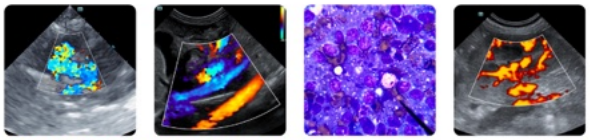


PATIENT

Socks Ebo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.88 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Galanti

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

72194

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- P is a 9yr 4mo MN DSH presenting for abdominal ultrasound for further evaluation of unexplained weight loss. Doing well. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/ medication.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.27×2.03 cm. The cortical thickness is 0.34 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.33×2.15 cm. The cortical thickness is 0.35 cm in the sagittal plane.

In both kidneys, the cortex demonstrates normal echogenicity. The corticomedullary ratio is within expected limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: The left adrenal gland measures 0.29 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.23 cm at the caudal pole.

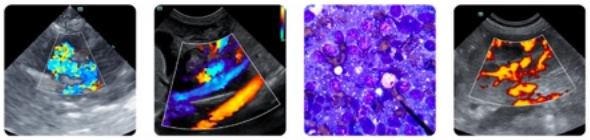
Spleen

Splenic thickness is 0.61 cm. The parenchyma demonstrates normal echogenicity and a 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 hepatic parenchyma is uniform and isoechoic compared with 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 predominantly anechoic. The cystic duct and common bile duct are not dilated. The common bile duct measures 2.49–1.98–1.02 mm along the evaluated segments.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.25 mm and preserved wall layering. The pylorus measures 2.88 mm.

The duodenum measures 1.89 mm in total wall thickness. The jejunum measures 1.82–1.95 mm in total thickness. Layer measurements obtained in the jejunum include: mucosa 1.02 mm, submucosa 0.46 mm, and muscularis propria 0.18 mm. Wall layering is preserved.

The ileum measures 1.77 mm in total wall thickness. The individual layers are too thin to measure accurately, although normal layering is preserved.
The ileocecal junction was not visualized.

No sonographic evidence of intestinal inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 0.58 mm in the transverse colon and 0.68 mm in the descending colon. Formed fecal material is present within the lumen.

Pancreas

The pancreatic right lobe measures 4.72 mm in thickness, the body 4.15 mm, and the left lobe 4.34 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.77 mm in diameter. No ultrasonographic signs of active pancreatic inflammation or focal mass lesions are identified.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly. The iliac trifurcation region appears normal.

ULTRASONOGRAPHIC FINDINGS

This abdominal ultrasound examination is within normal ultrasonographic limits.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At this time, based solely on the imaging findings, there is no sonographic evidence of abdominal disease explaining the weight loss.

Several clinically relevant causes of weight loss in middle-aged to older cats may occur without detectable ultrasonographic abnormalities, particularly in early stages. These include hyperthyroidism, early chronic kidney disease, mild or early chronic enteropathy, and metabolic or systemic disorders.

