



PATIENT

William Prunty

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

10.1 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Isaac

INVOICE

73521

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Weight loss over the past few months, other household pet was euthanized in January so owner thought maybe he was grieving. Over the last few days/weeks he has started vomiting. Owner reports possible orthopedic discomfort/arthritis
- CBC/Chem all NSF T4 2.1 Pro BNP normal Abdominal and orthopedic rads taken last week appeared NSF Solensia given last week

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.71×2.46 cm. Cortical thickness is 0.39 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.80×2.66 cm. Cortical thickness is 0.41 cm in the sagittal plane.

The renal cortices are mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland is not clearly visualized. The right adrenal gland measures 0.32 cm at the cranial pole and 0.33 cm at the caudal pole, with normal shape and echogenicity.

Spleen

Splenic thickness is 0.73 cm. The parenchyma demonstrates normal echogenicity and a 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 homogeneous and isoechoic relative to the falciform fat. A hyperechoic focus measuring 0.88×0.94 cm is identified. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents contain a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.50 mm and preserved layering. The pylorus measures 3.42 mm.

Duodenum: 1.98 mm. Jejunum: 1.59 mm, with mucosa 0.57 mm, submucosa 0.53 mm, and muscularis propria 0.21 mm. Ileum: 1.65 mm, with mucosa 0.56 mm, submucosa 0.49 mm, and muscularis propria 0.33 mm. The ileocecal junction measures 2.43 mm, with muscularis propria 0.88 mm. Wall layering is preserved throughout. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.75 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures 5.35 mm in thickness. The parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.54 mm in diameter. No peripancreatic fat inflammation is identified.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion or peritonitis. Cranial mesenteric lymph nodes are not visualized, but the surrounding mesentery appears unremarkable. Ileocecal lymph nodes measure 2.85 mm and are within normal limits. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity with medullary rim sign.
- Mild pancreatic hypoechogenicity with mildly prominent pancreatic duct (1.54 mm).

SECONDARY FINDINGS

- Moderate biliary sludge.
- Small focal hyperechoic hepatic lesion (0.88×0.94 cm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal thickness ranges, with preserved wall layering. Muscularis-to-mucosa ratios are within normal limits:

- Jejunum: 0.21/0.57 ≈ 0.37
- Ileum: 0.33/0.56 ≈ 0.59



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The jejunal ratio is normal (<0.5). The ileal ratio is mildly increased; however, this must be interpreted cautiously, as the ileum in cats normally has a proportionally thicker muscularis layer. Importantly, there is no diffuse muscularis thickening, no loss of layering, and no associated lymphadenopathy. Therefore, there are no convincing ultrasonographic features to support small cell lymphoma or clinically significant inflammatory bowel disease. Nevertheless, ultrasound cannot exclude early or mild chronic enteropathy, which remains a reasonable differential given the clinical signs.

Pancreatic findings are subtle and nonspecific and may be age-related. However, mild chronic pancreatitis cannot be completely excluded based on ultrasound alone.

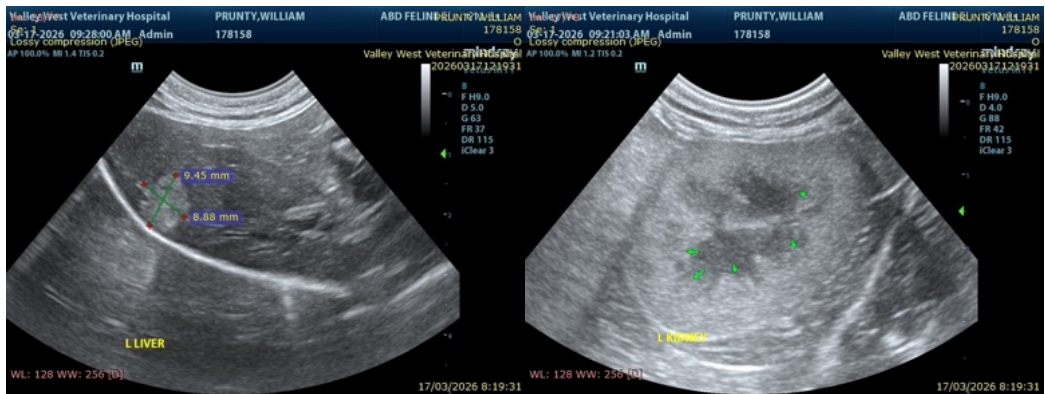
Renal findings (mild cortical hyperechogenicity and medullary rim sign) are commonly associated with chronic or incidental changes, including early renal disease, mineralization, or tubular alterations. Given normal renal size and architecture, these findings are of uncertain clinical significance but may warrant monitoring.

