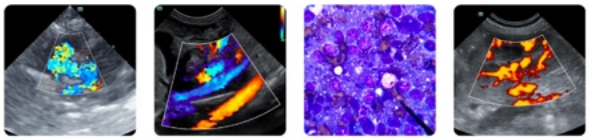


PATIENT

Luna Tessman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

8.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

Dr. Lisa Moore

INVOICE

74204

DATE

4/6/26

PRESENTING CLINICAL SIGNS

- Presented 2 weeks ago for anorexia, lethargy, intermittent vomiting and weight loss. On PE thin, 10% dehydrated, periodontal dz. Labs - consistent with dehydration. Kidney and liver values all WNL. TT4 - 2.7. Started on supprotive care - appetite stimmulant, cerenia, sq fluids

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended; however, the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size (3.84×2.12 cm), with a cortical thickness of 0.25 cm in the sagittal plane. The cortex is mildly hyperechoic compared to the liver 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.

The right kidney is normal in shape and size (4.05×2 cm). Cortical thickness is not recorded. The cortex is mildly hyperechoic compared to the liver 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

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.27 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland not confidently visualized

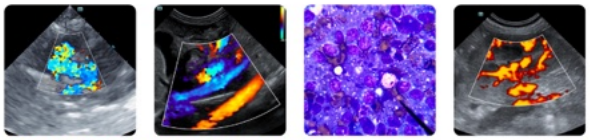
Spleen

Splenic thickness is 0.91 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 margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. A focal hyperechoic lesion measuring 0.60×0.49 cm is identified. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin, and the contents are anechoic. The common bile duct measures 2.54 mm, which is within normal limits for a cat.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.51 mm and preserved layering.

The duodenum measures 2.08 mm, within normal limits. The jejunum measures 2.74 mm in total thickness, with mucosa 1.15 mm, submucosa 0.62 mm, and muscularis propria 0.47 mm. Wall layering is preserved. The ileum measures 1.34-1.72 mm with mucosa 0.60 mm, submucosa 0.72 mm, and muscularis propria 0.45 mm. The ileocecal junction measures 3.02 mm, with a muscularis layer measuring 0.96 mm.

No ultrasonographic evidence of ileus, obstruction, or foreign material is identified. The colon measures 0.71 mm and contains formed feces in the descending segment.

Pancreas

The pancreas measures 5.26 mm in thickness. The parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.14 mm. No peripancreatic fat changes are identified.

Free Abdomen

There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The iliac trifurcation appears unremarkable.

PRIMARY FINDINGS

- Mild relative thickening of the ileal and ileocecal muscularis layer.

SECONDARY FINDINGS

- Mild prominence of the pancreatic duct (1.14 mm).
- Mild bilateral renal cortical hyperechogenicity.
- Focal hyperechoic hepatic foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thickness and layering are overall within normal limits. The jejunal muscularis-to-mucosa ratio (0.47/1.15 ≈ 0.41) is within expected limits. At the level of the ileum, the muscularis propria measures 0.45 mm relative to a mucosal thickness of 0.60 mm (ratio ≈ 0.75), representing a mild relative increase in muscularis thickness. However, given that total wall thickness remains normal and layering is preserved, this finding is subtle and nonspecific, and not diagnostic of inflammatory or infiltrative disease. Early enteropathy (including inflammatory bowel disease or small cell lymphoma) cannot be excluded based on ultrasound alone.

The pancreas appears structurally unremarkable, with no peripancreatic fat changes. The mildly prominent pancreatic duct (1.14 mm) may fall within normal variation in older cats and is of uncertain clinical significance in isolation.

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Mild bilateral renal cortical hyperechogenicity is a common, nonspecific finding, potentially reflecting early or subclinical renal change.

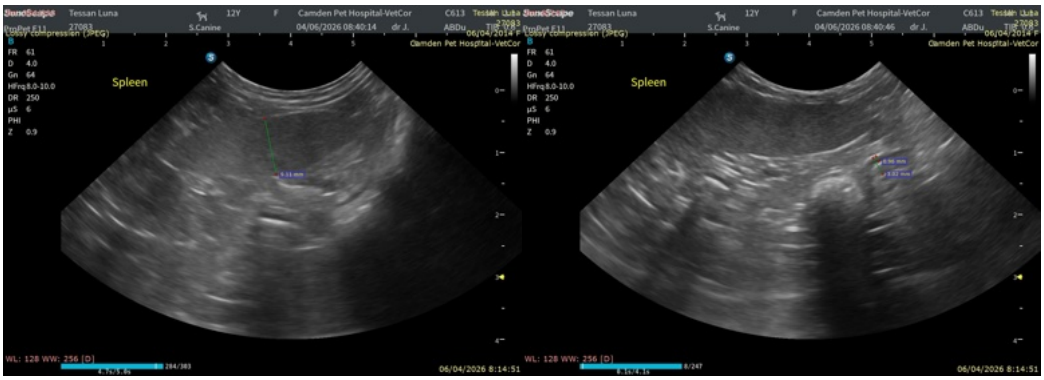
The small focal hyperechoic hepatic lesion is most consistent with an incidental benign process (nodular hyperplasia or focal fibrosis).

