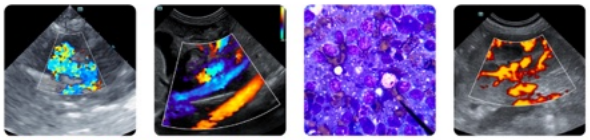


PATIENT

Jack Theodore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

11.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Dr. Ascione

INVOICE

74080

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Patient has been dealing with pancreatitis over the past few months. Abdominal ultrasound was recommended to rule out other causes / GI mass.
- Patient is very difficult in general, owner has been bringing in daily for medication

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 4.22×2.50 cm in the sagittal plane. Cortical thickness is 0.28 cm. The right kidney is normal in shape and size, measuring 4.18×2.51 cm in the sagittal plane. Cortical thickness is 0.45 cm.

Both kidneys show cortical echogenicity within normal limits (isoechoic relative to 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 visualized.

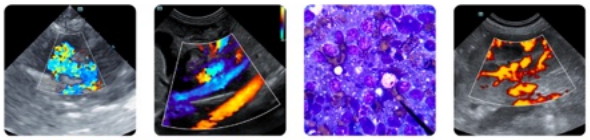
Spleen

Splenic thickness is 1.06 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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. No evident dilation of the cystic duct or common bile duct is clearly observed.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.25 mm and preserved layering. The pylorus measures 3.71 mm.

Duodenum: not visualized. Jejunum: 1.55 mm, with mucosa 0.80 mm, submucosa 0.34 mm, and muscularis propria 0.32 mm. Ileum: 1.26–1.61 mm, with preserved wall layering. The ileocecal junction measures 2.53 mm, with muscularis thickness of 1.01 mm.

Colon: 1.25 mm, minimally distended.

Pancreas

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

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified.

PRIMARY FINDINGS

- Mild focal muscularis thickening at the ileocecal junction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal wall thicknesses are within normal feline reference ranges (generally ≤3.6 mm), and layering is preserved. The muscularis-to-mucosa ratio in the jejunum (~0.4) is within normal limits and does not support muscularis-predominant disease.

However, the ileocecal junction shows relatively increased muscularis thickness (1.01 mm). Given that typical feline muscularis thickness is usually <0.7 mm, this represents a focal muscularis prominence, although without loss of layering or associated lymphadenopathy. No intestinal mass, obstruction, or diffuse infiltrative pattern is identified.

Mesenteric lymph nodes are not enlarged.

The pancreas appears normal on ultrasound; however, given the elevated fPL values, this is not sufficient to exclude chronic or mild pancreatitis, as ultrasonographic sensitivity is limited in feline patients.

Despite largely unremarkable imaging, the combination of chronic clinical signs, documented pancreatitis, and hyperglobulinemia is most consistent with an early or chronic inflammatory gastrointestinal process (possible triaditis spectrum).

Recommendations

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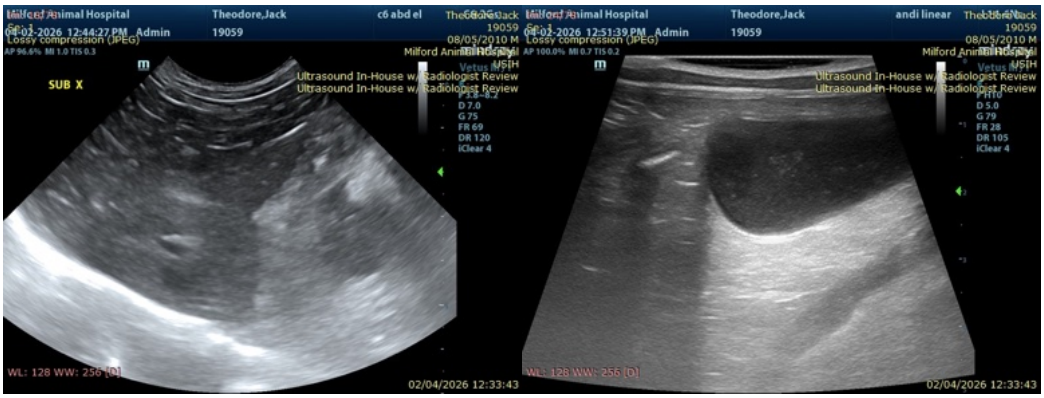
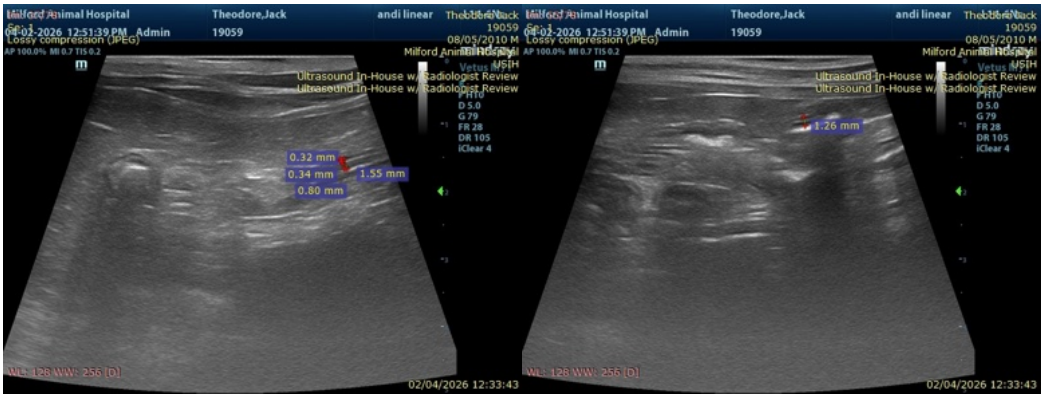
- Continue management for chronic pancreatitis and suspected enteropathy. Ensure effective medication delivery (compliance is a major issue in this case).
- Complete GI panel.
- Dietary management: Highly digestible or hydrolyzed diet trial.

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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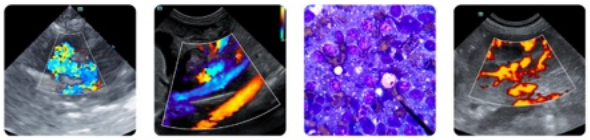

Clinical Sonography & Telecytology
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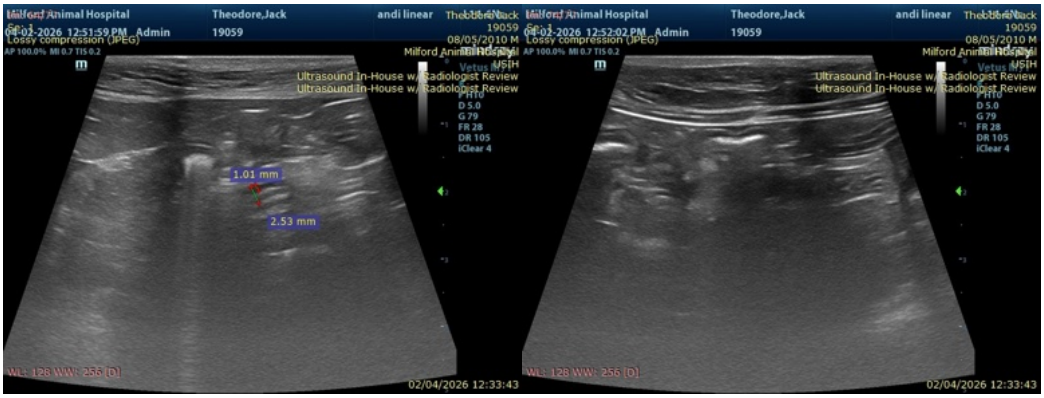

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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