



## PATIENT

Callie Stanley

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

8 years

## WEIGHT

8.5 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Brandon Holmes

## HOSPITAL NAME

West Newton Animal  
Clinic

## REFERRING VET

Dr. Brandon Holmes

## INVOICE

11788

## DATE

4/23/2026

## PRESENTING CLINICAL SIGNS

Barbering, soft stools, stressed over a dog that lives in the home. On Prozac but has lost weight, about 1.5 lb in 2 years. The only abnormality on a blood panel was very elevated CPK so an ultrasound was recommended to check for causes and repeat CPK was sent out today.

Abnormal PE/Chem/CBC/UA Results: Blood panel attached. Fecal negative.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately distended. The bladder wall is thin and smooth. The luminal contents are predominantly turbid, with abundant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 3.69×2.06 cm, with a cortical thickness of 0.41 cm in the sagittal plane, within normal limits for a cat (typically ~3.0–4.5 cm length). The cortex is mildly hyperechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. A medullary rim sign is present. A small nephrolith measuring 2.47 mm is identified. No pyelectasia or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size (3.57×2.01 cm). The cortex is mildly hyperechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. A small amount of mineral sediment is present within the collecting system. No pyelectasia or hydronephrosis is identified. 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 0.26 cm at the caudal pole. The right adrenal gland measures 0.21 cm at the cranial pole and 0.20 cm at the caudal pole.

### Spleen

Splenic thickness is 1.14 cm, within normal limits. The parenchyma is homogeneous with normal echogenicity and fine echotexture. No focal lesions are identified. The splenic capsule is smooth.

### 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. The common bile duct measures 1.49–2.19 mm, within normal limits for a cat.

### Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.39 mm and preserved wall layering (within normal limits).

Duodenum: 2.43 mm.



## PATIENT

Callie Stanley

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

8 years

## WEIGHT

8.5 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Brandon Holmes

## HOSPITAL NAME

West Newton Animal  
Clinic

## REFERRING VET

Dr. Brandon Holmes

## INVOICE

11788

## DATE

4/23/2026

Jejunum: 2.74 mm (mucosa 1.31 mm, submucosa 0.59 mm, muscularis 0.74 mm). The muscularis-to-mucosa ratio is approximately 0.56, at the upper limit of normal (typically  $\leq 0.5-0.6$  in cats). Ileum: 2.92 mm (mucosa 1.09 mm, submucosa 1.17 mm, muscularis 0.63 mm), with preserved layering. The ileocecal junction measures 3.28 mm, with muscularis thickness of 1.02 mm (mildly increased relative to mucosa). No ultrasonographic evidence of ileus, obstruction, or overt inflammatory changes is identified. Colon wall thickness ranges from 1.22–1.99 mm, within normal limits, and appears empty and collapsed with preserved layering.

### **Pancreas**

The pancreas measures 8.46 mm in thickness (within normal limits to mildly increased depending on region). The margins are mildly irregular. The parenchyma is hypoechoic relative to the surrounding fat. The pancreatic duct measures 1.47 mm, which is mildly dilated for a cat (typically  $\leq 1-1.2$  mm). No hyperechoic peripancreatic fat or free fluid is identified.

### **Free Abdomen**

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not clearly visualized, but no abnormalities are suspected in the region. Ileocecal lymph nodes measure approximately 3.62 mm in thickness and have normal shape and echogenicity. The iliac trifurcation region appears normal.

## **PRIMARY FINDINGS**

- Mild bilateral renal cortical hyperechogenicity with mild medullary rim sign.
- Small left nephrolith and mild mineral sediment in the right collecting system.
- Borderline jejunal and ileocecal muscularis thickening.
- Pancreatic changes: hypoechoic, irregular margins, and mild pancreatic duct dilation.
- Turbid urinary bladder contents.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pancreatic findings (mild hypoechoic, irregular margins, and mild duct dilation) are compatible with pancreatitis; however, the degree of activity and chronicity cannot be determined based on ultrasound alone. In cats, ultrasonographic changes can be subtle and may occur without peripancreatic fat reaction, and therefore the absence of marked inflammatory changes does not exclude clinically relevant pancreatic disease.

