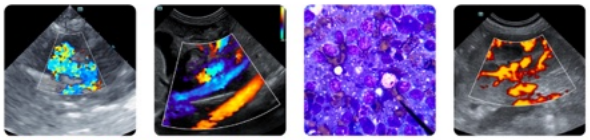


PATIENT

Tyger Osbourne

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

12.46 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olson VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

73750

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Patient has a 5 week history of diarrhea and weight loss. O started GI Biome several weeks ago which improved but did not resolve the diarrhea. He is eating well and drinking slightly more. Bloodwork several weeks ago when first seen for this issue was uneventful and gave no obvious cause for weight loss. Patient also has a very mild cause of plasma cell pododermatitis but is not painful. Plan to start doxycycline to treat this, but not currently on any medications. Baseline weight in October 2024 15.16lbs, 3/11/26 13.6 lbs, and 3/23/26 12.8 lbs

BW 3/11/26: Amylase slightly elevated at 1208, Chem/CBC/T4 otherwise WNL, USG 1.042 with a quiet sediment.

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 turbid, with suspended echogenic material consistent with sediment. 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: 4.00×2.29 cm, and the thickness of the cortex is 0.45 cm in the sagittal plane. The right kidney is normal in shape and size: 4.36×2.69 cm, and the thickness of the cortex is 0.49 cm in the sagittal plane. In both kidneys, the cortex is hyperechoic compared to the liver 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

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.25 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.24 cm at both cranial and caudal poles.

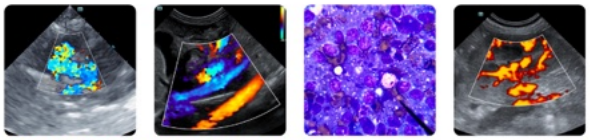
Spleen

Splenic thickness is 0.76 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal 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 uniform and isoechoic compared 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 primarily anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (1.72 mm) and preserved wall layering. The pylorus measures 3.52 mm.

Duodenum: 1.75 mm. Jejunum: 2.70 mm (mucosa: 1.41 mm; submucosa: 0.55 mm; muscularis propria: 0.24 mm). Ileum: 2.26 mm (mucosa: 0.85 mm; submucosa: 0.59 mm; muscularis propria: 0.81 mm), with preserved wall layering. The ileocecal junction is not visualized. No evidence of inflammation, ileus, or foreign material is identified.

Colon: ascending colon 1.14 cm with semi-liquid content; transverse colon 0.88 cm with soft fecal material; descending colon 0.81 cm with more formed feces.

Pancreas

The pancreas measures approximately 6.44 mm in thickness. Parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.03 mm. No peripancreatic fat inflammation is identified.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 3.75–3.81 mm in thickness, with normal shape and echogenicity. Ileocecal lymph nodes are not visualized. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild increased intestinal muscularis thickness (notably ileum; muscularis/mucosa ratio ~1)
- Pancreatic enlargement and hypoechogenicity with subtle pancreatic duct dilation (~1.03 mm).
- Bilateral renal cortical hyperechogenicity with medullary rim sign.

SECONDARY FINDINGS

- Turbid urinary sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal tract demonstrates mild muscularis thickening relative to the mucosa, particularly at the ileum (muscularis/mucosa ratio approaching 1), which supports a chronic enteropathy. In this clinical context (chronic diarrhea and progressive weight loss), primary differentials include inflammatory bowel disease and small cell lymphoma, which cannot be reliably distinguished on ultrasound alone. Pancreatic findings may be age-related or consistent with chronic pancreatitis.

Diffuse renal cortical hyperechogenicity with a medullary rim sign is noted. These are nonspecific findings that may be seen with early or chronic renal changes but should be interpreted in conjunction with renal function parameters, which are currently within normal limits.

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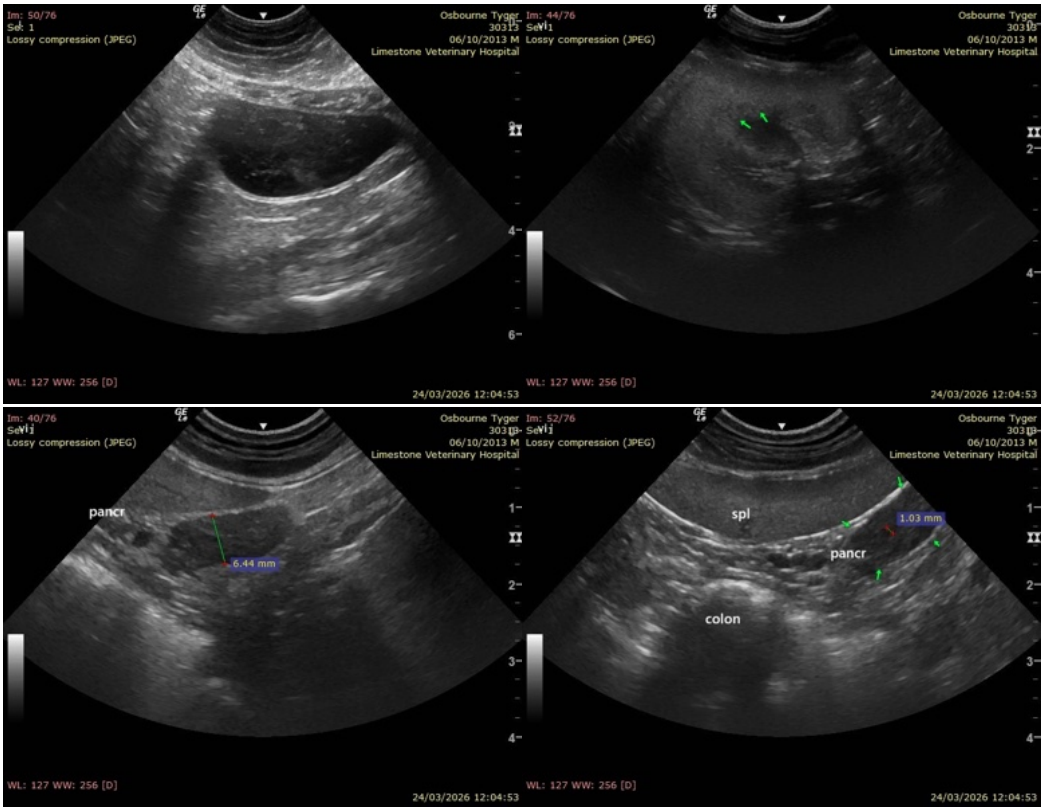
Turbid urinary contents with suspended sediment are identified, which may represent crystalluria or cellular debris; correlation with urinalysis is recommended.

