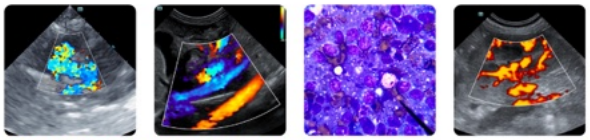


PATIENT

Kirk Reuter

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

7.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Sieger

INVOICE

72044

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Pt presented for weight loss over the last month or two and is more lethargic.
- pt does have pica and is hyperphagic
- chronic vomiter, not increased in frequency but avg 1-2 times per week, more after increased pica

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 evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.19 × 2.07 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 3.26 × 1.99 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color 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 0.23 cm at the caudal pole. The right adrenal gland measures 0.27 cm at the cranial pole and 0.28 cm at the caudal pole.

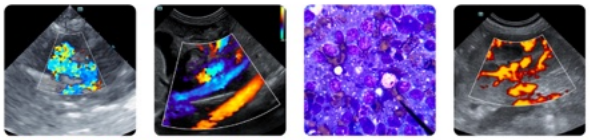
Spleen

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

Liver

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

The gallbladder lumen is moderately distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures 4.65–3.14–1.49 mm from proximal to distal.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering. The pylorus measures 3.65 mm. Duodenum: 2.08 mm. Jejunum: 1.89–2.29 mm, Mucosa: 0.98 mm, Submucosa: 0.71 mm, Muscularis propria: 0.44 mm. Ileum: 1.34–1.38 mm, Mucosa: 0.61 mm, Submucosa: 0.72 mm, Muscularis propria: 0.22 mm, with preserved wall layering. The ileocecal junction measures 2.63 mm, muscularis 0.59 mm. No obstructive pattern, foreign material, or overt inflammatory changes are identified. Mildly increased motility with a small amount of intraluminal fluid is noted.

Colon: Ascending 0.53 mm, transverse 0.49 mm, with formed feces in the lumen.

Pancreas

Pancreatic thickness measures 6.32 mm. The parenchyma is slightly hypoechoic compared to adjacent omental fat. Multiple small hypoechoic nodules measuring approximately 2–3 mm are present. The pancreatic duct measures 0.94 mm.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 2.84–3.50 mm in thickness. Ileocecal lymph nodes measure 2.22–3 mm; all are normal in shape and mildly hypoechoic. The pancreaticoduodenal lymph node measures 4.20 × 5.95 mm with preserved shape and echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild pancreatic enlargement (6.32 mm) with multiple small hypoechoic nodules (2–3 mm).
- Mild prominence of the proximal common bile duct (up to 4.65 mm), tapering distally.

SECONDARY FINDINGS

- Diffuse bilateral renal cortical hyperechogenicity with preserved architecture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine demonstrates normal wall thickness and preserved layering throughout all segments evaluated. However, several mesenteric and pancreaticoduodenal lymph nodes are mildly enlarged and hypoechoic while maintaining normal shape and architecture. In the context of chronic vomiting, hyperphagia, pica, and weight loss, this pattern raises suspicion for an underlying chronic inflammatory enteropathy or functional small intestinal disorder, even in the absence of overt mural thickening. Early inflammatory bowel disease, dysbiosis, or malabsorptive processes may precede measurable wall changes on ultrasound.

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The pancreatic ultrasonographic findings most commonly represents nodular hyperplasia, a frequent incidental age-related finding. However, mild chronic pancreatitis cannot be excluded. There is no ultrasonographic evidence of acute pancreatitis.

The common bile duct measures up to 4.65 mm proximally and narrows distally. In older cats, mild proximal ductal prominence may be seen without mechanical obstruction and can reflect chronic low-grade pancreatobiliary remodeling. There is no sonographic evidence of biliary obstruction or extrahepatic biliary disease.

