



PATIENT

Winston Arseneault

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Janel Schietzelt, DVM

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

74754

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic diarrhea (>1month), no blood, and occasional vomiting as well as persistent weight loss. 13.88 lbs in 2024, then 11.88lbs 2025, 10.5lb 3/11/26 9.88lb 4/6/26 and now 9.5lbs 4/22/26.

Does eat grass in back yard but no other known indiscretions. No improvement on proviable probiotics. Is indoor mostly with supervised outdoor time and UTD on core vaccines.

-Concern for IBD vs GI lymphoma vs pancreatitis vs CKD vs other

Abnormal PE/Chem/CBC/UA Results: -Lymphocytosis with normal total WBC -SDMA mildly elevated (15) -BUN elevated (67) -Na:K ratio 28 -AST elevated 104 -fPL 8.6 -Isosthenuria (1.023) -1+ Proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is mildly increased in size, measuring 4.52×2.92 cm (upper limit of normal feline renal length typically ~3.0–4.5 cm depending on body size), with increased cortical thickness (0.57 cm). The cortex is hyperechoic relative to the hepatic parenchyma. A mild medullary rim sign is present. Corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is reduced in size, measuring 3.39×1.82 cm (below expected size for a cat of this weight), with cortical thickness of 0.45 cm. The cortex is markedly hyperechoic relative to the liver, and a prominent medullary rim sign is present. Corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.39 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.20 cm at the cranial pole and 0.18 cm at the caudal pole.

Spleen

Splenic thickness is 0.68 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to surrounding fat, with normal echotexture. A small hyperechoic focus measuring 3.27×5.20 mm is noted. No hepatic lymphadenopathy is identified.

The gallbladder is adequately distended. The wall is thin and regular. The contents are anechoic. The common bile duct measures 4.42–3.08–2.87 mm, which is mildly dilated (normal feline CBD typically ≤3 mm, although may increase slightly with age).

Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid. Mural thickness is 1.40 mm with preserved wall layering, within normal limits for a cat. The pylorus measures 2.55 mm. The duodenum measures 2.16–2.55 mm. The jejunum measures 2.68 mm, with mucosa 1.61 mm, submucosa 0.55 mm, and muscularis propria 0.47 mm. The ileum measures 1.60 mm, with mucosa 0.48 mm, submucosa 0.73 mm, and muscularis propria 0.43 mm. Wall layering is preserved throughout all segments. The ileocecal junction was not visualized. No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified. Colon: transverse colon measures 1.67 mm, appears empty and folded; formed fecal material is present in the descending colon.

Pancreas

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

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 2.49–2.99 mm in thickness, with normal shape and echogenicity. Ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mildly enlarged left kidney with cortical thickening and hyperechogenicity; small right kidney with marked cortical hyperechogenicity and prominent medullary rim sign.
- Mild prominence of jejunal and ileal muscularis layers (ratios ~0.47/1.61 ≈ 0.3 jejunum; ~0.43/0.48 ≈ 0.9 ileum).

SECONDARY FINDINGS

- Subtle dilation of the common bile duct (up to 4.42 mm).
- Small focal hepatic hyperechoic lesion.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal findings are asymmetric, with a small, hyperechoic right kidney and a mildly enlarged, hyperechoic left kidney with cortical thickening. This pattern is most consistent with chronic kidney disease with possible compensatory hypertrophy of the contralateral kidney, correlating with the patient's biochemical evidence of renal dysfunction.

The common bile duct is mildly dilated (up to 4.42 mm; normal typically ≤ 3 mm in cats), which may indicate cholestasis or age-related change. In the absence of overt gallbladder or hepatic abnormalities, this finding should be interpreted cautiously but is clinically relevant. The small hyperechoic hepatic focus is of uncertain clinical significance and most likely represents an incidental benign change (e.g., focal hyperplasia or fibrosis).

Small intestinal wall thicknesses are within normal limits; however, there is mild prominence of the muscularis layer, most notably in the ileum (muscularis-to-mucosa ratio ~ 0.9). In cats, this pattern may be associated with chronic enteropathy (inflammatory bowel disease), with low-grade lymphoma remaining a differential consideration, although not strongly supported in the absence of additional findings (lymphadenomegaly, loss of layering, or diffuse thickening).

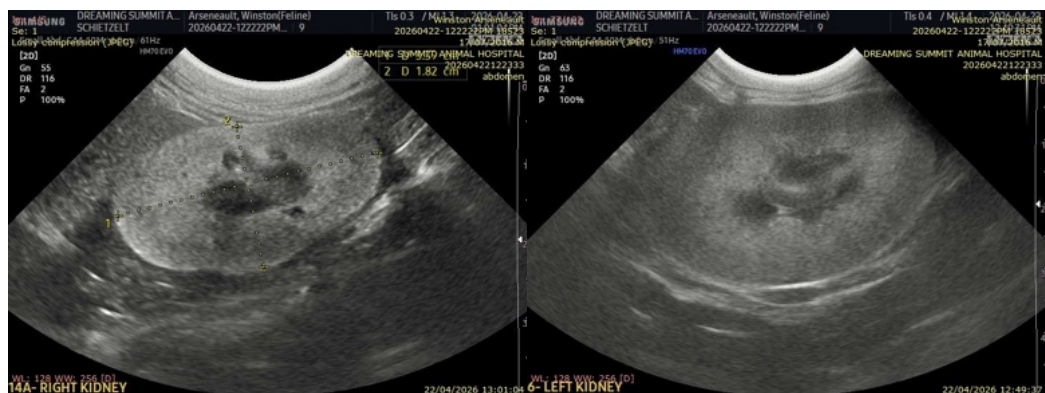
The pancreas is unremarkable on ultrasound; however, given the previously reported elevated Spec fPL, pancreatitis cannot be excluded, as feline pancreatic disease may be ultrasonographically subtle or inapparent.

