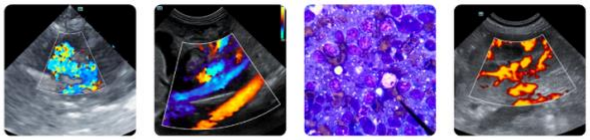


PATIENT

Chrissy C2677 AID

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8.8 Years

WEIGHT

8.04 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Pamela Bay

INVOICE

36527

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: Weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is predominantly anechoic but contains abundant suspended echogenic material, resulting in a turbid appearance. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic change.

Both kidneys are normal in shape and size. The left kidney measures 3.29×1.83 cm and the right kidney 3.54×2.15 cm, with cortical thickness of 0.29 cm bilaterally (sagittal plane). The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.26 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.79 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.

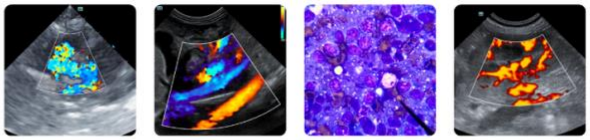
The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. The gallbladder is normally distended, with a thin wall and predominantly anechoic contents with a small amount of biliary sludge. The common bile duct measures 2.24 mm.

Gastrointestinal

The stomach is distended with ingesta, with a wall thickness of 1.72 mm and preserved layering.

The duodenum measures 1.69 mm.
The jejunum measures 2.59 mm, with mucosa 1.54 mm, submucosa 0.49 mm, and muscularis propria 0.36 mm.
The ileocecal junction measures 3.01 mm, with mucosa 1.07 mm and muscularis propria 0.92 mm.

Wall layering is preserved throughout. The ileum and colon are incompletely characterized in the provided measurements.



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No evidence of obstruction, ileus, or foreign material is identified.

Pancreas

Pancreatic thickness is 5.26 mm. The parenchyma is isoechoic relative to the surrounding mesenteric fat. The pancreatic duct measures 0.74 mm. No peripancreatic inflammatory changes are identified.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not clearly visualized; ileocecal lymph nodes measure 2.85 mm with normal morphology.

PRIMARY FINDINGS

- Increased muscularis thickness at the ileocecal junction (ratio elevated)
- Borderline increased muscularis-to-mucosa ratio in jejunum.

SECONDARY FINDINGS

- Turbid urine with abundant suspended echoes.
- Mild medullary rim sign (incidental in this context).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunum shows a muscularis-to-mucosa ratio of approximately 0.23, which is within normal limits (<0.3–0.4), and therefore does not support significant small intestinal infiltrative disease at this level. However, the ileocecal junction demonstrates a ratio of approximately 0.86, which is clearly increased and indicates disproportionate muscularis thickening in this region.
This pattern, even when focal and with preserved wall layering, may be seen with early or localized chronic enteropathy (IBD) or early small cell lymphoma.
At this stage, the changes are mild and regionally limited, and do not yet show the more diffuse or marked abnormalities typically seen in advanced disease.
No significant lymphadenopathy is identified, and the remainder of the gastrointestinal tract is unremarkable based on the available measurements.

The pancreas is within normal limits, with no evidence of pancreatitis. Hepatobiliary structures are unremarkable.

The urinary findings (turbid urine with suspended echoes) most likely reflect concentrated urine and/or sediment and are considered incidental in the absence of other abnormalities.

Recommendations:

- Complete gastrointestinal panel is indicated (if not already performed).
- Strict dietary trial (hydrolyzed or novel protein) may be considered as an initial, non-invasive approach.
- Close clinical monitoring (weight, appetite, stool quality) is essential.
- If clinical progression occurs intestinal biopsy or empirical therapy for small cell lymphoma should be considered.

