymphoid hyperplasia Small intestine: Mild to moderate lymphoplasmacytic enteritis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is markedly 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 evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.03 x 2.35 cm, and the thickness of the cortex is 0.33 cm, in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size: 4.12 x 2.11 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. A small, triangular hyperechoic focus is noted at the caudal pole. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

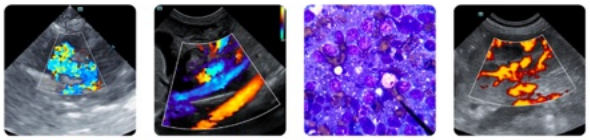
Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.21 cm at the cranial pole and 0.22 cm at the caudal pole. The right adrenal gland measures 0.19 cm at the cranial pole and 0.21 cm at the caudal pole.

Spleen

Splenic thickness is 0.70 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver



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The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears homogeneous 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, and the contents are primarily anechoic. The common bile duct measures 3.51–2.46–2.02 mm from proximal to distal.

Gastrointestinal

The stomach is empty and folded, with mural thickness (1.66 mm) and preserved wall layering. The pylorus measures 2.56 mm.

Duodenum: 1.49 mm. Jejunum: 2.02 mm. Mucosa: 0.99 mm. Submucosa: 0.57 mm. Muscularis propria: 0.61 mm. Ileum: 1.71 mm. Mucosa: 0.71 mm. Submucosa: 0.57 mm. Muscularis propria: 0.41 mm. Wall layering is preserved. The ileocecal junction is partially visualized, measuring approximately 2 mm in thickness. The small intestine is mildly fluid-filled with mild diffuse luminal dilation.

Colon: 0.98 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mildly increased of the muscularis-to-mucosa ratio in the jejunum.
- Low-grade diffuse fluid distension of the small intestine.

SECONDARY FINDINGS

- Proximal common bile duct measuring up to 3.51 mm, at the upper end of expected limits.
- Small focal hyperechoic lesion in the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thickness and layering remain within normal limits. Muscularis-to-mucosa ratios are mildly increased in the jejunum (0.61/0.99 ≈ 0.62) but remain below values typically associated with infiltrative disease. The ileal ratio (0.41/0.71 ≈ 0.58) is within expected limits. There is no focal mural thickening, loss of layering, or mesenteric lymphadenopathy.

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Mild diffuse fluid distension of the small intestine is present with subjectively decreased peristalsis during the examination, most consistent with mild functional ileus. No obstructive pattern is identified.