Overall, the imaging findings support a multifactorial process, including renal disease, with a chronic enteropathy and possible pancreatobiliary involvement (triaditis spectrum).

Recommendations

- Assessment of serum cobalamin and folate concentrations (gastrointestinal panel) is recommended, given the history of chronic enteropathy and weight loss.
- Empirical management of chronic enteropathy is reasonable.
- Initiation or continuation of renal supportive care.

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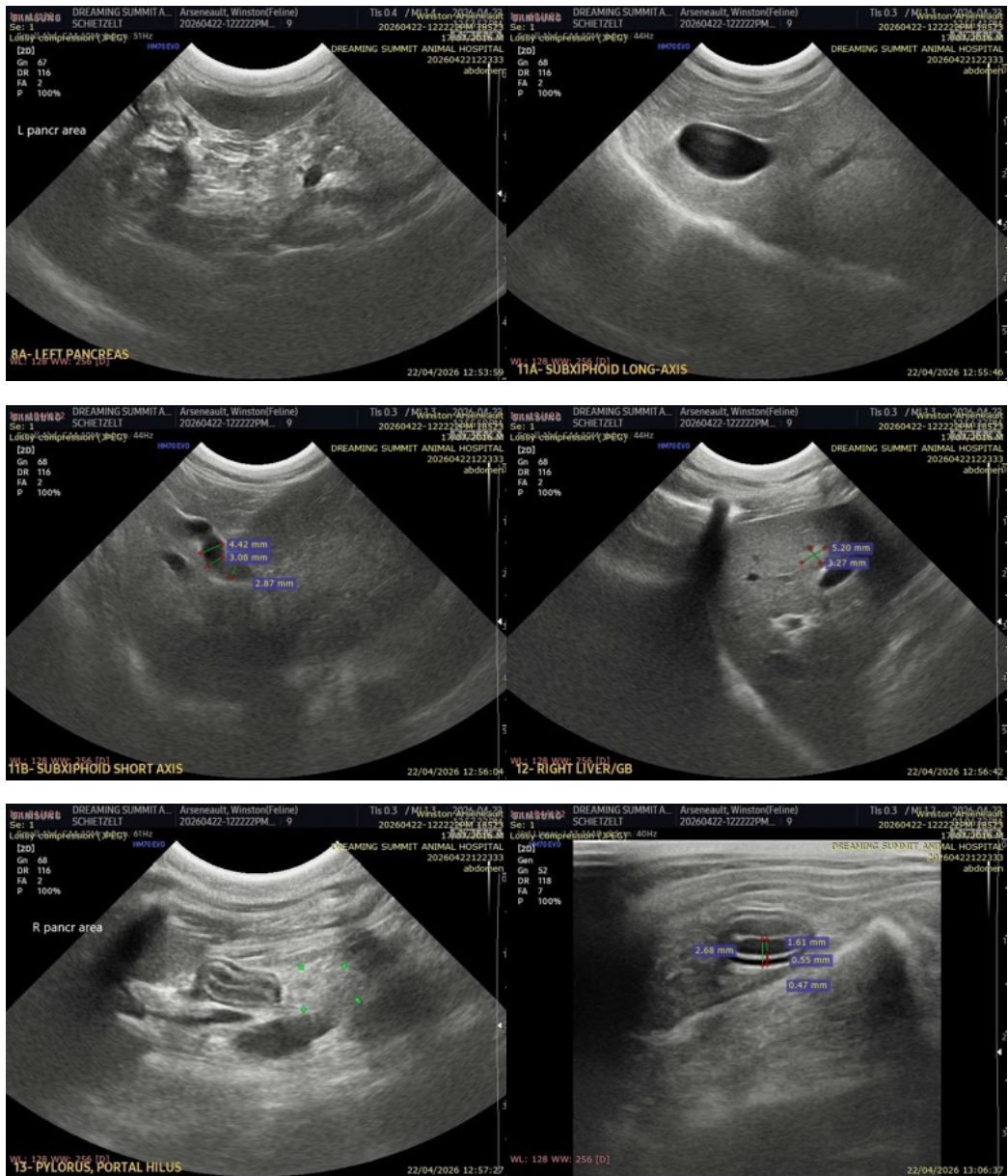
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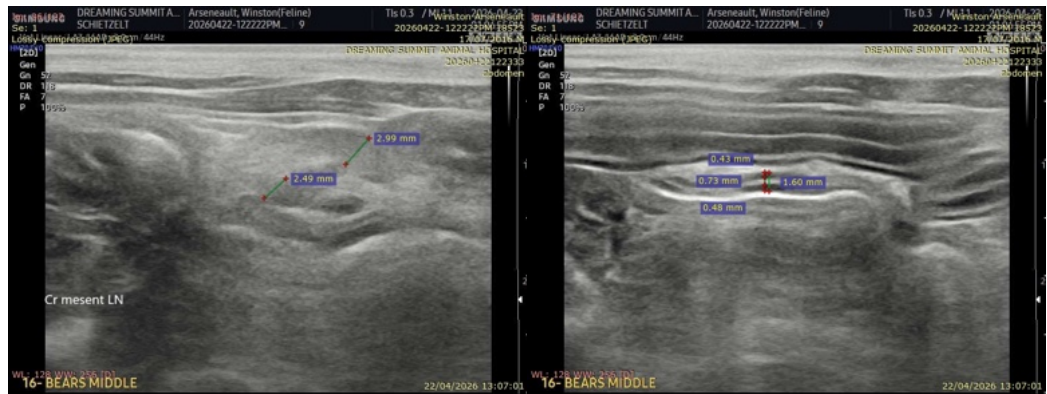
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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