The small intestinal changes consist of borderline to mild muscularis thickening in the jejunum and ileocecal region, with preserved wall layering. In cats, this pattern overlaps between chronic enteropathy (inflammatory bowel disease) and low-grade lymphoma, although the changes are mild and focal, and there is no associated lymphadenopathy. At this stage, these findings are more consistent with early or mild chronic enteropathy, particularly in the absence of more overt structural abnormalities.

The renal findings (mild cortical hyperechogenicity, medullary rim sign, and small nephroliths) are nonspecific and may reflect early or mild chronic renal changes or incidental findings. The absence of pyelectasia and the normal renal size and architecture suggest that there is no current clinically significant obstructive or advanced renal disease.



## PATIENT

Callie Stanley

The urinary bladder sediment is nonspecific and may represent crystalluria or inflammatory debris; correlation with urinalysis is recommended.

## SPECIES

Feline

Overall, the findings support a combination of mild chronic pancreatitis and early chronic enteropathy, with additional incidental renal and urinary findings.

## BREED

DSH

Recommendations

## SEX

MN

- Correlation with clinical signs is recommended. Measurement of feline pancreatic lipase (Spec pPL) may be considered to further assess pancreatic involvement.
- If gastrointestinal signs persist or progress, evaluation of cobalamin/folate and consideration of empirical management for chronic enteropathy are appropriate; biopsy is not prioritized at this stage given the mild findings.
- Urinalysis is recommended to further characterize the bladder sediment and assess crystalluria.