The liver is unremarkable aside from a small, well-defined hyperechoic focus, most consistent with a benign lesion (nodular hyperplasia or focal lipidosis). Moderate biliary sludge is present and is a common incidental finding in cats.

Recommendations

- Consider feline pancreatic lipase immunoreactivity (fPLI) to further assess for pancreatitis, given subtle pancreatic changes and clinical signs.
- A gastrointestinal panel (cobalamin and folate) is reasonable to evaluate for underlying enteropathy despite normal ultrasonographic appearance.
- At this time, there is no clear indication for intestinal biopsy based on imaging findings alone.
- Monitor renal parameters over time given nonspecific renal changes.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.





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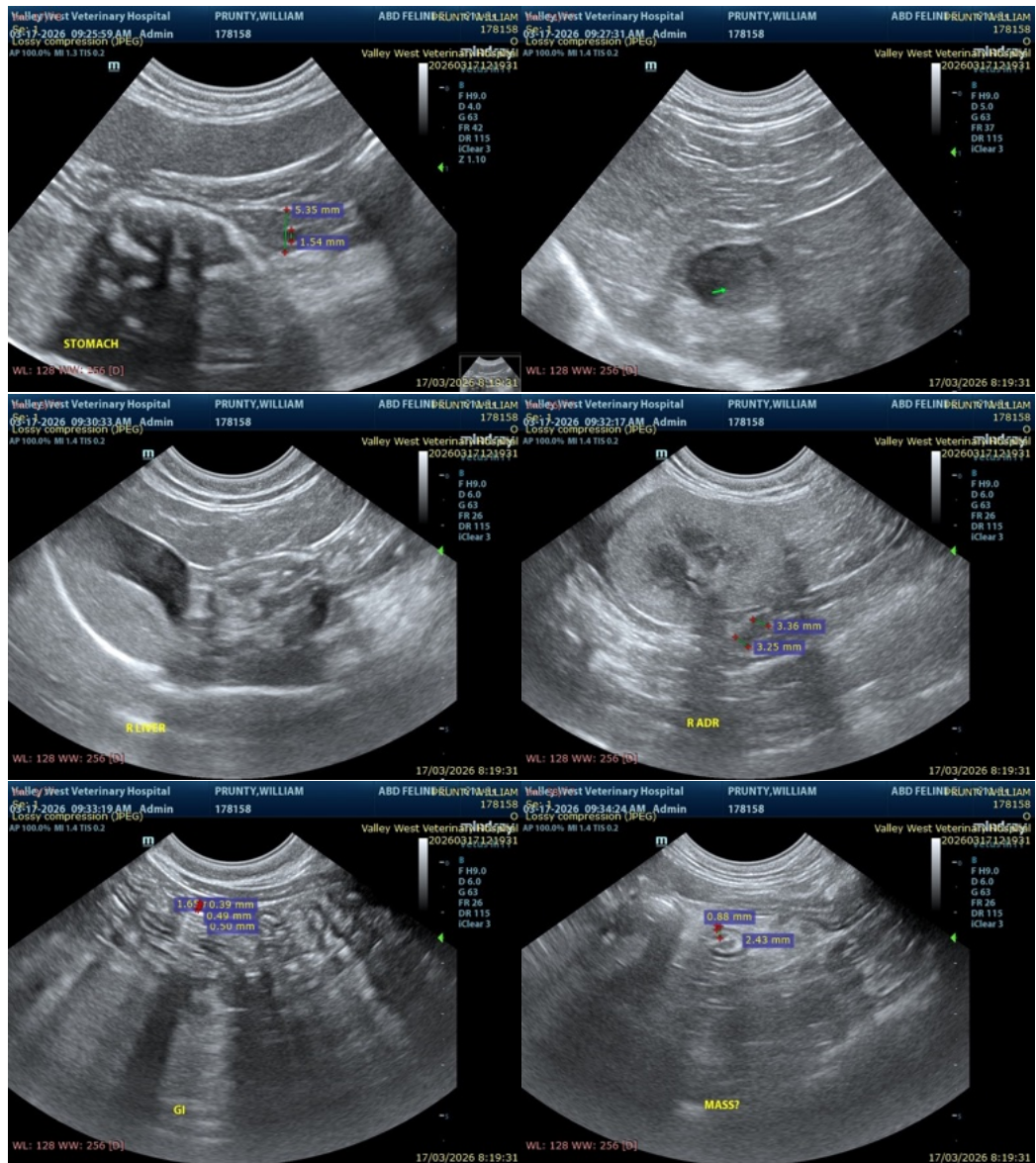
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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