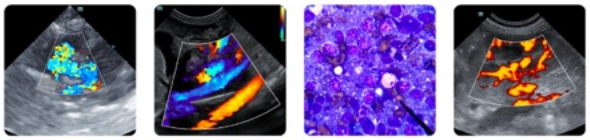


PATIENT

Mandy Gordon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

73958

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Chronic weight loss and vomiting over the last 2 years. Owners question possible decreased appetite and increased thirst more recently, but are unsure.
- BW 3/25/26 ALT 135, PSL 29, CPK 614, RBC 10.1, PLT 139 with adequate estimate, Lymph 1024, USG 1.053, 2+ protein, 11-20 RBC, 1+ bilirubin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.12×2.11 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.40×2.28 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and 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 0.27 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland not confidently visualized

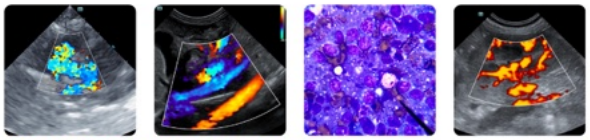
Spleen

Splenic thickness is 0.60 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 margins and a regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is mildly hyperechoic and measures 1.02 mm. The lumen contains a moderate amount of biliary sludge. The common bile duct measures 3.34-2.93-2.34 mm.



PATIENT

Mandy Gordon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

73958

DATE

3/31/26

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.53 mm and preserved wall layering. The pylorus measures 3.53 mm. The duodenum measures 2.14 mm. The jejunum measures 2.55 mm, with mucosa measuring 1.72 mm, submucosa 0.49 mm, and muscularis propria 0.28 mm. The ileum measures 2.39 mm, with mucosa 0.97 mm, submucosa 0.52 mm, and muscularis propria 0.82 mm. Wall layering is preserved. The ileocecal junction measures 3.59 mm, with muscularis measuring 0.94 mm. No signs of obstruction, ileus, or foreign material are identified. The colon measures 1.82 mm in the ascending segment, 1.60 mm in the transverse segment, and 1.26 mm in the descending segment, with small amounts of soft fecal material in the descending colon.

Pancreas

The pancreas measures 5.40-6.28 mm in thickness. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.03 mm. No active inflammatory change is evident in the peripancreatic fat.

Free Abdomen

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes measure 7.67-8.99 mm, retain normal shape, and are hypoechoic. The ileocecal lymph nodes are not visualized, but the surrounding region is unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild pancreatic hypoechogenicity and duct prominence (1.03 mm).
- Gallbladder wall hyperechogenicity (1.02 mm) with moderate biliary sludge.
- Common bile duct up to 3.34 mm.
- Ileal muscularis relatively prominent
- Enlarged cranial mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal measurements and preserved wall stratification do not support a transmural infiltrative lesion or discrete obstructive process. The muscularis-to-mucosa ratios—jejunum 0.16, ileum 0.84—fall comfortably within established normal feline reference ranges, where the muscularis layer normally contributes 14–16% of jejunal wall thickness and 22–32% of ileal wall thickness. Ratios exceeding 1 would be more suggestive of pathology such as IBD or small-cell lymphoma; however, ultrasound cannot definitively distinguish these entities, and biopsies ultimately provide definitive diagnosis.

The pancreatic parenchyma appears mildly hypoechoic relative to adjacent omental fat, accompanied by mild pancreatic duct prominence measuring 1.03 mm (exceeding normal feline reference values of

PATIENT

Mandy Gordon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

73958

DATE

3/31/26

<0.8 mm). These findings are suggestive of chronic pancreatitis in this clinical context, although mild hypoechogenicity may also reflect age-related change in a geriatric cat; feline pancreatic lipase immunoreactivity testing is recommended for diagnostic clarification.

The gallbladder demonstrates mild wall hyperechogenicity moderate biliary sludge, and common bile duct dimensions up to 3.34 mm (mildly increased relative to reported feline upper limits of 2–3 mm). This pattern is collectively compatible with reactive or inflammatory hepatobiliary disease such as cholangitis, which in cats is often ultrasonographically subtle or inapparent due to the diffuse, low-grade nature of the inflammation.