Overall, there is no convincing ultrasonographic evidence of a primary structural gastrointestinal, pancreatic, or hepatobiliary disease to explain the clinical signs. Functional gastrointestinal disease or early inflammatory enteropathy remain possible.

Recommendations

- A dietary trial using a highly digestible, novel protein, or hydrolyzed diet is recommended as a first-line approach, given the absence of significant structural abnormalities on ultrasound.
- Continued clinical monitoring and response to therapy is recommended.
- If gastrointestinal signs persist or worsen, further evaluation may include:
    - Serum cobalamin/folate
    - fPLI testing
- The hepatic lesion may be rechecked on follow-up ultrasound to confirm stability.
- Renal findings can be monitored clinically with periodic laboratory evaluation.

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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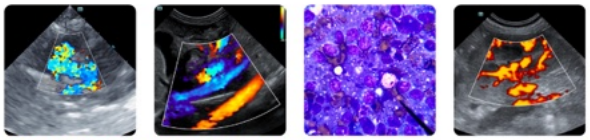

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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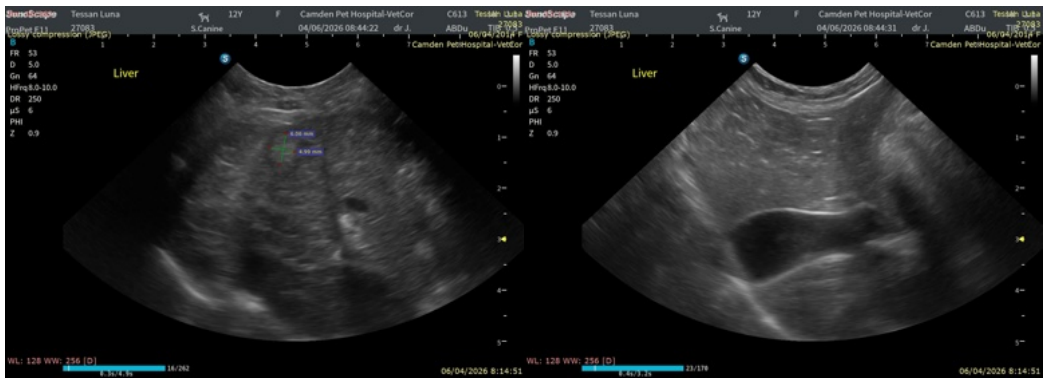

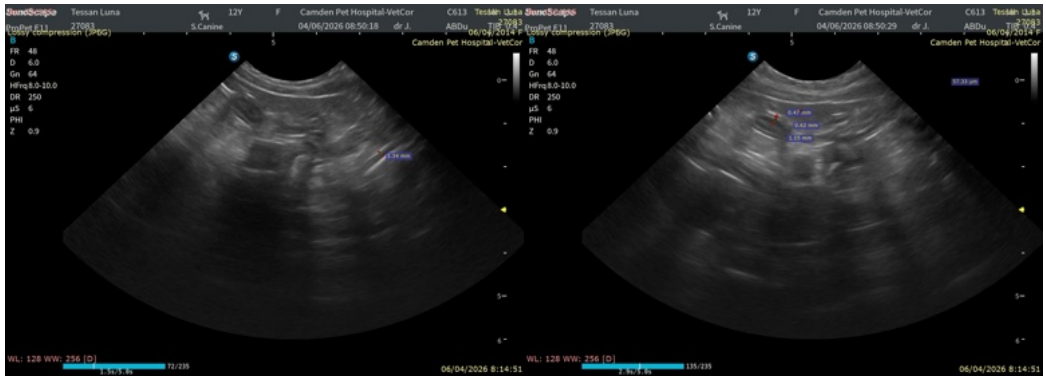

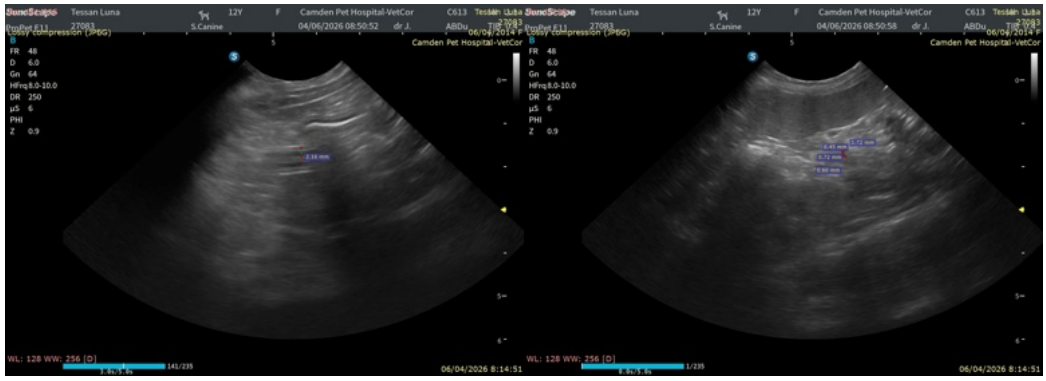

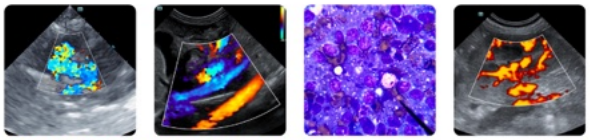

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com