



PATIENT

Lola Aji

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

14.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Casulli

INVOICE

74815

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: - 4/15/26: Lola presents for progressive decreased appetite and abdominal discomfort.
- History of kidney disease with polyuria and polydipsia (normal for her).
- Patient is receiving weekly sq fluid therapy
Medications: Gabapentin 100mg 2 hours prior to scan, Solensia Injection - once monthly for arthritis
Amlodipine 2.5mg - 1/4 tab sid, LRS - 150-200 ml sq 2-3 weekly. Feeding K/D
Abnormal PE/Chem/CBC/UA Results: 4/24/26: Crea 1.6 BUN 27 wnl BP AVG 90 4/15/26: Phos 3.0
Cholesterol 261 Radiographs attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine contains a mild to moderate amount of echogenic sediment. 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 2.81×2.40 cm, with a cortical thickness of 0.37 cm in the sagittal plane, within normal limits for a cat (typically ~2.5–4.5 cm). The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

The right kidney measures 2.96×2.16 cm, with a cortical thickness of 0.39 cm, within normal limits. The cortex is isoechoic relative to the liver. A small, well-defined anechoic cyst measuring 0.37×0.42 cm is present. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 0.92 cm, within normal limits. The parenchyma is homogeneous with normal echogenicity and fine echotexture. A few small hyperechoic nodules are present (largest 0.54×0.37 cm), most consistent with benign myelolipomas. 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.



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The gallbladder lumen is normally distended. The wall is thin (within normal limits). A very small amount of biliary sludge is present. The common bile duct measures approximately 3 mm, which is at the upper limits of normal to mildly increased for a cat, without associated biliary dilation or obstruction.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.11 mm and preserved wall layering (within normal limits). The pylorus is collapsed (4.12 mm), limiting evaluation. Duodenum: 1.78 mm. Jejunum: 2.17 mm (mucosa 1.17 mm, submucosa 0.49 mm, muscularis 0.21 mm). Ileum: 1.56 mm (mucosa 0.76 mm, submucosa 0.62 mm, muscularis 0.34 mm). Wall layering is preserved throughout. The ileocecal junction measures 2.63 mm; the muscularis measures 1.21 mm, resulting in a muscularis-to-mucosa ratio >1 at this level. No ultrasonographic evidence of ileus, obstruction, or foreign material is identified. Colon wall thickness ranges from 0.84–0.96 mm, within normal limits, with formed feces present.

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. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild increased muscularis thickness at the ileocecal junction
- Urinary sediment

SECONDARY FINDINGS

- Small right renal cyst
- Mild biliary sludge with common bile duct at upper limits
- Incidental splenic myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound in a geriatric cat with decreased appetite and abdominal discomfort. No definitive structural abnormalities are identified to explain the current clinical signs.

A mild, focal increase in muscularis thickness is noted at the ileocecal junction; however, given its limited extent and the absence of additional intestinal or lymph node abnormalities, this finding is of uncertain clinical significance and is unlikely to represent the primary cause of the patient's clinical signs.



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The pancreatic regions appear unremarkable; however, as is well recognized in cats, pancreatitis may be present without significant ultrasonographic changes and therefore cannot be excluded in this clinical context.

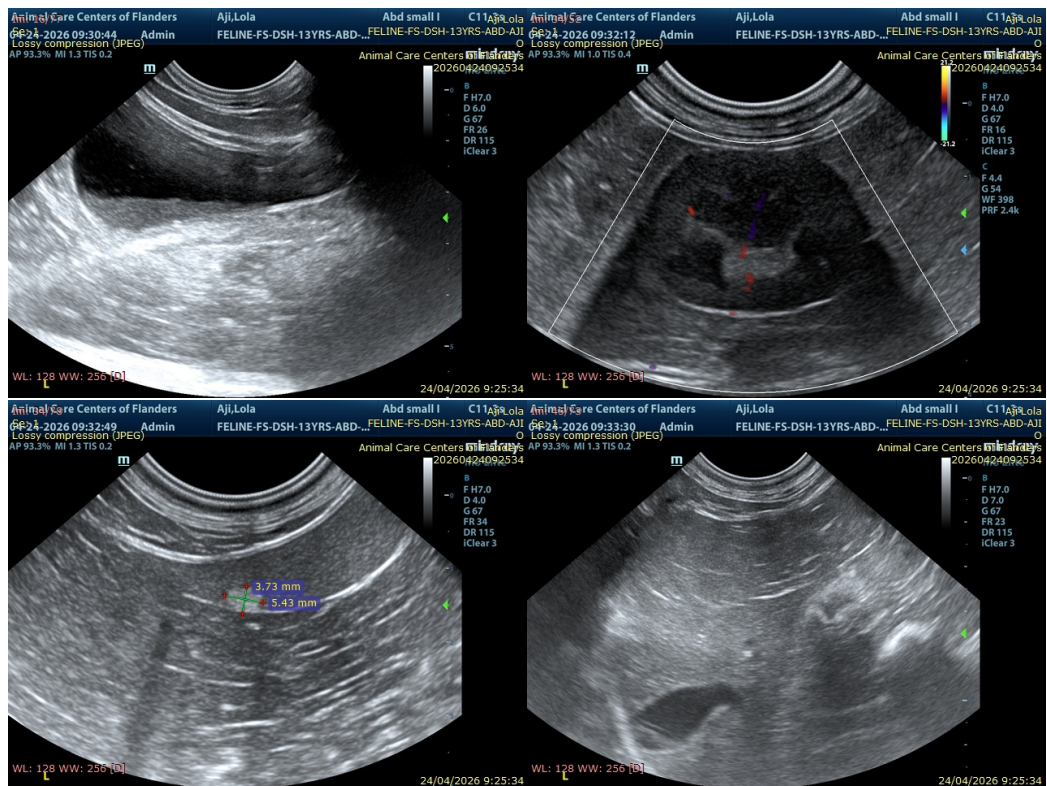
Mild biliary sludge and a common bile duct at the upper limits of normal are noted and are considered of uncertain clinical significance in the absence of supportive clinical or biochemical abnormalities.