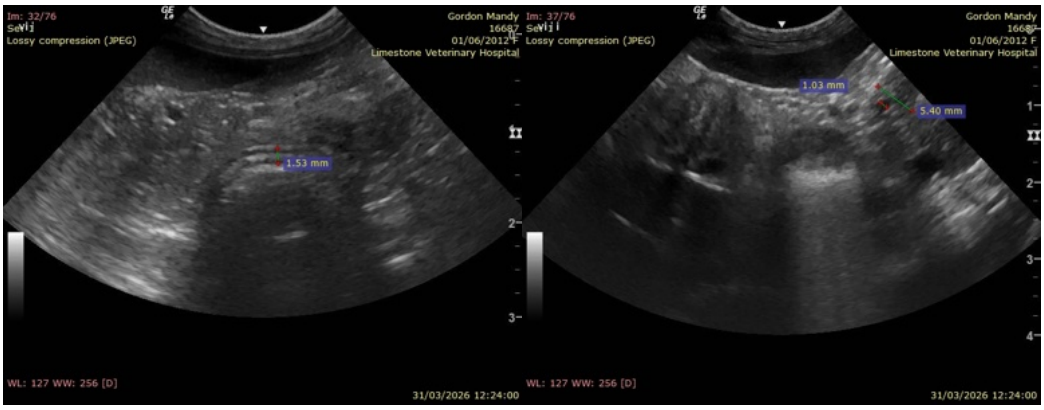
The cranial mesenteric lymph nodes are mildly enlarged and hypoechoic relative to normal feline reference dimensions. While the preserved nodal shape favors reactive change secondary to concurrent pancreatobiliary or enteropathic inflammation, early infiltrative neoplasia cannot be excluded on ultrasound alone.

Overall, the combination of pancreatic and biliary abnormalities raises concern for concurrent triaditis (pancreatitis, cholangitis, and duodenitis), a recognized syndrome in cats presenting with chronic vomiting and weight loss.

Recommendations

- Correlate ultrasonographic findings with serum pancreatic lipase immunoreactivity (fPLI), liver function profile including total bilirubin, and gastrointestinal panel (cobalamin/folate). Mild cobalamin deficiency, if present, warrants supplementation regardless of etiology.
- To differentiate chronic enteropathy from small-cell lymphoma, endoscopic or full-thickness biopsies ultimately provide definitive diagnosis; however, conservative initial management with novel protein diet, hypoallergenic diet trial, and close clinical monitoring is reasonable given the nonspecific intestinal findings.

