



## PATIENT

Harper Blader

## SPECIES

Feline

## BREED

American Shorthair

## SEX

Spayed female

## AGE

15 years

## WEIGHT

7.01 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Meaghan Godwin

## HOSPITAL NAME

Wellesley AH

## REFERRING VET

Dr. Godwin

## INVOICE

73961

## DATE

3/31/26

## PRESENTING CLINICAL SIGNS

- Currently stable on 1 mg of budesonide daily and cobalequin supplementation for suspected IBD. Has gained 2 lbs since 12/2024.
- Recheck scan
- 2/12/2026 CBC/chem 17/T4/proBNP CBC: Mild non regenerative anemia. HCT 26.6% RBCs 6.09 Chem: Mild hypokalemia 3.3 mmol/L Mildly elevated proBNP 102- echocardiogram also submitted

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. Urine is predominantly anechoic with scant suspended echoes. 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: 3.11×1.93 cm, and the thickness of the cortex is 0.37 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 3.07×1.87 cm, and the thickness of the cortex is 0.30 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths 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 0.28 cm at the cranial pole and 0.30 cm at the caudal pole.

### Spleen

Splenic thickness is 0.64 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 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. No evident dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is distended with ingesta, with mural thickness 2.13-2.21 mm. The pylorus measures 3.81 mm with scant digested ingesta. Preserved wall layering throughout.

Duodenum: 1.69 mm. Jejunum: 2.67 mm, mucosa 2.04 mm, submucosa 0.59 mm, muscularis propria 0.30 mm. Ileum: 1.73 mm, mucosa 0.69 mm, submucosa 0.52 mm, muscularis propria 0.44 mm. Normal wall layering. The ileocecal junction was not visualized. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.64 mm, with heterogeneous mild soft fecal material in the descending lumen. Cranial colon segment markedly dilated with semiliquid content and thin wall.

## *Pancreas*

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

## *Free Abdomen*

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 4.50-5.25 mm thickness, normal shape and echogenicity. Ileocecal lymph nodes not visualized. The iliac trifurcation appears normal.

## PRIMARY FINDINGS

- Jejunum mildly prominent (2.67 mm, muscularis:mucosa ratio 0.15).
- Cranial colon dilated with semiliquid content, thin wall.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study demonstrates apparently good intestinal response to budesonide and cobalamin therapy. The jejunum measures 2.67 mm (muscularis:mucosa ratio 0.15) and ileum 1.73 mm (ratio 0.64)—both within normal feline reference ranges though the ileal ratio sits at the upper limit of normal with preserved wall layering—a marked improvement reflecting controlled chronic enteropathy rather than progression toward neoplasia. The 2-pound weight gain since December further confirms therapeutic success.

The cranial colonic dilation with semiliquid content and thin wall likely reflects functional large bowel dysmotility responsive to medical management, without evidence of mechanical obstruction or mural disease.

Pancreas remains normal, appropriately excluding recurrence of prior pancreatitis.

The mild non-regenerative anemia, hypokalemia, and elevated proBNP, are recognized chronic enteropathy comorbidities that warrant potassium supplementation and cardiac evaluation but do not alter the favorable gastrointestinal prognosis. Stable-to-improved ultrasound supports continuing



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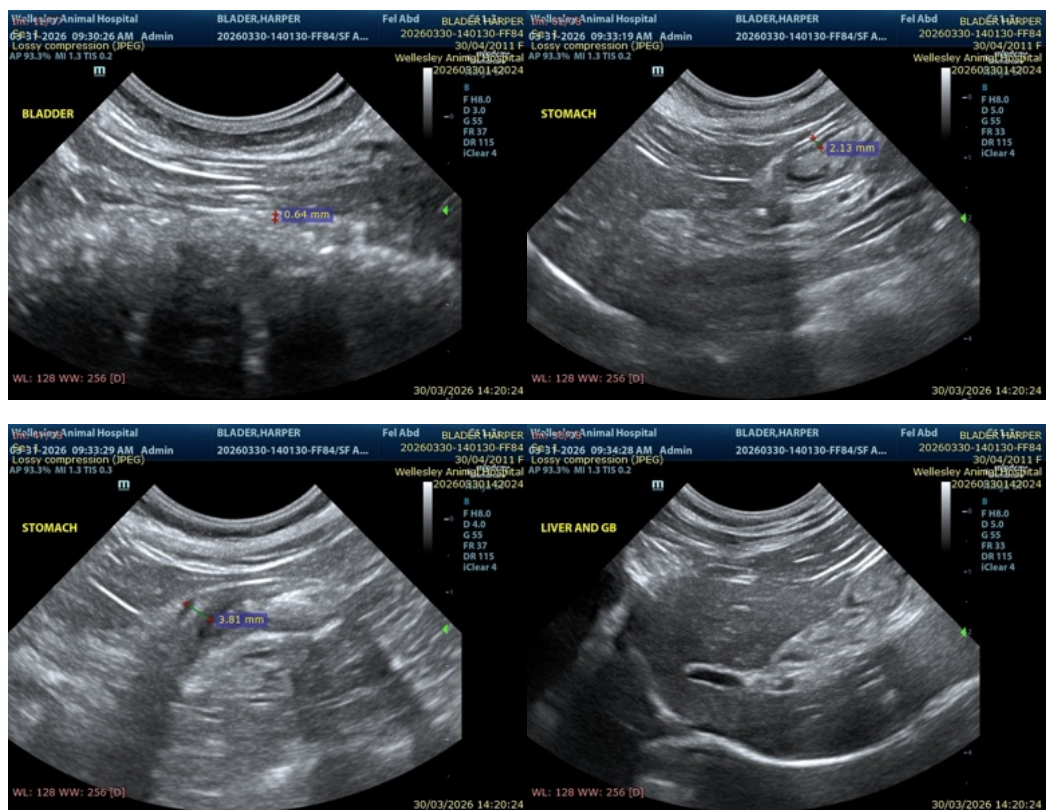
3/31/26

