



PATIENT

Mocha Verchio

SPECIES

Feline

BREED

Siamese

SEX

Neutered male

AGE

14 years

WEIGHT

7.88 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Mych

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Mych

INVOICE

73639

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- P is on methimazole
- responded to prednisone for IBD. Owner stopped prednisone and wanted to re-evaluate.

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 appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size (3.72×2.48 cm), with a cortical thickness of 0.35 cm. The right kidney is normal in size (3.67×2.50 cm), with a cortical thickness of 0.32 cm. The caudal pole appears mildly flattened, which may represent focal cortical fibrosis, although an artifactual appearance cannot be excluded. In both kidneys, the cortex is mildly hyperechoic relative to the liver. The corticomedullary ratio and definition are preserved. A mild medullary rim sign is present. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.31 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness is 0.93 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 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 are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering (wall thickness not measured). The pylorus measures 3.27 mm.



PATIENT	Duodenum: 1.96 mm. Jejunum: 2.01–2.12 mm Mucosa: 1.34 mm, Submucosa: 0.47 mm, Muscularis propria: 0.55 mm
Mocha Verchio	
SPECIES	Ileum: 2.37 mm. Mucosa: 0.83 mm. Submucosa: 0.70 mm. Muscularis propria: 0.44 mm. Wall layering is preserved.
Feline	The ileocecal junction measures 3.13 mm, with a muscularis thickness of 1.11 mm. No signs of inflammation, ileus, or foreign material are identified.
BREED	Colon: not measured, with formed feces in the descending segment.
Siamese	
SEX	<i>Pancreas</i>
Neutered male	Body and right limb measure 7.45–7.84 mm; left limb measures 7.24 mm. The pancreas has a mildly irregular contour. The parenchyma is slightly hypoechoic relative to the adjacent omental fat. No peripancreatic fat inflammation is identified.
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WEIGHT	<i>Peritoneal Cavity</i>
7.88 lbs	No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, and the surrounding region appears unremarkable. Ileocecal lymph nodes measure 2.42–3.01 mm, are normal in shape, and mildly hypoechoic. The iliac trifurcation appears normal.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Alicia Angosto Guerrero	PRIMARY FINDINGS
	<ul style="list-style-type: none"> • Mild disproportionate thickening of the intestinal muscularis. • Pancreas mildly enlarged, with irregular contour and slightly hypoechoic parenchyma.
	SECONDARY FINDINGS
	<ul style="list-style-type: none"> • Mild renal cortical hyperechogenicity with medullary rim sign
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Mych	The intestinal findings are mild but consistent, characterized by preserved wall layering with disproportionate thickening of the muscularis layer, particularly at the level of the ileum and ileocecal junction (muscularis-to-mucosa ratio increased, approximately 0.53). In a cat with a known history of chronic enteropathy that previously responded to corticosteroid therapy, these findings support the presence of an ongoing, low-grade chronic enteropathy.
HOSPITAL NAME	Importantly, there are no ultrasonographic features suggestive of disease progression or transformation, such as loss of wall layering, marked wall thickening, or significant lymphadenopathy. The current findings are compatible with a stable and relatively mild process.
Craig Road AH	The pancreatic findings are suggestive of chronic pancreatitis. However, it can also be age-related.
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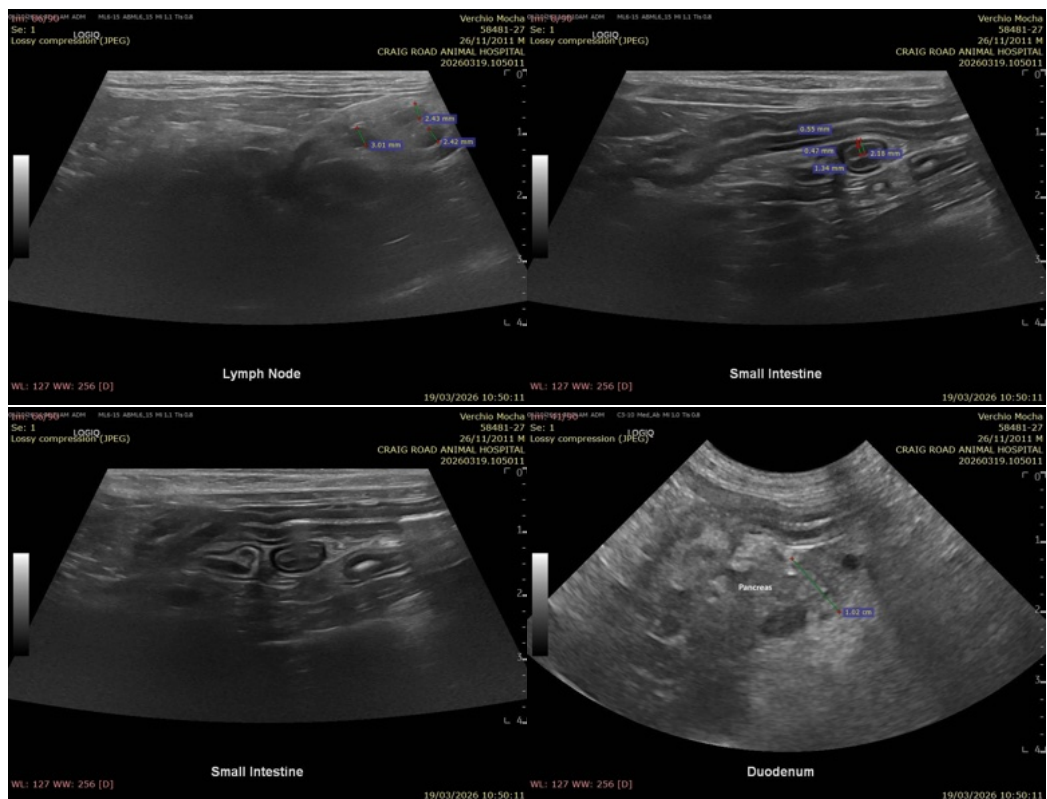
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Recommendations

