



## PATIENT

Pumpkin Byrnes

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Neutered male

## AGE

18 years

## WEIGHT

10 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Melinda Persson

## HOSPITAL NAME

At Home Veterinary

## REFERRING VET

Dr. Persson

## INVOICE

75390

## DATE

5/12/26

## PRESENTING CLINICAL SIGNS

History: \*Chronic kidney disease IRIS Stage 2

\*Weight loss

\*Systemic hypertension controlled with amlodipine and telmisartan

\*Recheck BW with T4 pending

Abnormal PE/Chem/CBC/UA Results: BUN 49 CR 2.7 SDMA 30.3 T4 3.5 ALT 107 (10-100) PSL 117 (8-26)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney measures 3.55×2.19 cm and demonstrates irregular contour. The right kidney measures 3.48×1.85 cm. Both kidneys demonstrate mildly increased cortical echogenicity compared to the hepatic parenchyma. The corticomedullary ratio is preserved, although corticomedullary definition is mildly reduced. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

### *Adrenal Glands*

The left adrenal gland measures approximately 0.47 cm in dorsoventral diameter. The right adrenal gland measures approximately 0.65 cm at the cranial pole. The adrenal glands otherwise maintain overall shape and echogenicity.

### *Spleen*

Splenic thickness is 0.84 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 appears mildly hyperechoic relative to the falciform fat, with a fine echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin. A small amount of mineralized sediment with distal acoustic shadowing is present within the gallbladder lumen. The common bile duct measures approximately 1.58-2.63 mm along its visible course.



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## Gastrointestinal Tract

The stomach is empty and folded, with preserved wall layering. The pylorus measures 3.60 mm. The duodenum measures 2.68 mm in thickness. The major duodenal papilla measures approximately 2.96×4.59 mm. The jejunum measures 3.72 mm in thickness, with preserved wall layering. The mucosa measures 2.05 mm, the submucosa 0.67 mm, and the muscularis propria 1.16 mm. The muscularis-to-mucosa ratio is approximately 0.57. The ileum measures 2.09 mm in thickness, with preserved wall layering. The mucosa measures 0.62 mm, the submucosa 0.59 mm, and the muscularis propria 1.64 mm. The muscularis-to-mucosa ratio is approximately 2.65. The ileocecal junction measures 4.86 mm in thickness. The mucosa measures 0.91 mm and the muscularis propria measures 2.41 mm. The colon measures approximately 0.89 mm in thickness and contains scant fecal material.

## Pancreas

The pancreas measures approximately 0.89-1.06 cm in thickness and demonstrates an irregular contour. Pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 2.24 mm in diameter.

## Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric and ileocecal lymph nodes measure approximately 2.94-4.36 mm in thickness, maintain overall normal shape, and are mildly hypoechoic. The iliac trifurcation region is unremarkable.

## PRIMARY FINDINGS

- Bilateral chronic renal changes with mild cortical hyperechogenicity, mildly decreased corticomedullary definition, and mild left renal contour irregularity
- Marked muscularis propria thickening involving the ileum and ileocecal junction
- Mild jejunal muscularis thickening
- Pancreatic enlargement/irregularity with pancreatic duct dilation
- Mild diffuse hepatic hyperechogenicity
- Small amount of mineralized gallbladder sediment.
- Adrenal prominence.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant abnormalities involve the distal gastrointestinal tract and pancreas. There is marked muscularis propria thickening affecting the ileum and ileocecal junction, with milder involvement of the jejunum, while preserving normal wall layering. The muscularis-to-mucosa ratio is markedly increased within the ileum and ileocecal region. In cats, this pattern is strongly supportive of chronic intestinal disease, most commonly chronic inflammatory enteropathy/IBD or low-grade alimentary lymphoma.

Concurrent pancreatic abnormalities are also present, including mild pancreatic enlargement/irregular contour and pancreatic duct dilation. In combination with the elevated pancreatic lipase and chronic



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vomiting history, these findings support pancreatitis. Importantly, feline chronic pancreatitis often lacks marked peripancreatic inflammatory fat change, and clinically significant disease may occur despite relatively subtle ultrasonographic findings.