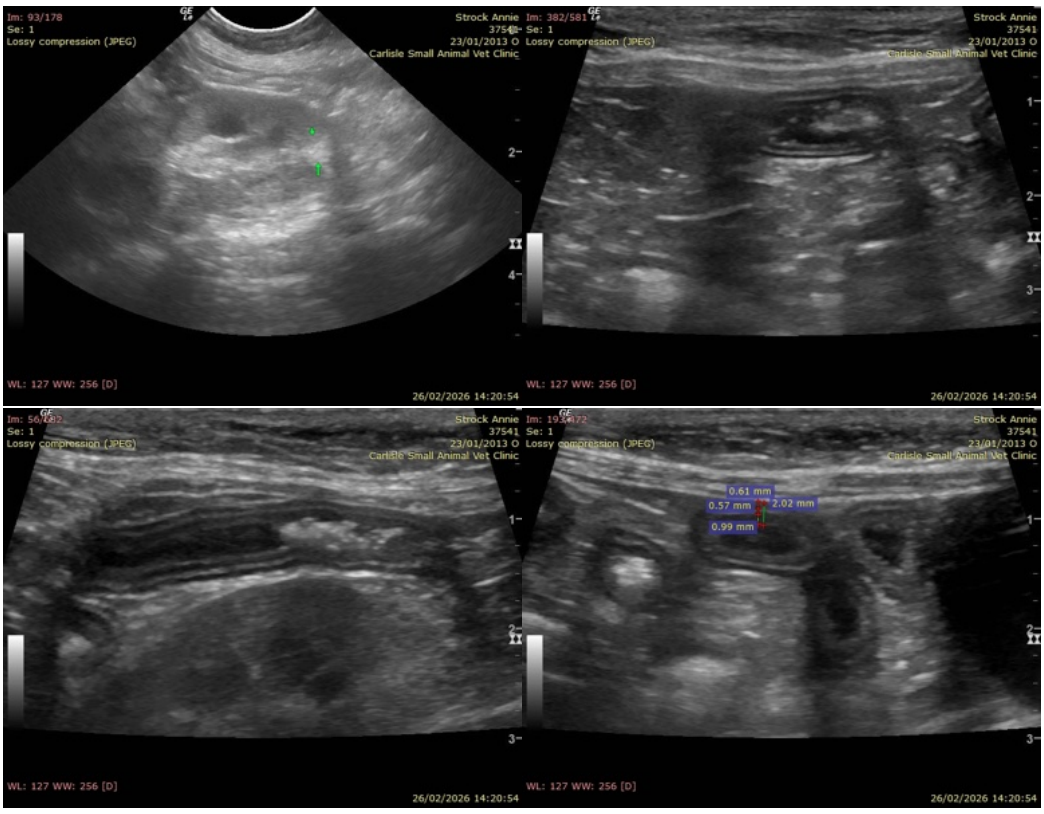
The common bile duct measures up to 3.51 mm proximally and gradually tapers distally, which may be at the upper end of expected limits in an older cat without evidence of biliary obstruction. No gallbladder wall thickening or intrahepatic duct dilation is identified.

A small, wedge-shaped hyperechoic cortical focus at the caudal pole of the right kidney is most consistent with a chronic cortical infarct (post-infarct fibrosis) and is considered incidental.

Overall, there is no ultrasonographic evidence of progressive infiltrative intestinal disease at this time. Findings are most consistent with stable chronic inflammatory enteropathy, without features to suggest worsening or transformation.

Recommendations

- Supportive management targeting nausea and gastrointestinal hypomotility may be beneficial, at the discretion of the attending veterinarian.
- Monitor body weight and serum albumin trends.



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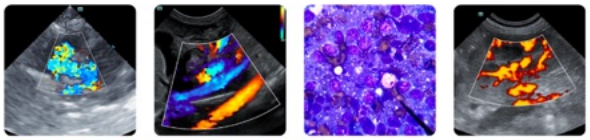

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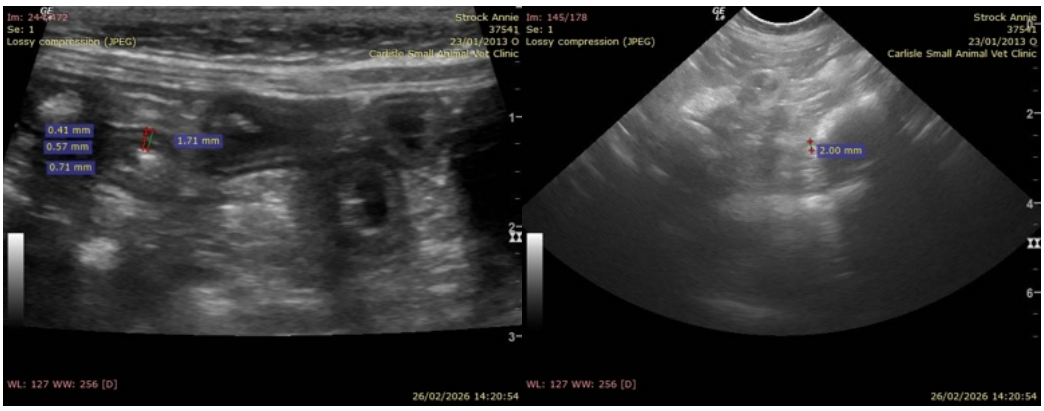

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com