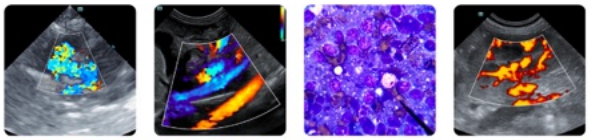


PATIENT

Sassy Hough

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

16 years

WEIGHT

8.93 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anne Culp

HOSPITAL NAME

Onion River AH

REFERRING VET

Culp

INVOICE

73805

DATE

73805

PRESENTING CLINICAL SIGNS

- Periodic episodes of suspected pancreatitis. Responsive to cerenia, but vomits when not taking it. Weight has maintained steady
- Blood work pending UA- USG 1.017, RBC 6/hpf, urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is predominantly anechoic with scant 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: 3.71×2.28 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The cortex is isoechoic 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.

The right kidney is normal in shape and size: 3.72×2.60 cm, with a cortical thickness of 0.39 cm in the sagittal plane. The cortex is isoechoic 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 0.22 cm at the cranial pole and 0.19 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.25 cm at the caudal pole.

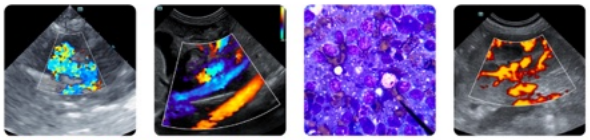
Spleen

Splenic thickness is 0.78 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 homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended, with a thin wall. The contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures 2.04 mm.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.78 mm and preserved wall layering. The pylorus measures 2.74 mm. The duodenum measures 2.01 mm.

The jejunum measures 2.29 mm, with preserved wall layering (mucosa: 1.24 mm; submucosa: 0.58 mm; muscularis propria: 0.26 mm). The ileum measures 2.20 mm (mucosa: 0.77 mm; submucosa: 0.68 mm; muscularis propria: 0.63 mm), with preserved layering. The ileocecal junction measures 2.93 mm, with a muscularis thickness of 1.00 mm.

The colon (transverse) measures 0.64 mm and the descending colon 0.82 mm, with minimal luminal content.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Mild muscularis prominence at the ileum and ileocecal junction
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is mild muscularis thickening at the ileum and ileocecal junction (muscularis up to 0.63–1.00 mm), with preserved wall layering. The muscularis-to-mucosa ratio is increased (approaching or exceeding expected values <0.5–0.6), supporting a chronic enteropathy pattern. In this case, the changes are mild and localized, and there is no associated lymphadenopathy or loss of wall layering, which favors inflammatory disease.
No ultrasonographic evidence of pancreatic inflammation is identified. However, ultrasound is limited in the detection of mild or chronic pancreatitis in cats, and this cannot be excluded.

The hepatobiliary system is unremarkable aside from minimal sludge, with a common bile duct measurement (2.04 mm) within normal limits for a cat, providing no support for clinically relevant biliary obstruction on this study. Cholangitis cannot be excluded based on a normal ultrasound appearance.

Overall, findings support a mild chronic enteropathy as the most likely explanation for the clinical signs. Ultrasound limitations should be acknowledged, as early or functional gastrointestinal disease may not produce marked structural changes.