The renal changes are consistent with chronic medical renal disease/chronic kidney disease, including mild cortical hyperechogenicity, mildly decreased contour irregularity. No evidence of obstructive nephropathy is identified.

The mild common bile duct prominence and mild diffuse hepatic hyperechogenicity may reflect concurrent mild hepatobiliary inflammatory disease/chronic cholangitis as part of a possible feline triaditis-type process. Mild hepatic lipidosis may also contribute to the hepatic ultrasonographic appearance, particularly in the context of chronic vomiting and weight loss. No convincing ultrasonographic evidence of extrahepatic biliary obstruction is identified at this time.

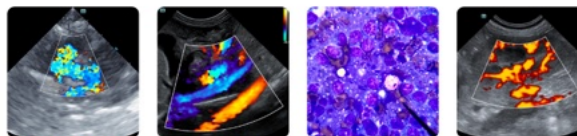
Mild adrenal prominence, particularly involving the right adrenal gland, is present but nonspecific. Given the patient's age and concurrent chronic systemic disease, mild reactive or age-related adrenal hyperplasia is favored at this time.

## Recommendations

- Medical management for chronic pancreatitis and supportive management for possible concurrent hepatobiliary inflammatory disease and/or mild hepatic lipidosis should also be considered clinically.
- Serum cobalamin and folate evaluation is recommended if not already performed, with cobalamin supplementation as indicated.
- Gastrointestinal biopsies remain the definitive method to differentiate chronic inflammatory enteropathy from low-grade lymphoma.
- If biopsies are not pursued, empirical treatment for chronic inflammatory enteropathy/low-grade alimentary lymphoma may be clinically reasonable given the degree of distal intestinal muscularis thickening and chronic clinical signs.