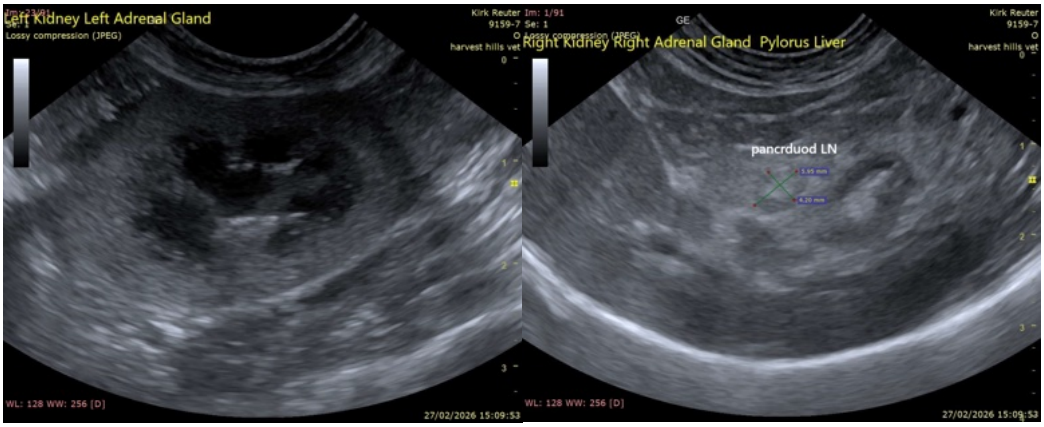
The renal cortical hyperechogenicity with preserved corticomedullary definition is a common age-associated finding and correlates best with laboratory renal parameters.

Overall, the imaging findings support a chronic, low-grade gastrointestinal process with reactive lymphadenopathy. The pancreatic changes are likely incidental age-related nodular hyperplasia, although mild chronic pancreatitis remains a secondary differential. The clinical presentation of weight loss with hyperphagia and normal total T4 also warrants consideration of early or evolving hyperthyroidism despite current values within reference interval.

Recommendations

- Gastrointestinal panel including cobalamin and folate concentrations to evaluate for malabsorptive disease or small intestinal dysbiosis. If cobalamin is decreased, parenteral cobalamin supplementation is strongly recommended.
- Spec fPL may be considered to further assess for chronic low-grade pancreatitis if clinically indicated.
- Initiation of a controlled dietary trial (highly digestible gastrointestinal diet or novel/hydrolyzed protein diet) is reasonable given the chronic gastrointestinal signs and reactive lymphadenopathy, even in the absence of marked mural thickening.
- Close monitoring of body weight and clinical progression.

Final clinical decisions and therapeutic direction should remain with the attending veterinarian, who can best integrate imaging findings with laboratory data and ongoing clinical assessment



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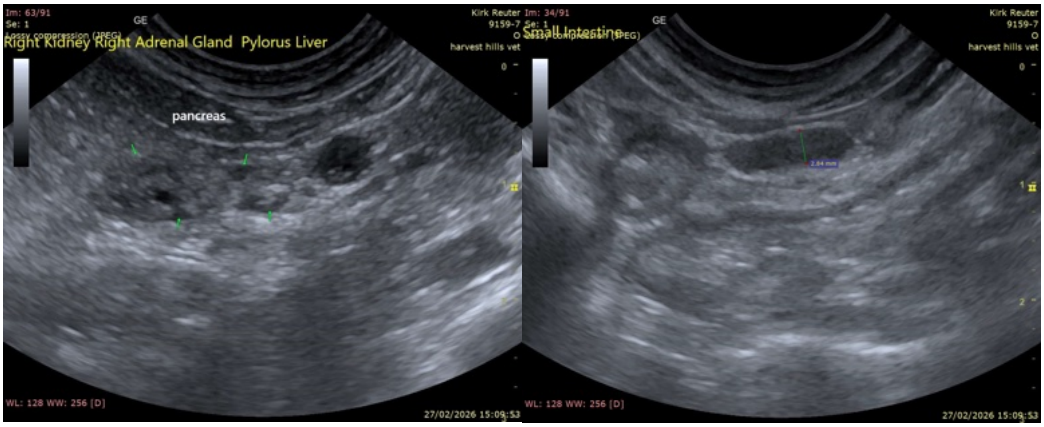

