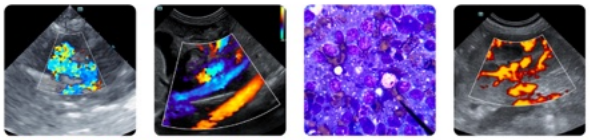


PATIENT

Turbo Lofranco

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

4 years

WEIGHT

5.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle DeMelo RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Spagnoletti

INVOICE

74315

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Pt has had a 2lb weight loss with minimal other signs until recently. Has been increasingly in appetent with some vomiting. PE and bloodwork normal
Currently on Gabapentin, Mirtazapine (last dose on Apr 5th), Cerenia orally, and Fluoxetine
P was giving 0.3 mg/kg Butorphanol IM mid way through ultrasound as appeared to be uncomfortable when assessing kidneys and liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes. 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 (3.58×1.92 cm), with a cortical thickness of 0.33 cm in the sagittal plane. The cortex is isoechoic 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 (3.91×1.80 cm), with a cortical thickness of 0.30 cm in the sagittal plane. The cortex is isoechoic 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

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 0.25 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.25 cm at the caudal pole.

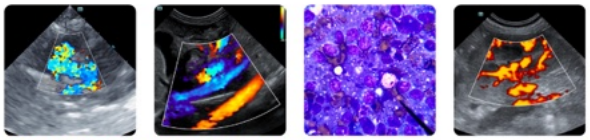
Spleen

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 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



PATIENT

Turbo Lofranco

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

4 years

WEIGHT

5.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle DeMelo RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Spagnoletti

INVOICE

74315

DATE

4/8/26

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.82 mm and preserved layering. The pylorus and duodenum are not confidently measured due to study limitations. The jejunum measures 1.80–1.92 mm in total thickness, with mucosa 1.02 mm, submucosa 0.58 mm, and muscularis propria 0.15 mm. The ileum measures 1.99 mm in total thickness, with mucosa 0.74 mm, submucosa 0.81 mm, and muscularis propria 0.37 mm. Wall layering is preserved throughout. The ileocecal junction is not visualized. The colon measures 0.61–0.70 mm and contains formed feces in the descending segment.

Pancreas

The pancreas measures approximately 4.95 mm in thickness. The parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.63 mm. No peripancreatic fat changes are identified.

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 1.88 mm and are normal in shape and echogenicity. Ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears unremarkable.

PRIMARY FINDINGS

- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a sonographically unremarkable abdominal study, with no significant structural abnormalities identified to explain the patient's clinical signs.

The gastrointestinal tract is within normal limits, with normal wall thickness, preserved layering, and no evidence of obstruction, inflammation, or infiltrative disease. The muscularis-to-mucosa ratios in both the jejunum and ileum are within normal limits, providing no ultrasonographic support for chronic enteropathy or infiltrative disease.

Mild biliary sludge is present and is most likely secondary to decreased gallbladder motility associated with reduced appetite.

The pancreas is unremarkable, with no evidence of inflammation. However, it is important to note that pancreatitis in cats may occur in the absence of detectable ultrasonographic changes, particularly in early or mild cases.

Given the history of weight loss, hyporexia, vomiting, and documented abdominal discomfort during examination, a clinically significant process may still be present despite the lack of imaging abnormalities. Differential considerations include early pancreatitis, or functional gastrointestinal disease.

PATIENT

Turbo Lofranco

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

4 years

WEIGHT

5.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle DeMelo RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Spagnoletti