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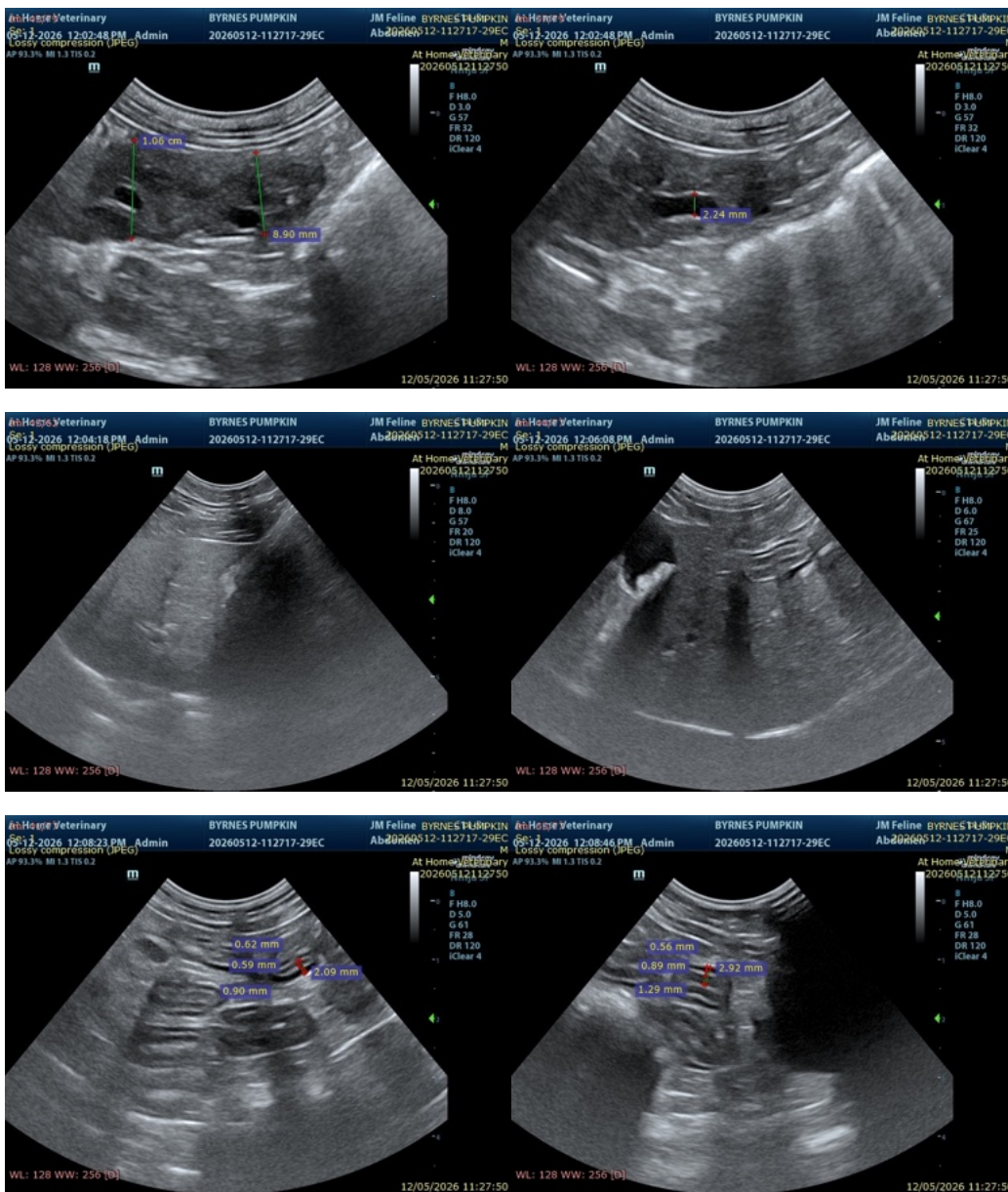
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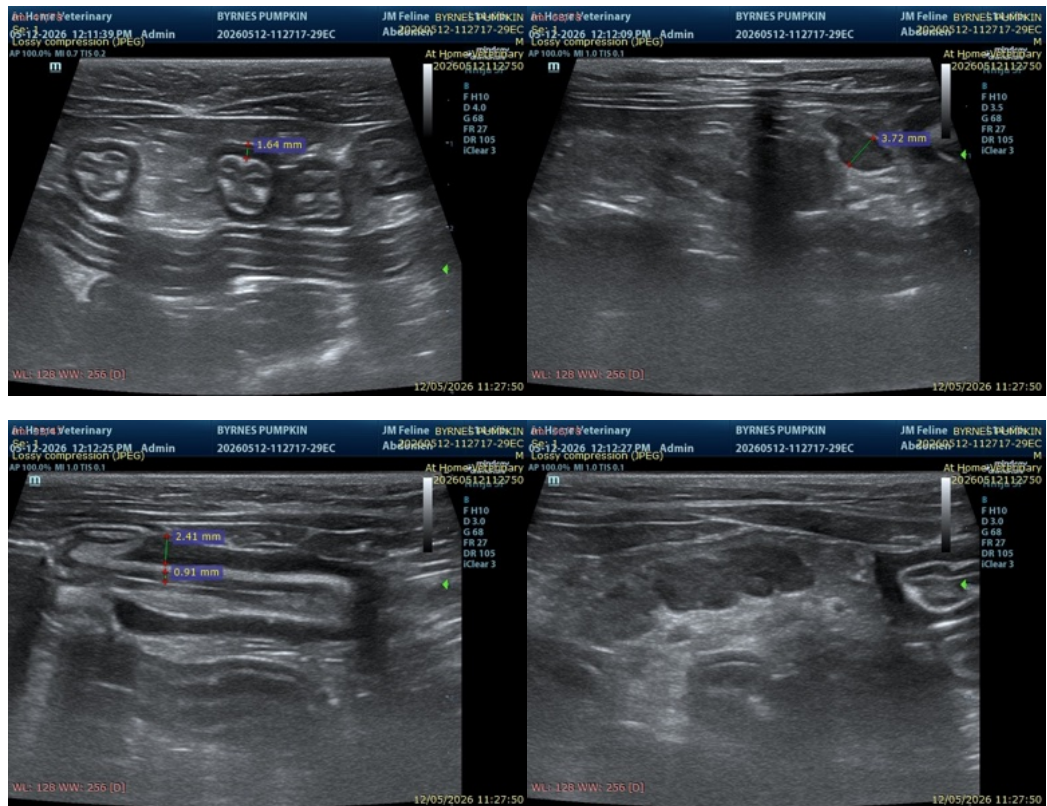
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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