## AGE

8 years

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

## WEIGHT

8.5 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Brandon Holmes

## HOSPITAL NAME

West Newton Animal  
Clinic

## REFERRING VET

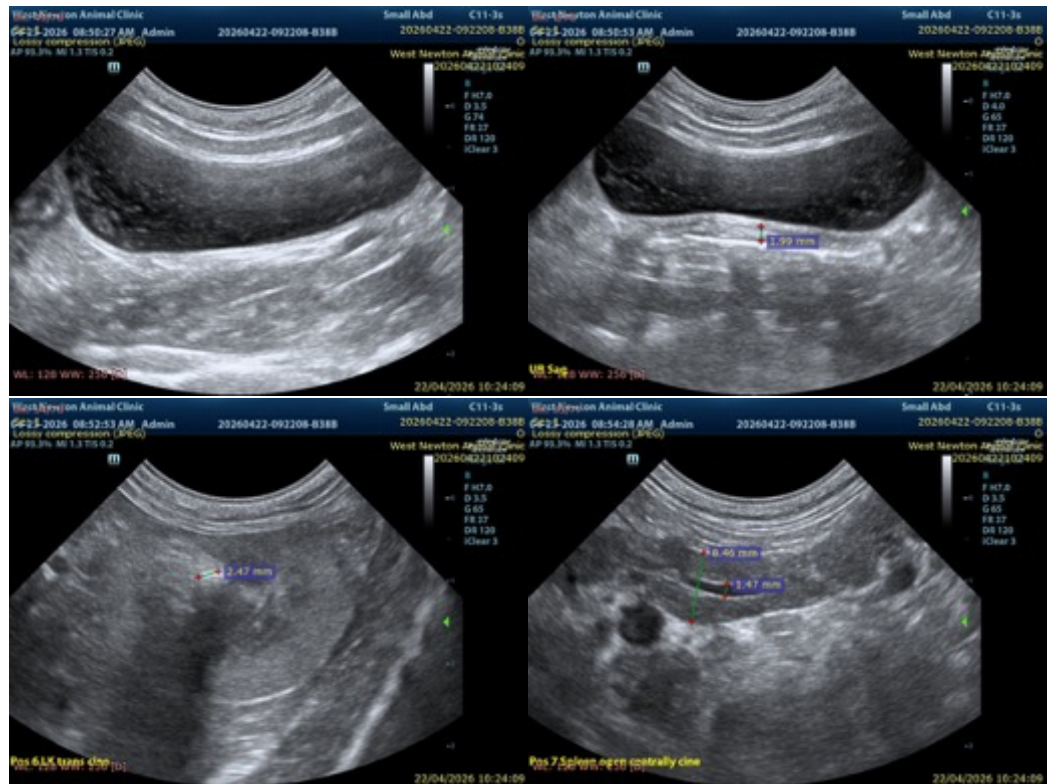
Dr. Brandon Holmes

## INVOICE

11788

## DATE

4/23/2026





**PATIENT**

Callie Stanley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8 years

**WEIGHT**

8.5 lbs

**INTERPRETED BY**

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

**IMAGING  
PERFORMED BY**

Dr. Brandon Holmes

**HOSPITAL NAME**

West Newton Animal  
Clinic

**REFERRING VET**

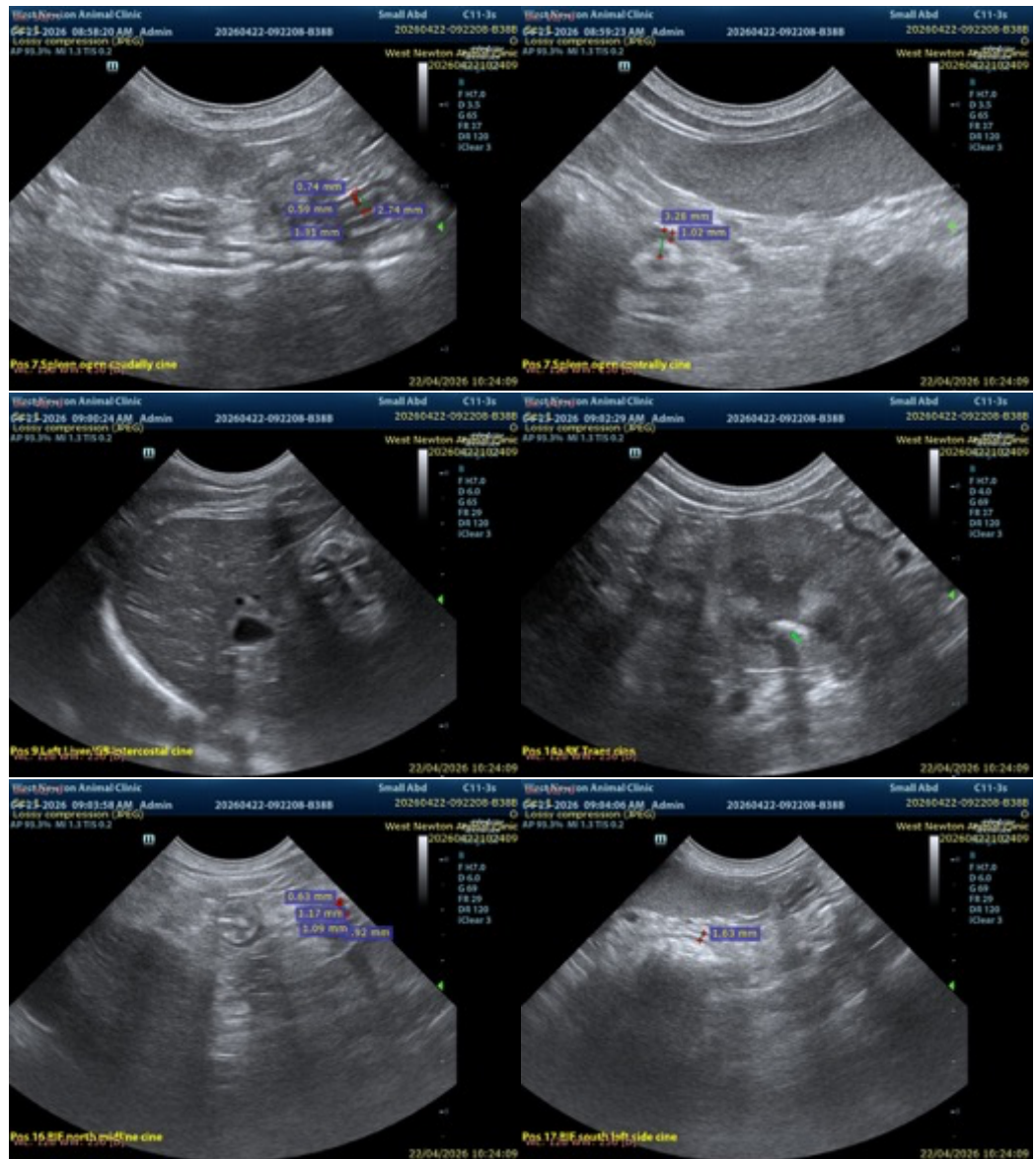
Dr. Brandon Holmes

**INVOICE**

11788

**DATE**

4/23/2026



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](mailto:info@SonoPath.com)