INVOICE

74315

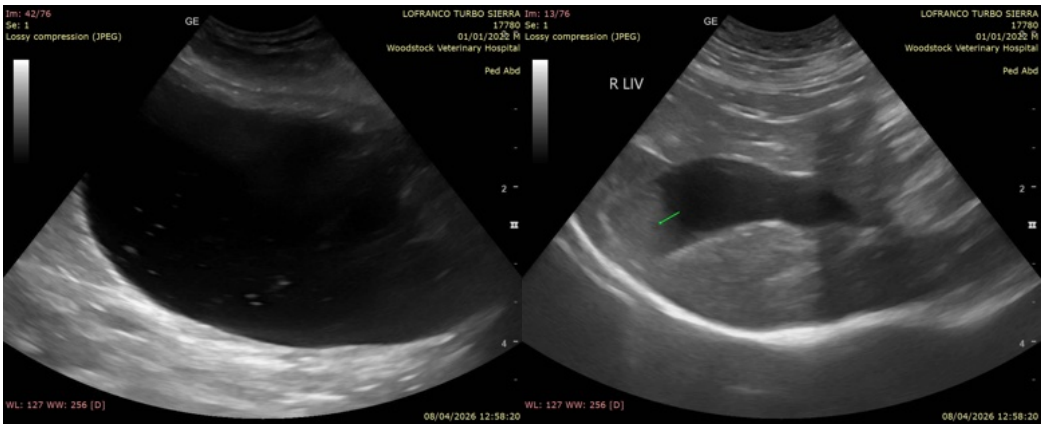
DATE

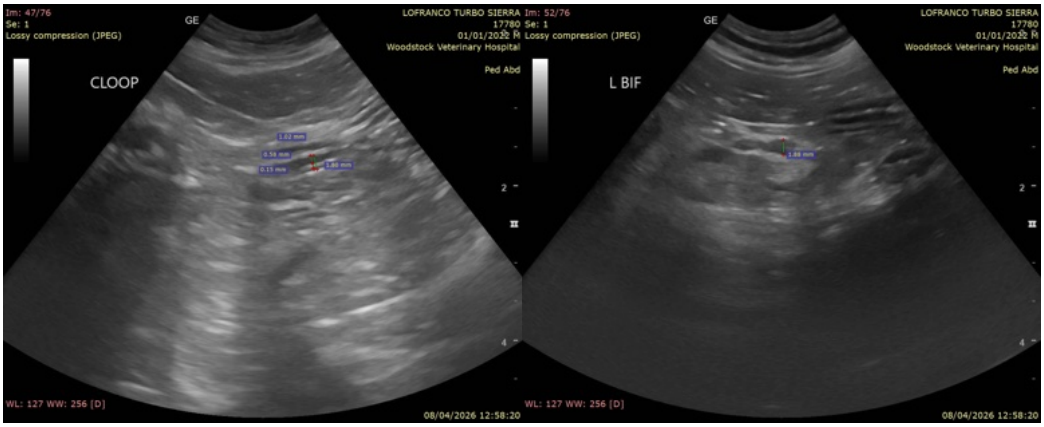
4/8/26

Recommendations

- Assessment of feline pancreatic lipase is recommended if pancreatitis is clinically suspected.
- Evaluation of serum cobalamin (± folate) is recommended.
- A highly digestible or gastrointestinal-specific diet may be considered as part of initial management.
- Continued clinical monitoring and supportive care are advised.

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





PATIENT

Turbo Lofranco

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

4 years

WEIGHT

5.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle DeMelo RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

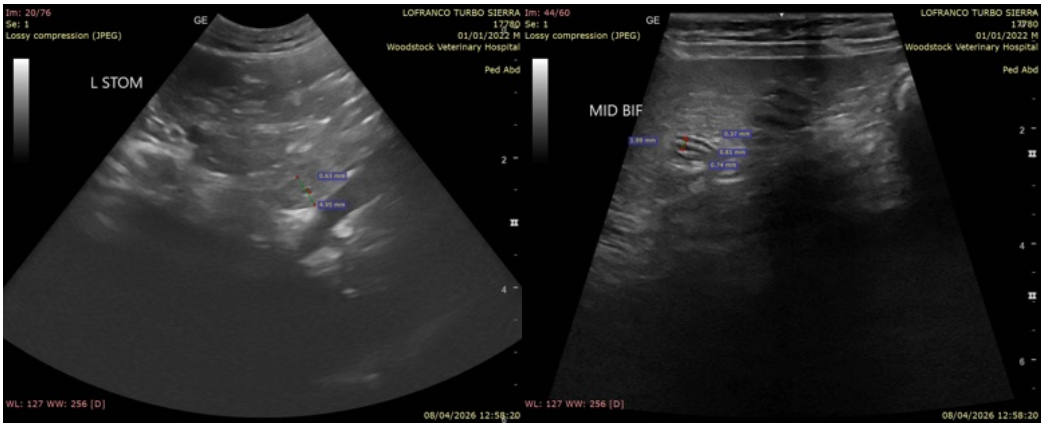
Dr. Spagnoletti

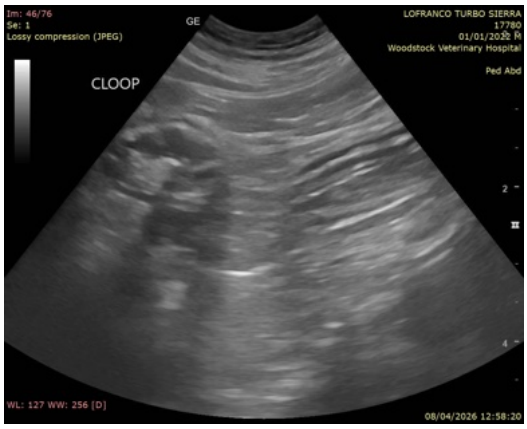
INVOICE

74315

DATE

4/8/26





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