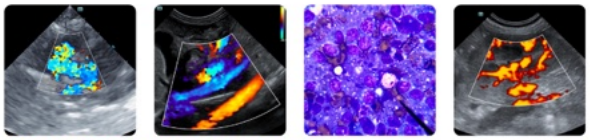


PATIENT

Maui Joynes

SPECIES

Feline

BREED

Manx

SEX

Neutered male

AGE

12 ½ years

WEIGHT

12.02 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats OVC

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

72315

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- No cause for weight loss seen on recent bloodwork.
- Patient lost 2 1/2 lbs recently
- Patient on Telmisartan 10mg/ml 35ml Give 0.25 ml by mouth once daily.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is mildly turbid with scant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in overall size, measuring 3.33×2.45 cm. Scattered small cortical microcysts are identified. Small nephroliths measuring approximately 3.1–3.7 mm are present. The renal cortex appears hyperechoic relative to the liver parenchyma, and corticomedullary definition is reduced. No pyelectasia or hydronephrosis is identified. Doppler color evaluation shows a normal vascular pattern.

The right kidney is markedly reduced in size and irregular in contour, measuring 1.89×1.99 cm. Corticomedullary definition is lost. The renal pelvis is mildly dilated (4.10 mm). No renal pelvic or ureteral calculi are identified.

Adrenal Glands

The adrenal glands were not reliably visualized during this examination.

Spleen

Splenic thickness measures 0.51 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

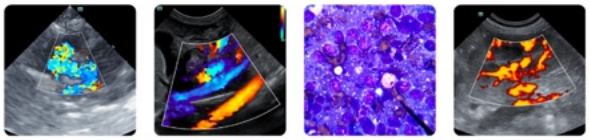
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat with preserved echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin and the contents are anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.92 mm and preserved wall layering. The pylorus measures 3.78 mm.



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The duodenum measures 2.01 mm. The jejunum measures 1.88 mm, with mucosa measuring 1.92 mm, submucosa 0.44 mm, and muscularis propria 0.43 mm. The ileum measures 2.75 mm, with mucosa 1.02 mm, submucosa 0.78 mm, and muscularis propria 0.83 mm. Wall layering is preserved. The ileocecal junction measures 2.75 mm, with mucosa 0.72 mm and muscularis 1.45 mm. No ultrasonographic evidence of intestinal obstruction, ileus, or foreign material is identified.

The colon contains formed fecal material within the descending segment.

Pancreas

Pancreatic thickness measures 6.54 mm. The pancreatic parenchyma appears isoechoic relative to surrounding fat, and the pancreatic duct measures 1.28 mm. No peripancreatic fat inflammation is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked right renal atrophy with loss of corticomedullary definition.
  Chronic structural changes of the left kidney, including cortical hyperechogenicity, microcysts, and small nephroliths.
- Mild renal pelvic dilation of the right kidney (4.10 mm).
- Muscularis hypertrophy at the ileum and ileocecal junction

SECONDARY FINDINGS

- Pancreatic thickness at the upper limit of reported reference ranges

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings support chronic bilateral renal pathology, with the right kidney likely representing end-stage renal change.

In addition, the ileum demonstrates muscularis hypertrophy, with a muscularis-to-mucosa ratio of approximately 0.8, and the ileocecal junction also shows disproportionate muscular thickening. This pattern has been reported in chronic inflammatory enteropathy (IBD) as well as low-grade alimentary lymphoma, and these entities cannot be reliably differentiated by ultrasonography alone.

Given the patient's significant weight loss, chronic intestinal disease should therefore be considered as a potential contributing factor, even though lymph nodes are normal.

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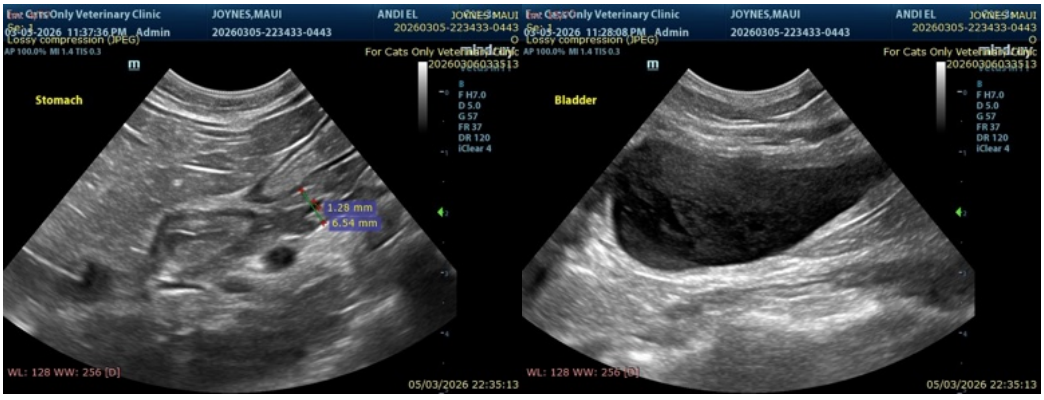
The pancreas measures near the upper limit of reported reference ranges, and while no ultrasonographic evidence of active pancreatitis is identified, mild chronic pancreatic disease cannot be excluded.