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



PATIENT

Mandy Gordon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

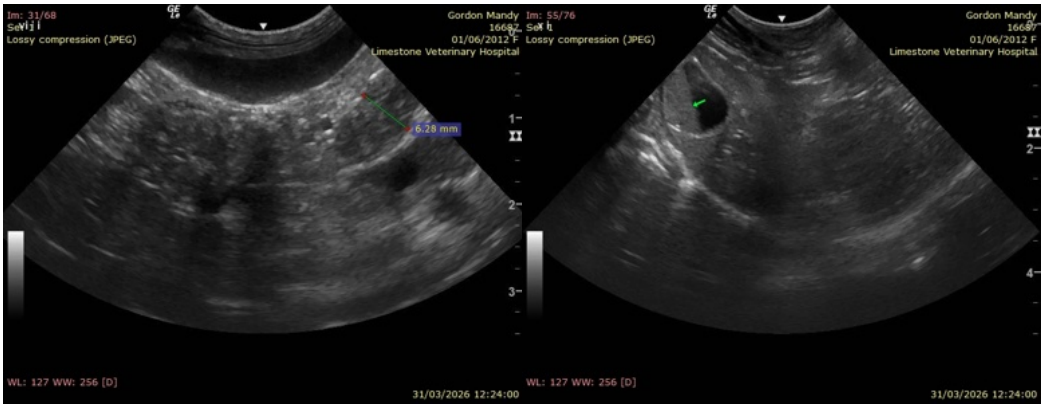
Dr. Olsen

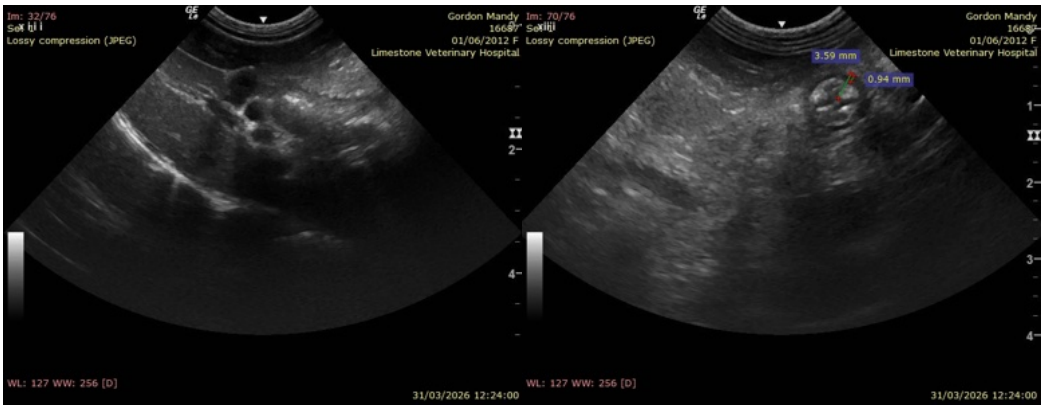
INVOICE

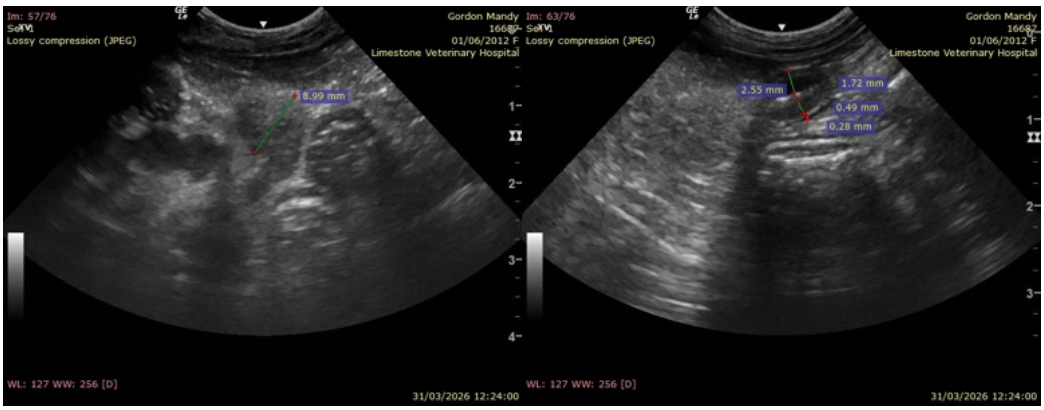
73958

DATE

3/31/26







PATIENT

Mandy Gordon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

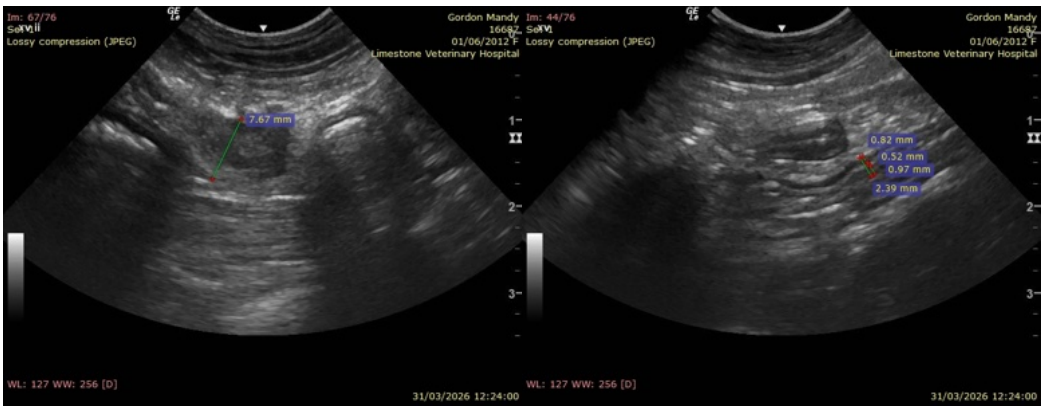
Dr. Olsen

INVOICE

73958

DATE

3/31/26



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