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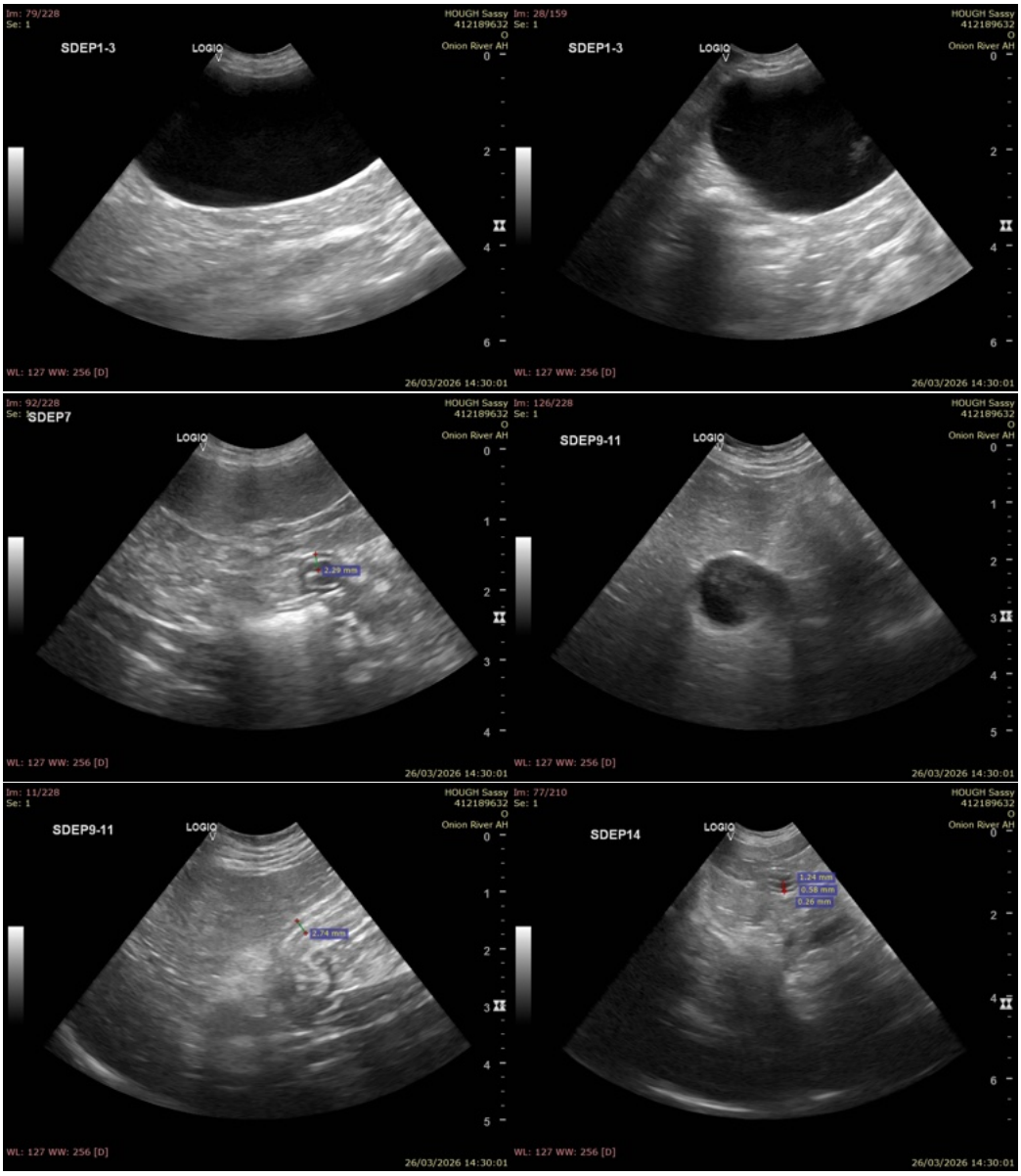
Recommendations

- A stepwise approach is recommended, including a dietary trial, assessment of cobalamin/folate, and feline pancreatic lipase (fPLI).
- Mild sediment is noted; correlation with urinalysis and urine culture may be considered if clinically relevant.

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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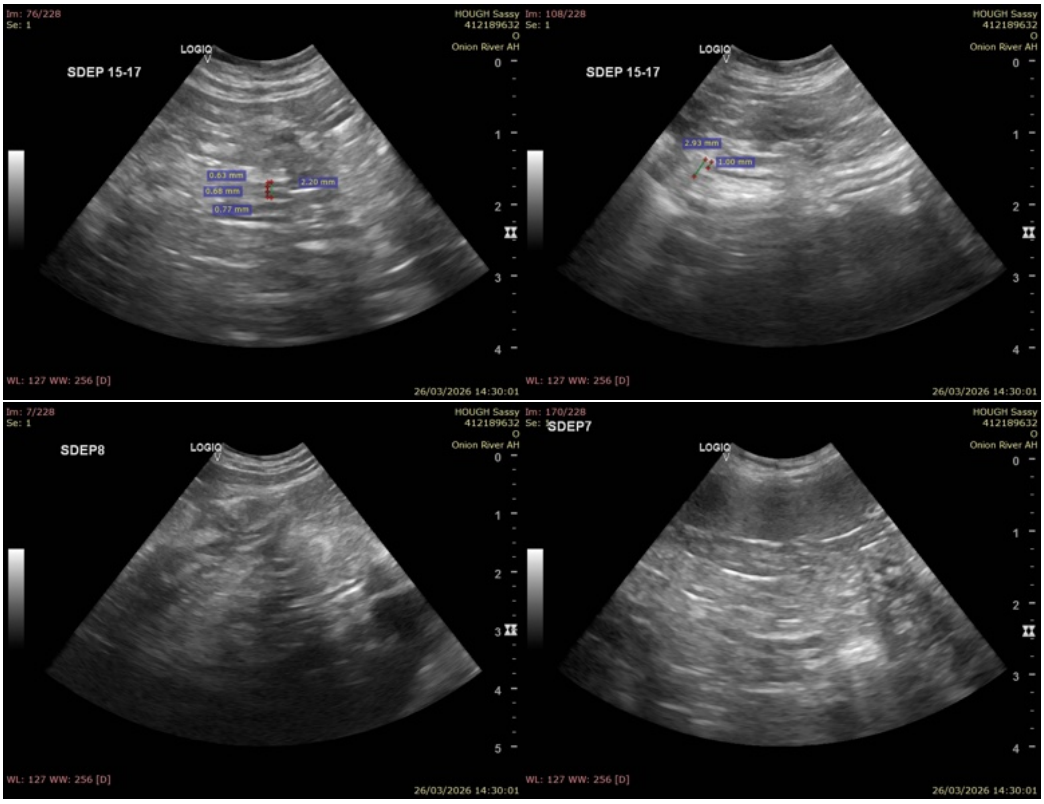

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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