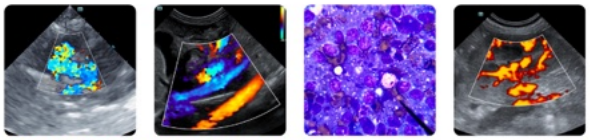


PATIENT

Pete Nakkula

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

11.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Kellie Pesola

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Pesola

INVOICE

74116

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Weight loss, down from 12.7 to 11.9 in 1 month
- Increased drinking
- Good appetite
- Occasional vomiting, but no change recently
- 3/2/26: CBC WNL, ALT 202 (12-130), GGT 7 (0-4), rest of chem andTT4 WNL 4/3/26: GGT WNL, ALT 144 (12-130), rest of chem WNL

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 mildly turbid, with 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 4.25×2.67 cm in the sagittal plane. Cortical thickness is 0.34 cm. A small cortical cyst measuring 2.04×2.20 mm is present. The right kidney is normal in shape and size, measuring 3.93×2.85 cm in the sagittal plane. Cortical thickness is 0.45 cm. The cortex is hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. 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 0.28 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.31 cm at the caudal pole.

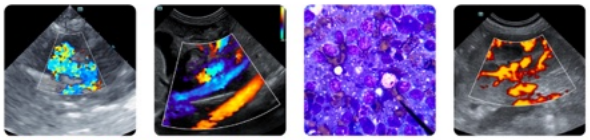
Spleen

Splenic thickness is 0.56 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 is normally distended. The wall is thin and regular. The luminal contents are predominantly anechoic. The common bile duct measures 3.29 mm proximally, tapering to 1.30 mm and 0.92 mm distally.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.04 mm and preserved layering. Duodenum: 1.62 mm.

Jejunum: 2.94 mm, with mucosa 1.59 mm, submucosa 0.68 mm, and muscularis propria 0.57 mm. Ileum: 1.86 mm, with mucosa 0.72 mm, submucosa 0.93 mm, and muscularis propria 0.52 mm. Wall layering is preserved. The ileocecal junction was not visualized. No evidence of inflammation, ileus, or foreign material is identified.

Colon: transverse colon 1.21 mm, additional segment 1.10 mm, descending colon 0.79 mm, containing formed feces throughout.

Pancreas

Pancreatic thickness is approximately 5.27 mm. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct is not dilated. No evidence of peripancreatic inflammation is identified.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity and medullary rim sign.
- Subtle prominence of the muscularis layer within the ileum.

SECONDARY FINDINGS

- Small left renal cortical cyst.
- Non-obstructive right nephrolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mild subjective prominence of the small intestinal muscularis is present, most notable in the ileum, where the muscularis-to-mucosa ratio is mildly increased. Jejunum: ratio muscularis/mucosa: 0.36. Ileum: muscularis/mucosa: 0.72. These changes are subtle and not definitive but could be compatible with very early or mild chronic enteropathy, including early inflammatory bowel disease, if supported by the clinical context.

The liver remains structurally normal despite the mild ALT elevation, and the gallbladder appears normal. The common bile duct is mildly prominent proximally; however, the duct tapers normally distally, and there is no intrahepatic biliary dilation or other evidence of clinically significant biliary obstruction. In this context, the hepatobiliary findings are minor and most likely incidental or reflective of mild nonspecific hepatobiliary change.

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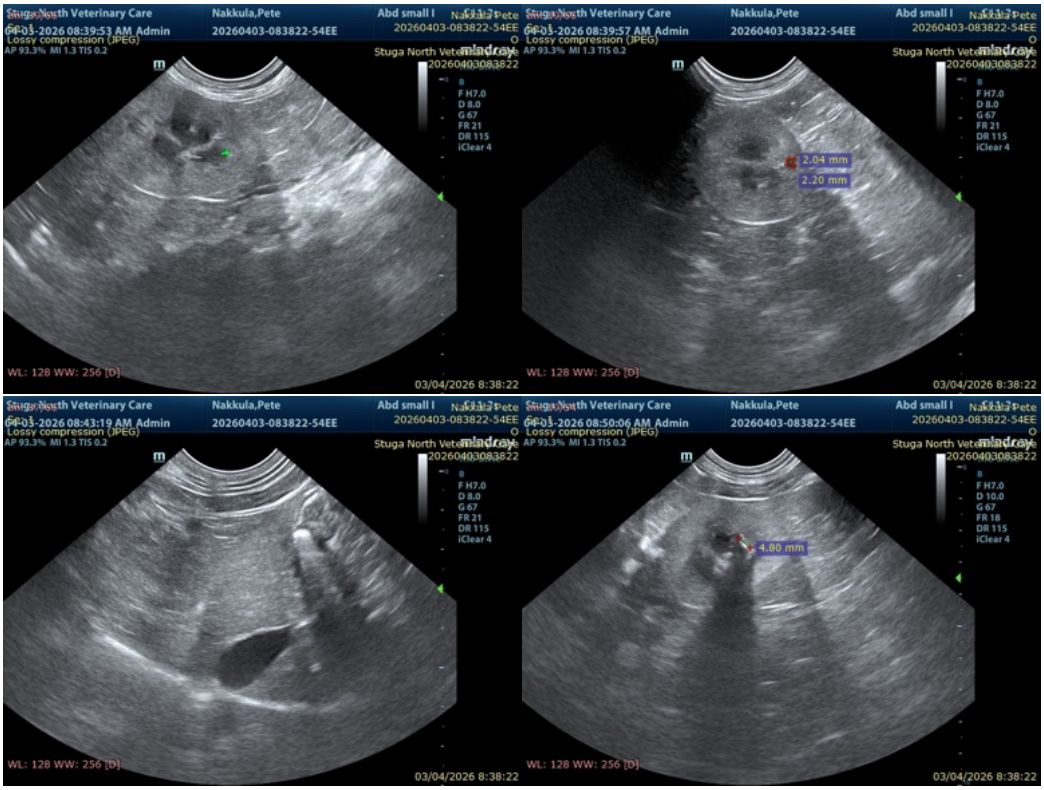
Renal changes are most consistent with mild chronic renal change or incidental age-related renal findings and may be relevant in the context of increased drinking, although they do not indicate advanced renal disease on ultrasound alone.