Overall, findings are most consistent with a chronic gastrointestinal process, with concurrent pancreatic changes that may be contributory.

Recommendations

- Gastrointestinal panel (cobalamin, folate and fPLI).
- Consider intestinal biopsies if clinical signs persist or worsen.
- Supportive gastrointestinal management as clinically indicated.
- Correlate bladder finding with urinalysis and sediment examination.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status and ongoing response to treatment.



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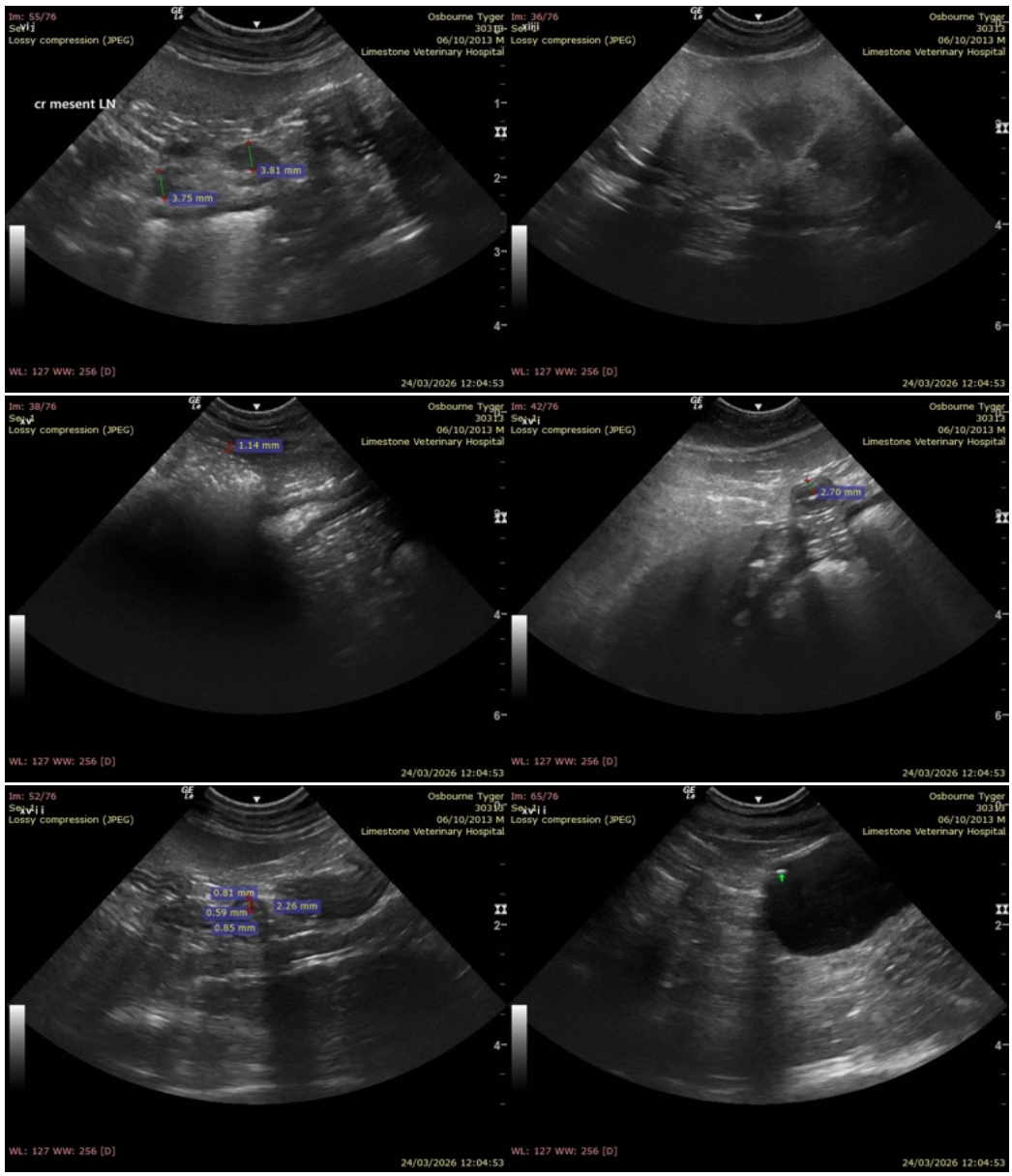

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com