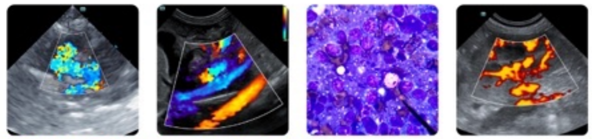

PATIENT

Furgie Marsala

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

13.05 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Ziegler Post

HOSPITAL NAME

For Cats Only VC

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PRESENTING CLINICAL SIGNS

- Weight loss
- Elevated WBC and ALP
- RBC 9.08, WBC 21.89 , BG181, SDMA 12, Crea 0.9, SDMA 12, ALP 123, ALT 85, T4 2.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is turbid, with abundant suspended echoes. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 3.66×2.04 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The right kidney is normal in shape and size: 4.18×2.32 cm, with a cortical thickness of 0.40 cm in the sagittal plane. In both kidneys, the cortex is mildly 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. Color Doppler demonstrates 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 0.34 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.35 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

Splenic thickness is 0.70 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.

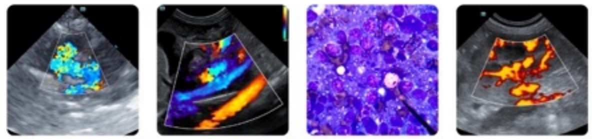
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks 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 with a small amount of biliary sludge. or common bile duct is 1.76-1.45-1.29 mm de proximal a distal.

Gastrointestinal

The stomach is semi-empty, with a small amount of ingesta, with a mural thickness of 1.46 mm and preserved wall layering. The pylorus measures 2.63 mm. The duodenum measures 1.62 mm.



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The jejunum measures 3.47 mm, with preserved wall layering (mucosa: 1.08 mm; submucosa: 0.69 mm; muscularis propria: 0.83 mm).

The ileum measures 1.86–2.31 mm (mucosa: 0.56 mm; submucosa: 1.13 mm; muscularis propria: 0.76 mm), with preserved wall layering. The ileocecal junction is not visualized.

The colon measures 0.84 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures 5.68 mm in thickness. The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 0.92 mm. No evidence of peripancreatic fat inflammation is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity
- Mild muscularis prominence in small intestine (jejunum and ileum)

SECONDARY FINDINGS

- Turbid urine with abundant suspended echoes

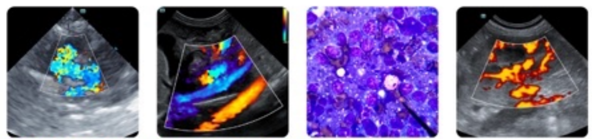
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal measurements show mild muscularis prominence (jejunum and ileum), with preserved layering. The muscularis-to-mucosa ratios (~0.77 jejunum; ~1.35 ileum depending on segment measured) are increased compared to expected values (<0.5–0.6 in cats). This pattern supports chronic enteropathy, such as inflammatory bowel disease or low-grade lymphoma. Although differentiation between these entities is not possible based on ultrasound alone, the mild degree of muscularis thickening and absence of lymphadenopathy in this case favor inflammatory bowel disease.

The presence of abundant echogenic material within the bladder lumen supports cellular debris or sediment, although no bladder wall abnormalities are identified.

Mild bilateral renal cortical hyperechogenicity with preserved architecture is a nonspecific finding, which may reflect early or mild renal change, although renal function markers are currently within normal limits.

Current findings are most consistent with a mild chronic enteropathy, with no ultrasonographic evidence of significant hepatobiliary or pancreatic involvement (triaditis). However, it should be noted that early or mild disease affecting these systems may not be detectable on ultrasound.



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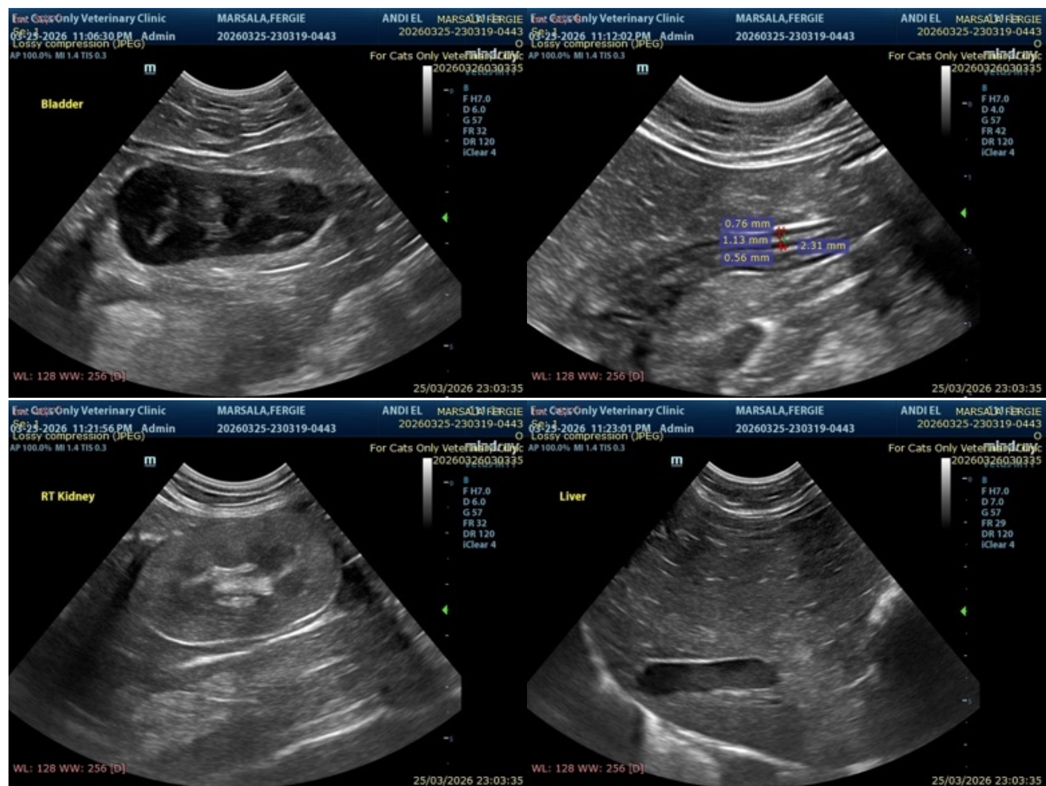
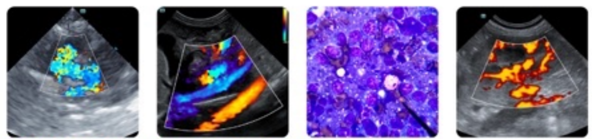
Recommendations

- Complete gastrointestinal panel (including feline pancreatic lipase), assessment of cobalamin/folate, and a dietary trial. Cobalamin supplementation is recommended if deficiency is identified.
- Monitoring of liver enzyme activity.
- If clinical signs persist or worsen, intestinal sampling is recommended to obtain a definitive diagnosis.
- Correlate with urinalysis and sediment exam if clinically indicated.

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





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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