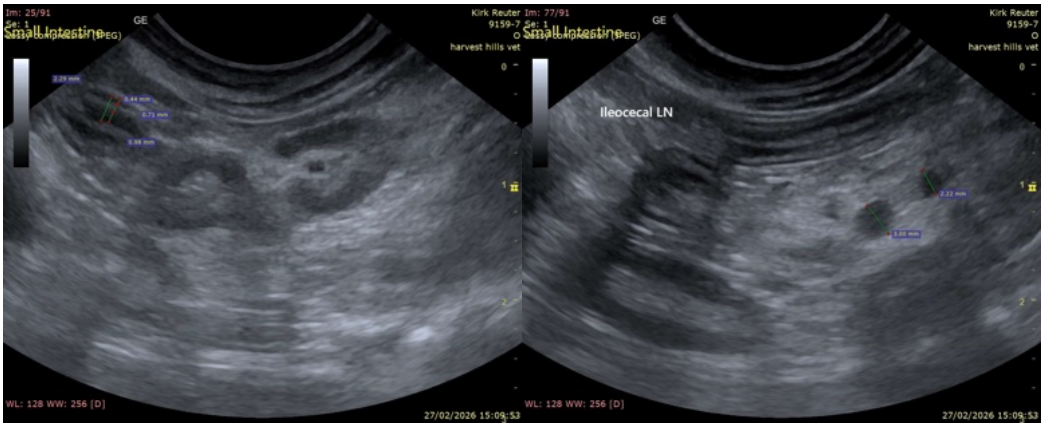

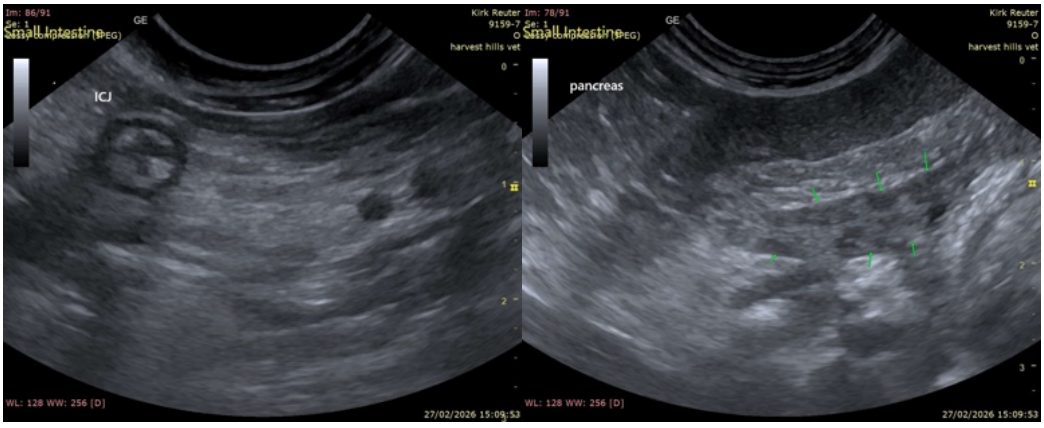

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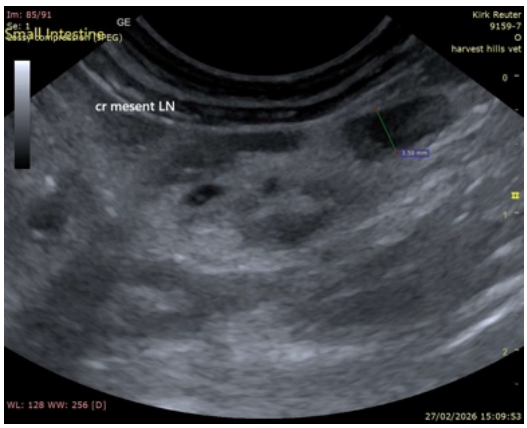

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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