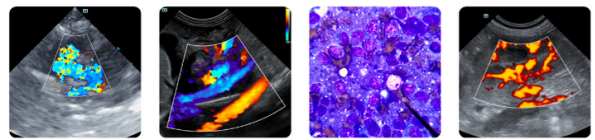
Overall, early or functional gastrointestinal disease and/or pancreatitis remain the most clinically relevant considerations despite the absence of overt ultrasonographic abnormalities.

Recommendations

- Measurement of feline pancreatic lipase (fPLI) may be helpful to evaluate pancreatitis, as this condition may be present despite unremarkable ultrasonographic findings in cats.
- Assessment of cobalamin and folate concentrations is recommended to further assess gastrointestinal function.
- If clinical signs persist, a trial directed at chronic enteropathy (dietary or medical) may be considered.
- Monitor renal values including UPC and blood pressure.

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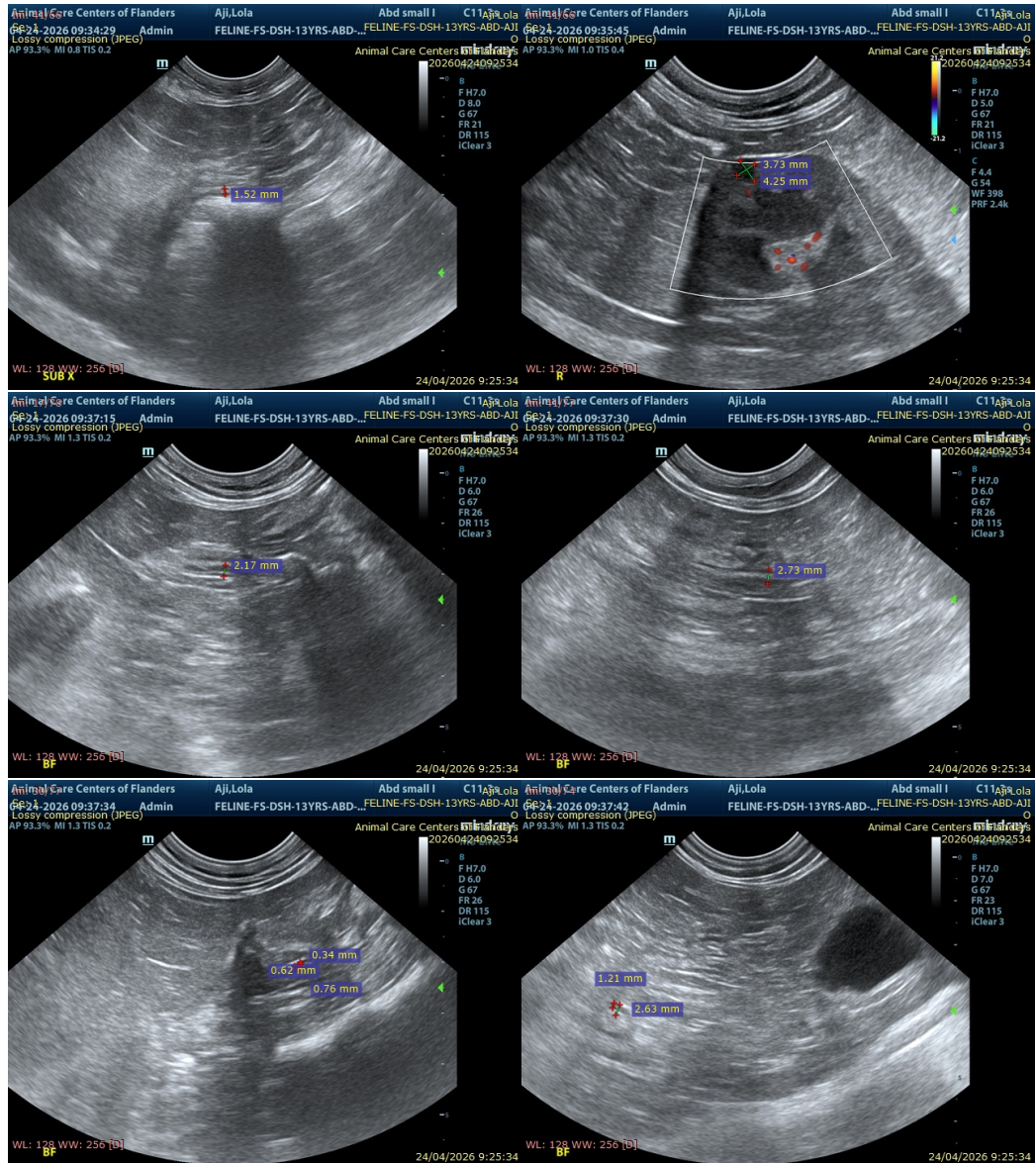
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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