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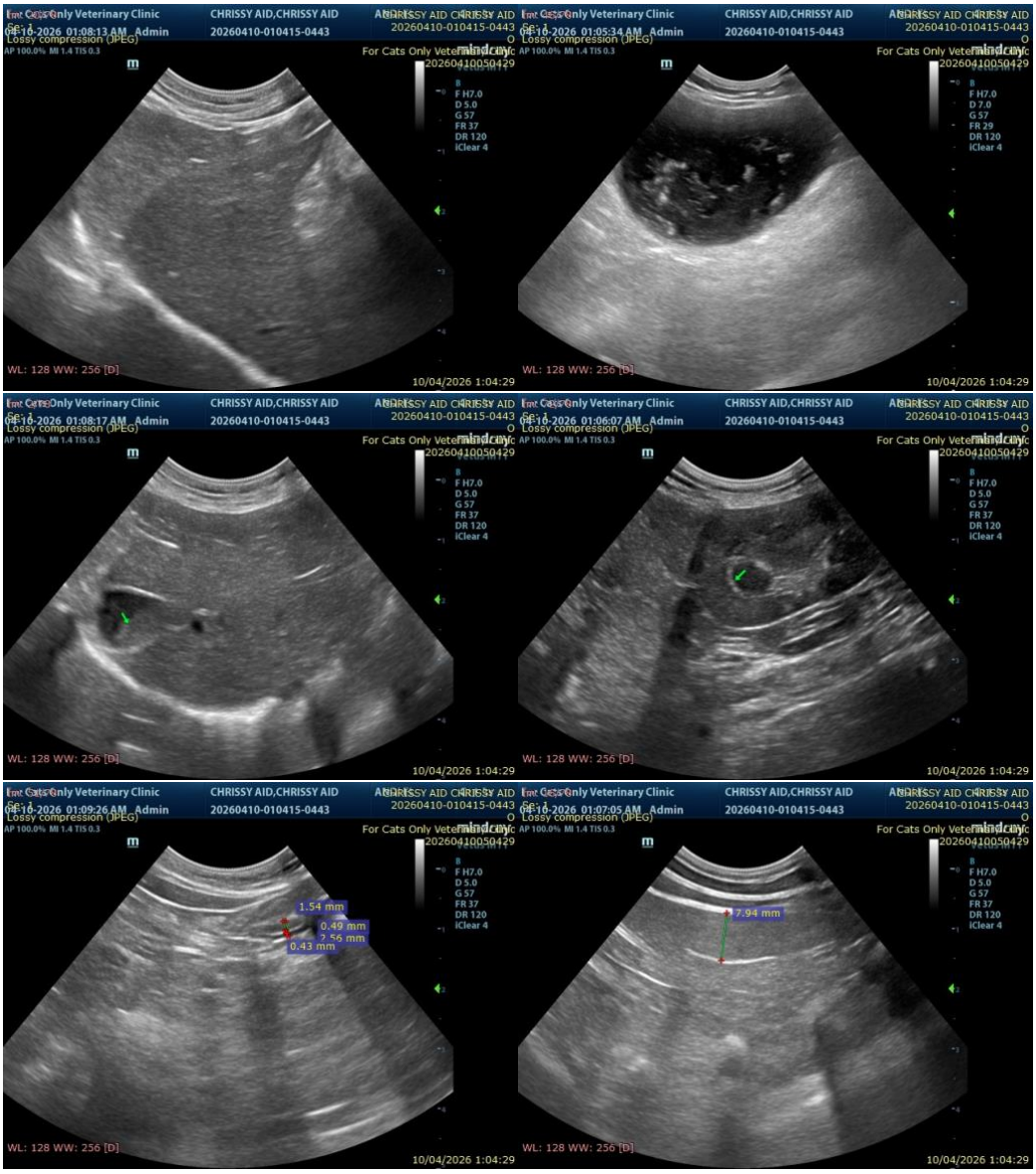
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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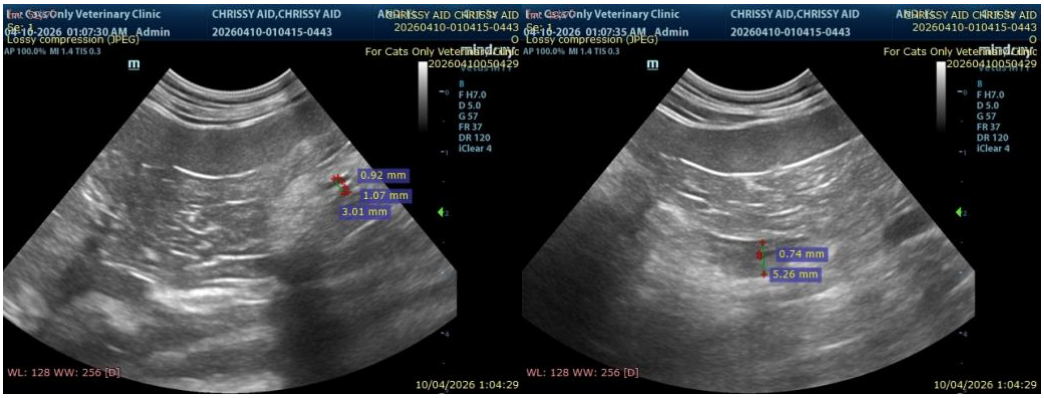

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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