



PATIENT

Callie Harvest Hills

SPECIES

Feline

BREED

Calico

SEX

Spayed female

AGE

14 years

WEIGHT

8.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

73572

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- Weight loss (around 2 pounds in past 6 months) Intermittent vomiting for whole life, hx of stomatitis, had all teeth removed several years ago
- CBC/Chem/T4 normal, only thing physically off is weight loss. GI panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. 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 measures 3.08×2.23 cm, with a cortical thickness of 0.30 cm. The right kidney measures 3.49×2.28 cm, with a cortical thickness of 0.35 cm.

In both kidneys, the cortex is mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.24 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.27 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness is 1.16 cm, with mildly rounded margins. The parenchyma is mildly hypoechoic with a fine homogeneous echotexture. A few small hyperechoic foci are present, the largest measuring 2.58×2.94 mm. 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, with a normal echotexture. 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 moderately distended with residual ingesta. Wall thickness is 2.27 mm, with preserved layering. There is apparent prominence of the submucosal layer.

Duodenum: 1.20 mm. Jejunum: 1.85 mm, with mucosa 1.14 mm, submucosa 0.52 mm, and muscularis propria 0.18 mm. Ileum: 1.79 mm, with mucosa 0.59 mm, submucosa 0.71 mm, and muscularis propria 0.21 mm. The ileocecal junction measures 2.57 mm, with muscularis propria 0.67 mm. Wall layering is preserved throughout. No signs of ileus, obstruction, or foreign material are identified.

Colon: 0.78 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures 4.32 mm in thickness. The parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.95 mm. No peripancreatic fat inflammation is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Gastric submucosal prominence.
- Mild splenic hypoechogenicity with small hyperechoic foci.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal thickness ranges, and wall layering is preserved throughout. Muscularis-to-mucosa ratios are within normal limits: Jejunum: $0.18/1.14 \approx 0.16$. Ileum: $0.21/0.59 \approx 0.36$. These values do not support muscularis thickening and do not support small cell lymphoma or inflammatory bowel disease.

The most notable gastrointestinal finding is prominence of the gastric submucosal layer. This is a nonspecific finding, most commonly associated with:

- Edema (gastritis, hypoalbuminemia, or inflammatory conditions).
- Chronic inflammatory change (including lymphoplasmacytic gastritis).



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In this case, given preserved layering, lack of focal lesions, and otherwise normal intestinal findings, this is most consistent with mild or chronic gastritis, rather than infiltrative disease. It is not a specific or reliable marker of lymphoma.

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The pancreas is unremarkable and pancreatic findings do not support active pancreatitis.

Spleen findings are mild but may represent lymphoid hyperplasia or extramedullary hematopoiesis.

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Renal cortical hyperechogenicity is mild and nonspecific, potentially reflecting early chronic change, but without structural evidence of advanced renal disease.

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Overall, given the history and ultrasonographic findings, chronic gastropathy is considered the leading clinical diagnosis. Mild chronic enteropathy remains possible despite largely unremarkable ultrasonographic findings.

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Recommendations

- Correlate with pending gastrointestinal panel.
- Medical management for chronic enteropathy may be considered (dietary trial ± supportive therapy), given compatible clinical history and lack of structural disease.
- Monitor clinical progression; further diagnostics (endoscopy with biopsy) may be considered if clinical signs persist or worsen.

