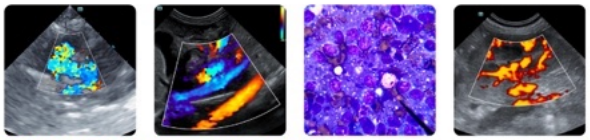


PATIENT

Luna Chaires

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed femlae

AGE

12 years

WEIGHT

9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

74041

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- Presents for GI workup: intermittent vomiting, weight loss, overgrooming one spot on her ventral abdomen,
- long-term steroid use for intermittent vomiting - r/o IBD vs LSA
- Exam under sedation only! senior labwork pending, GI malabsorption panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The luminal contents are predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.38×2.36 cm in the sagittal plane. Cortical thickness is 0.24 cm. The cortex is mildly hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.29×2.25 cm in the sagittal plane. Cortical thickness is 0.35 cm. The cortex is mildly hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

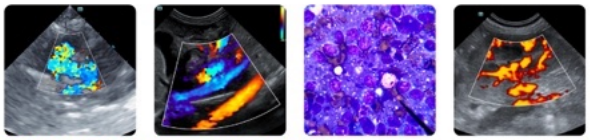
Spleen

Splenic thickness is 0.81 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 hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No focal lesions or hepatic lymphadenopathy are identified.

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



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Gastrointestinal

The stomach is empty and folded, with wall thickness ranging from 1.03–1.72 mm and preserved layering.

The pylorus measures 2.22 mm. Duodenum: 1.48 mm. Jejunum: total wall thickness 2.13 mm, with mucosa 0.95 mm, submucosa 0.41 mm, and muscularis propria 0.27 mm. Ileum: total wall thickness 1.60 mm, with mucosa 0.36 mm, submucosa 0.45 mm, and muscularis propria 0.20 mm. Wall layering is preserved. The ileocecal junction measures 2.05 mm, with muscularis thickness of 0.40 mm. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 0.56–0.88 mm, containing formed feces in the descending segment.

Pancreas

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

Free Abdomen

No abdominal effusion or signs of peritonitis are present. No lymphadenomegaly is identified.

The perinodal fat in the ileocecal region appears mildly hyperechoic.

The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild hyperechogenicity of ileocecal perinodal fat.
- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound study in a cat with chronic gastrointestinal signs and a history of long-term corticosteroid therapy.

Intestinal wall thicknesses are within accepted feline reference ranges (generally ≤3.6 mm), and layering is preserved throughout. The muscularis-to-mucosa ratios are within normal limits (jejunum ~0.28; ileum ~0.55), which does not support muscularis-predominant pattern such as typically seen with chronic enteropathy or low-grade lymphoma.

No intestinal masses, focal thickening, or loss of layering are identified, and mesenteric lymph nodes are not enlarged. The mild hyperechogenicity of the perinodal fat in the ileocecal region may reflect a low-grade or reactive inflammatory change but is nonspecific and mild.

Importantly, the absence of ultrasonographic abnormalities does not exclude functional or chronic enteropathy, especially in cats receiving corticosteroid therapy, which can reduce inflammatory thickening and mask ultrasonographic changes.