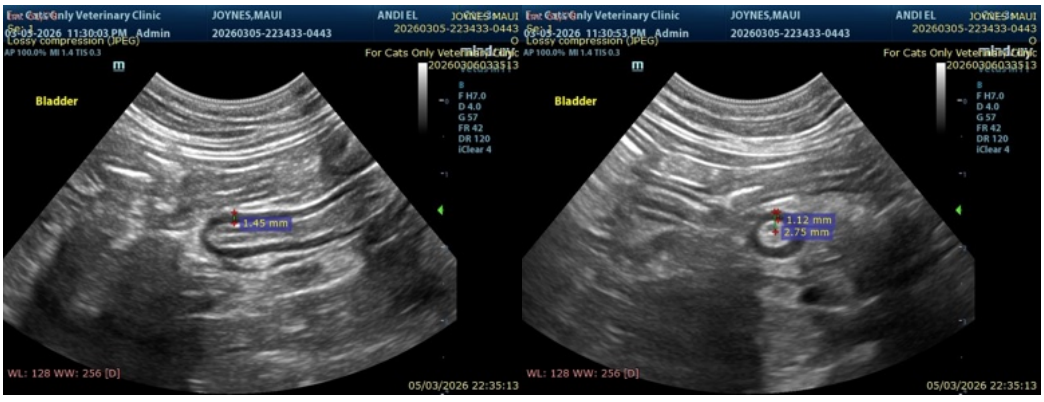
Recommendations

• Correlation with renal laboratory parameters and urine protein evaluation is recommended to further characterize the extent of chronic kidney disease.

• Periodic renal monitoring may be considered, given the marked asymmetry of renal structure and evidence of chronic renal changes.

• If weight loss persists despite management of renal disease, further evaluation for chronic gastrointestinal disease (GI panel, pancreatic lipase testing) may be considered at the discretion of the attending veterinarian.





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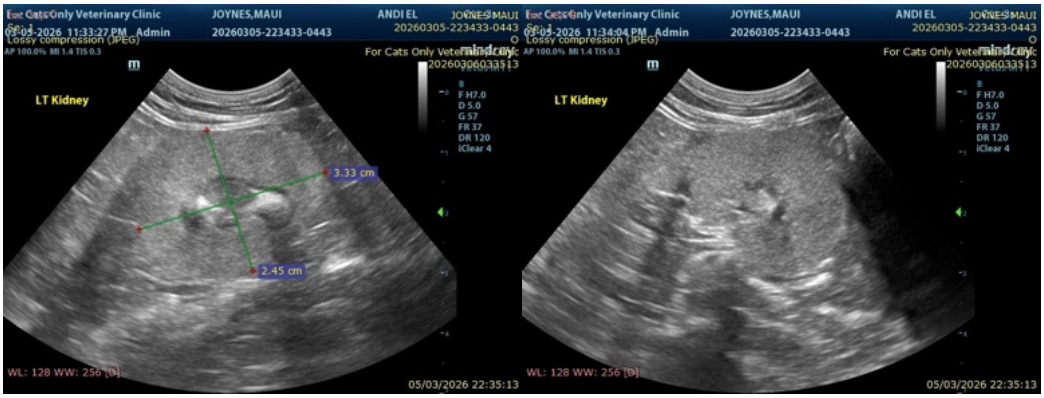

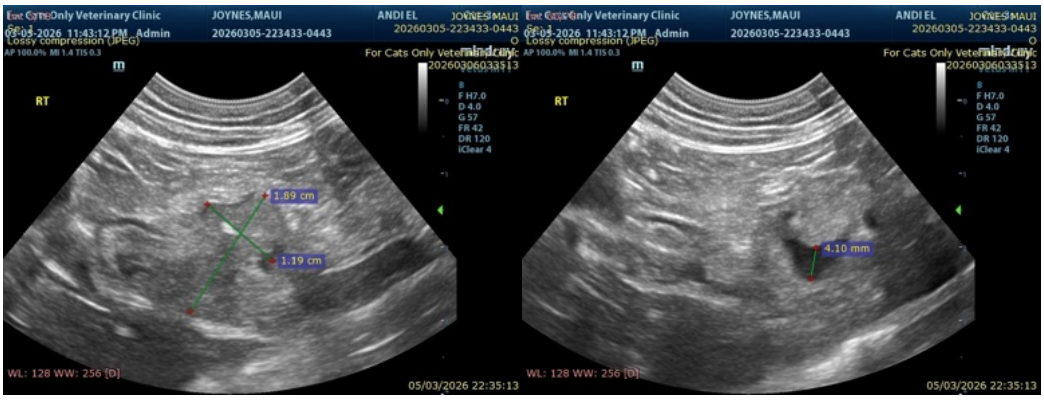

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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