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

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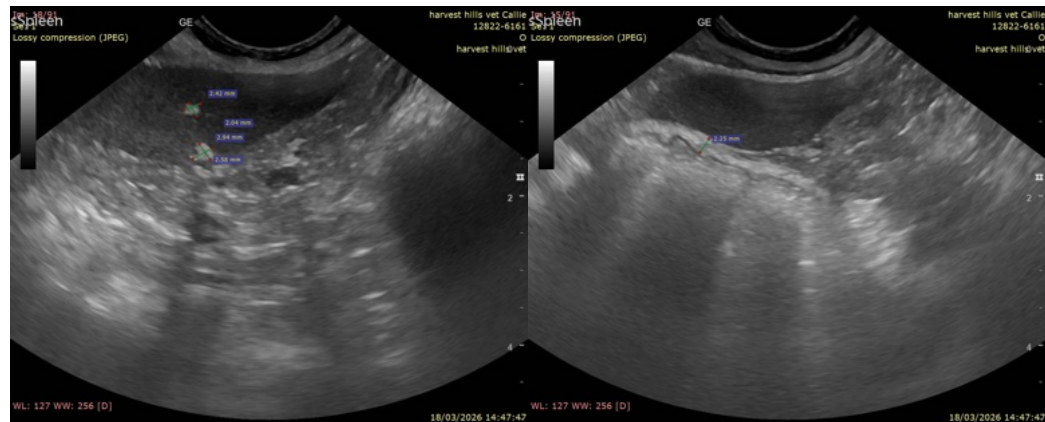
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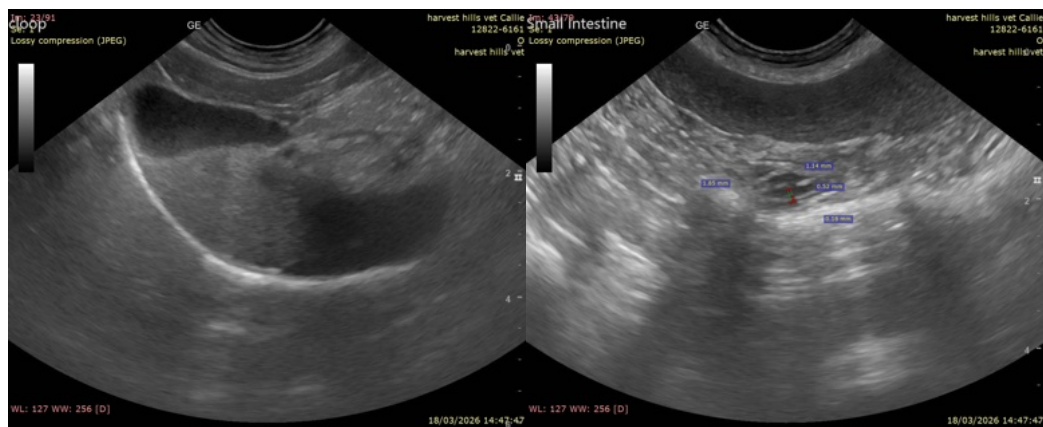
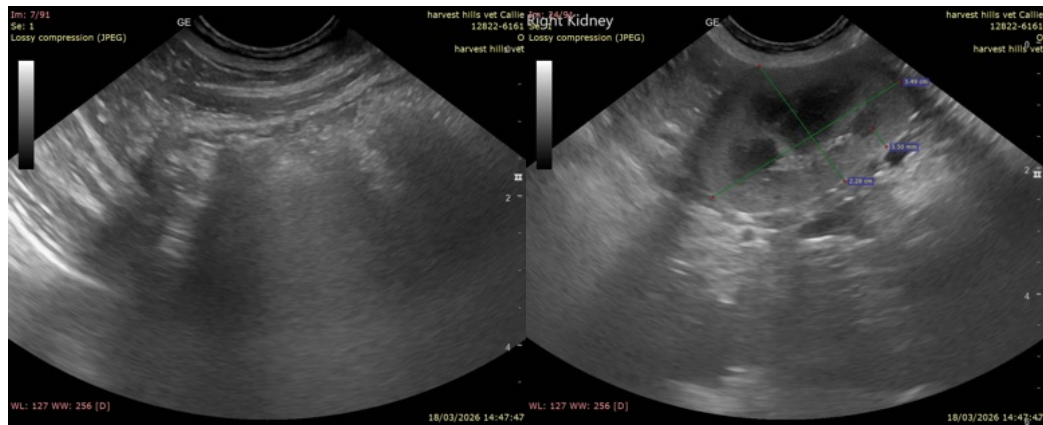
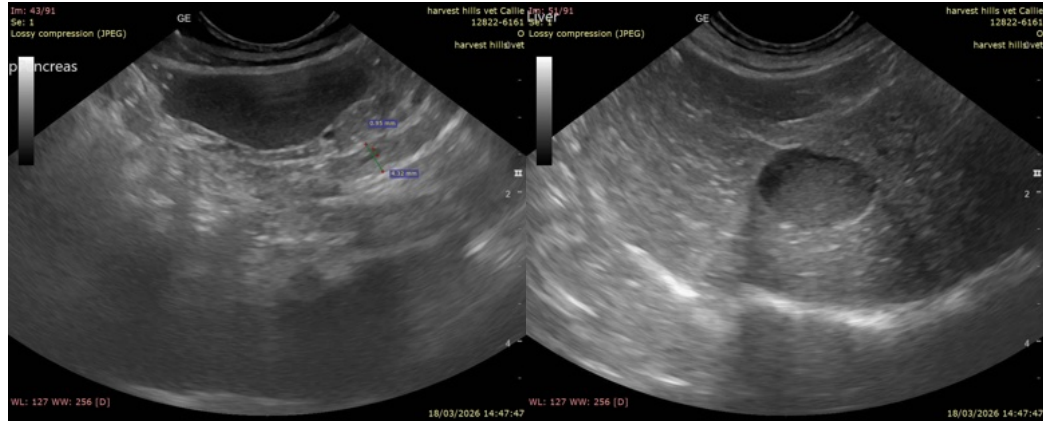
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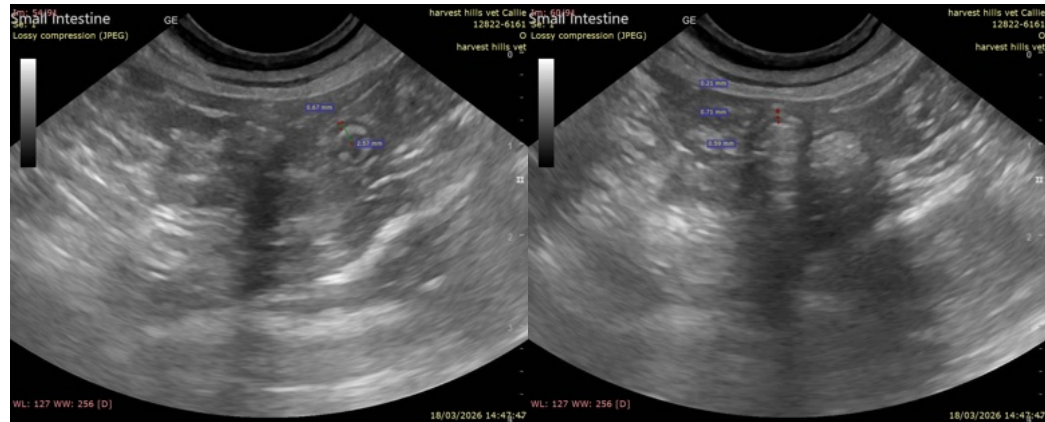
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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