Recommendations

- Correlate the renal findings with urinalysis, urine specific gravity, and renal parameters if increased drinking persists.
- Monitor liver enzymes and clinical signs; no specific ultrasonographic evidence of clinically significant hepatobiliary disease is identified at this time.
- If weight loss continues despite this largely unremarkable abdominal study, further gastrointestinal investigation may be considered, including a GI panel with cobalamin assessment, with additional diagnostics guided by clinical progression.

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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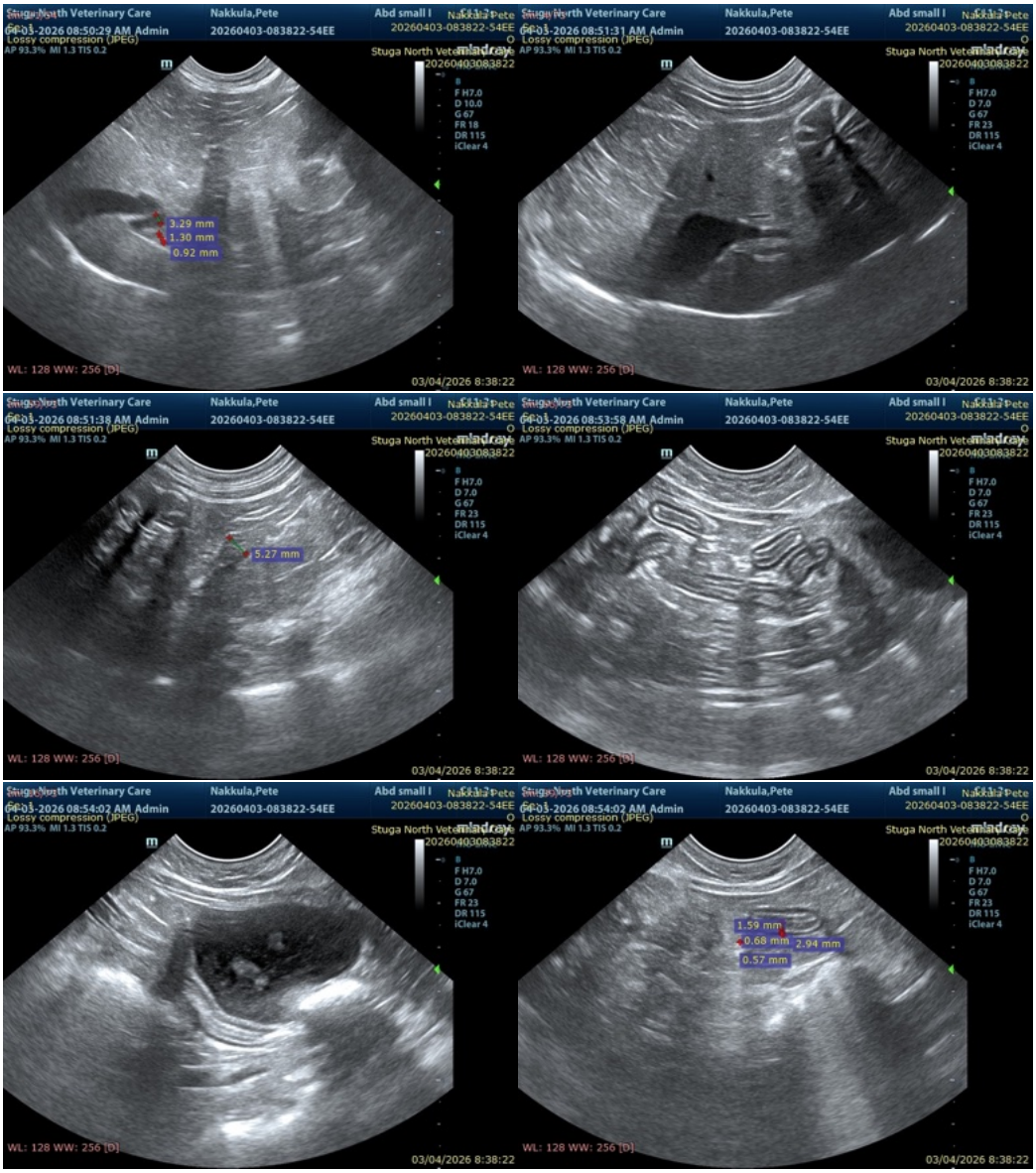

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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