Recommendations

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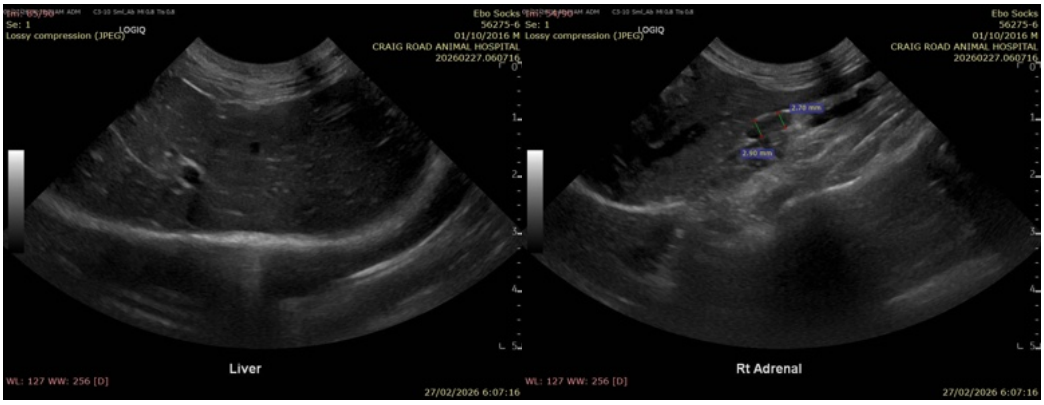
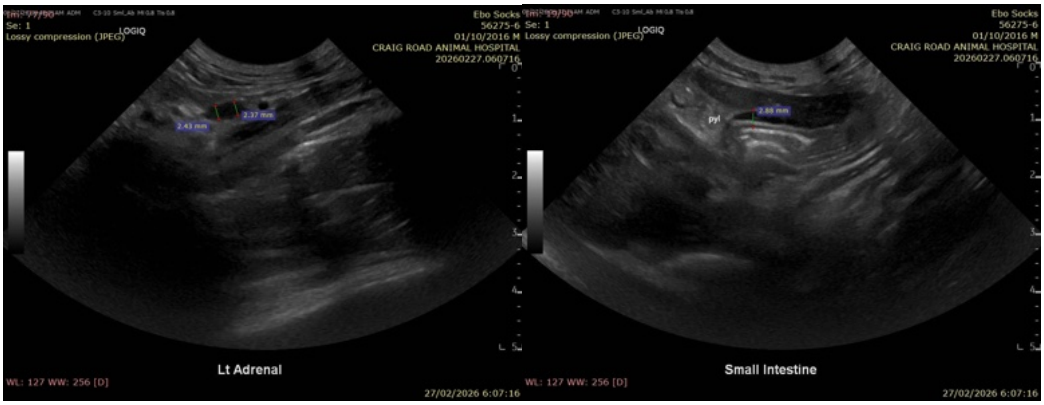
- Clinical and laboratory correlation is recommended, particularly if weight loss is confirmed and progressive. Routine evaluation typically includes CBC, serum biochemistry, urinalysis, and total T4 concentration.
- If not already performed, assessment of cobalamin and folate concentrations may be useful in cats with unexplained weight loss, even when the gastrointestinal tract appears normal ultrasonographically.
- If weight loss continues despite normal initial diagnostics or other symptoms develop, (progressive weight loss, subtle vomiting, or declining body condition) additional diagnostics such as feline pancreatic lipase and complete GI panel (TLI, cobalamin, folate) could be considered.





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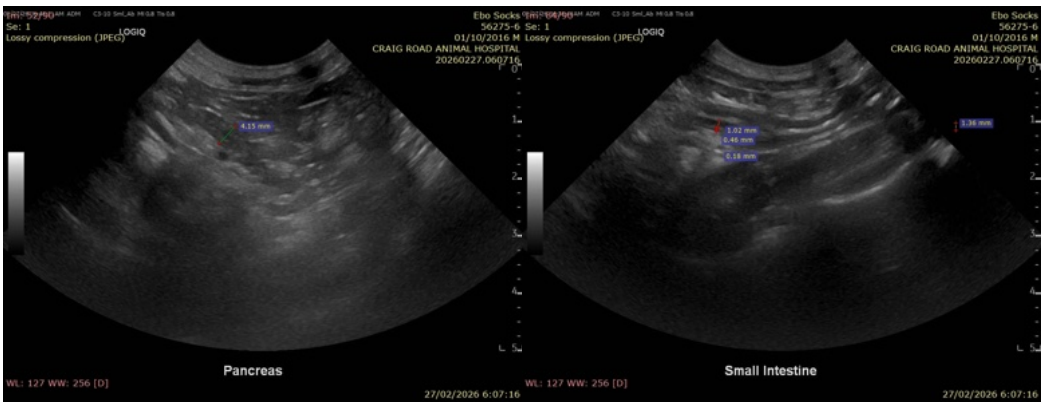

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com