- A complete gastrointestinal panel is recommended, with particular attention to cobalamin levels and feline pancreatic lipase (fPLI).
- Findings are compatible with a stable chronic enteropathy; if clinically appropriate, cautious tapering of corticosteroid therapy may be considered, with close monitoring for recurrence of clinical signs.
- If cobalamin is low, supplementation should be instituted, which may help support intestinal function and improve clinical stability during reduction or discontinuation of corticosteroid therapy.
- If clinical signs recur following dose reduction or discontinuation, reinstatement of therapy or further investigation may be warranted.

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





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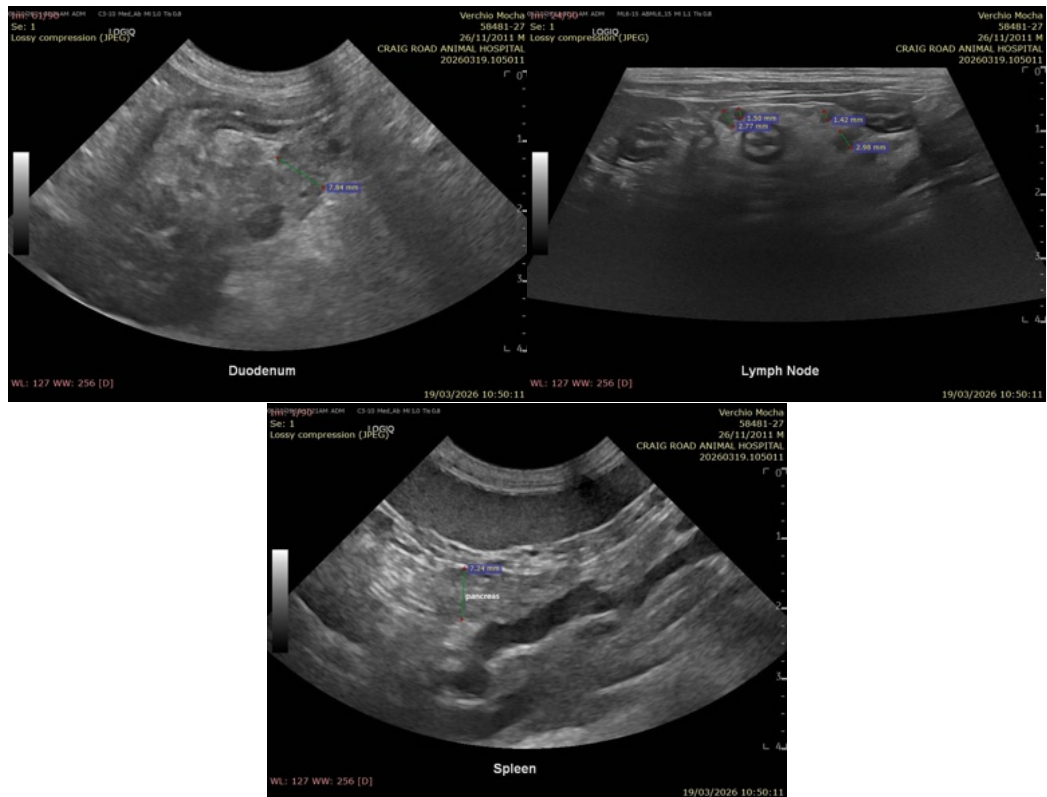
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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