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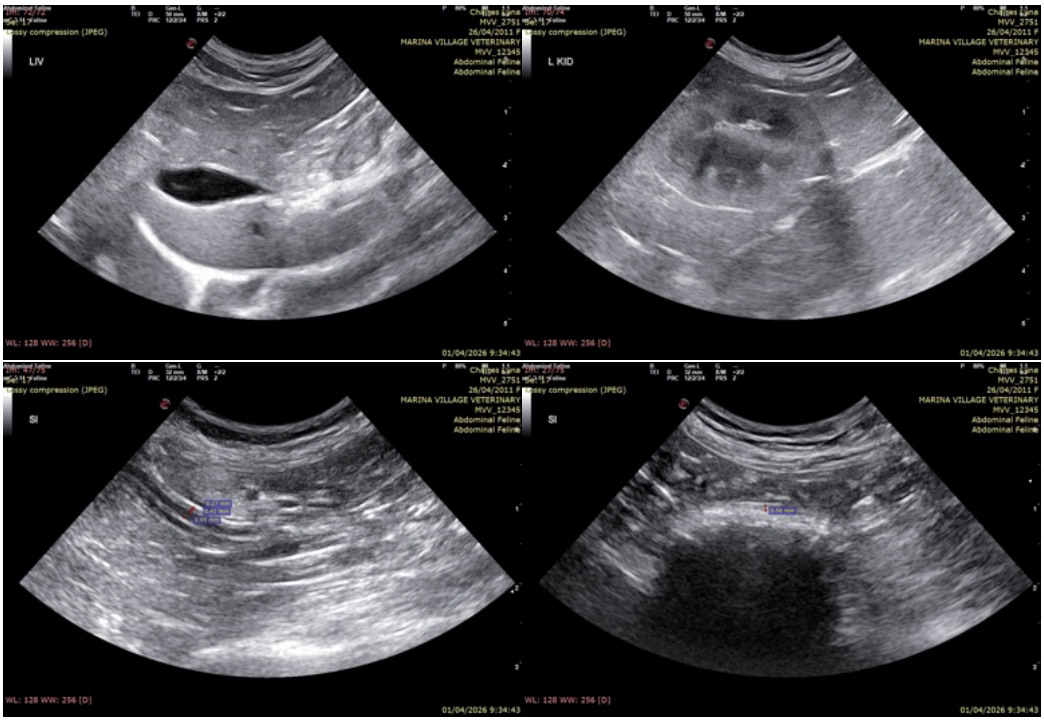
Recommendations

- Review pending diagnostics (GI panel and senior bloodwork).
- Continue/optimize dietary and medical management as indicated.
- Intestinal biopsy may be considered if clinical signs persist or worsen; however, sampling should ideally be performed after tapering or discontinuation of corticosteroid therapy, as prior treatment may reduce diagnostic yield and obscure histopathologic interpretation.

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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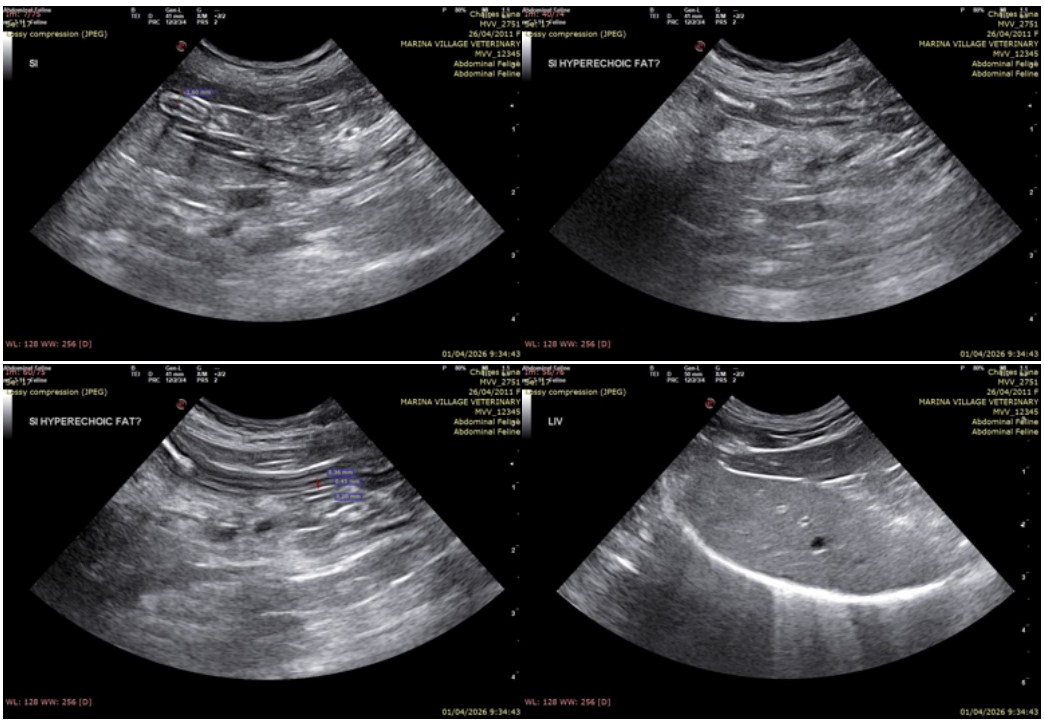

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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