current IBD management without evidence of complications or disease progression.

**Recommendations:**

- Continue budesonide and cobalamin.
- Consider supplement potassium for hypokalemia.
- Correlate proBNP with echocardiogram.
- Monitor weight/appetite monthly.

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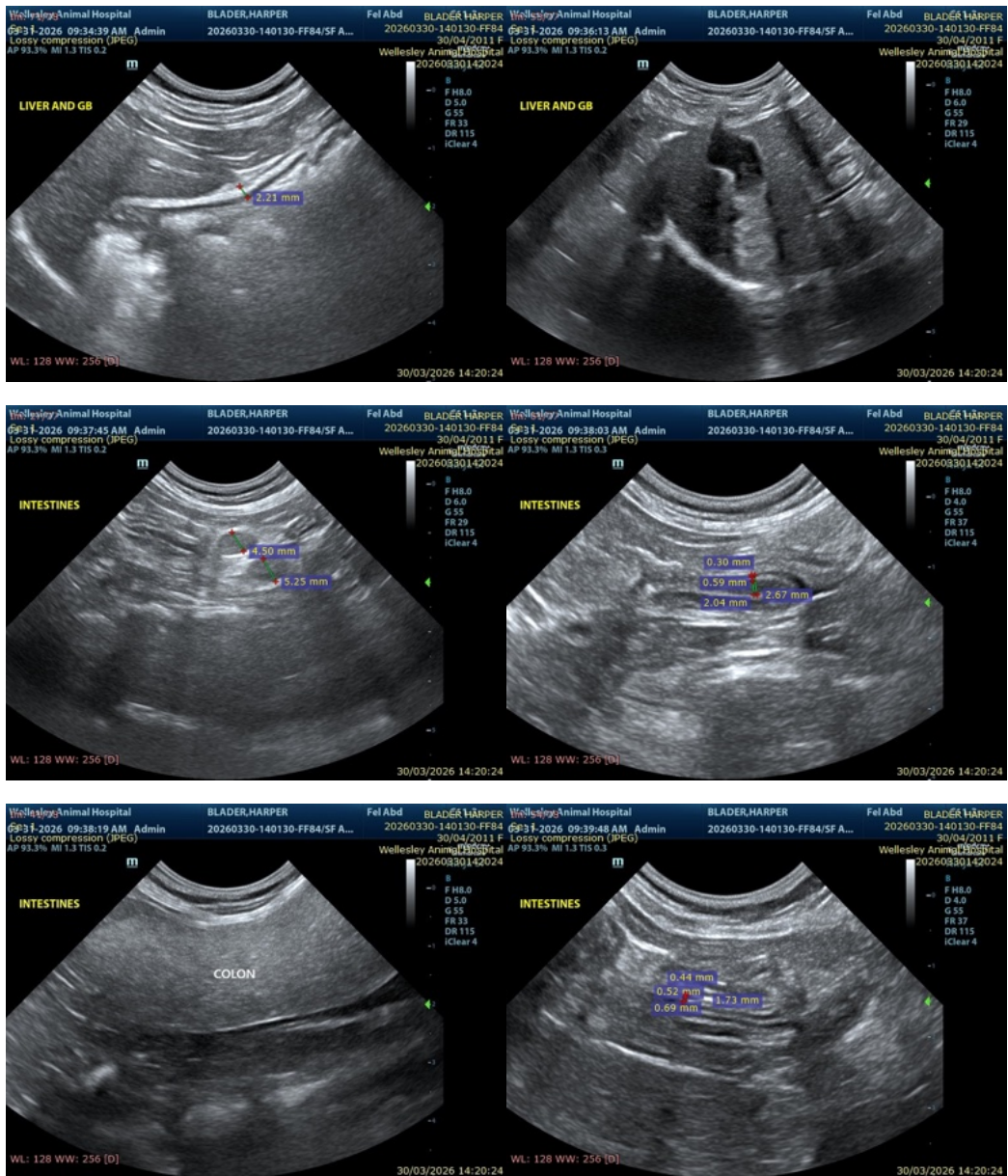
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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