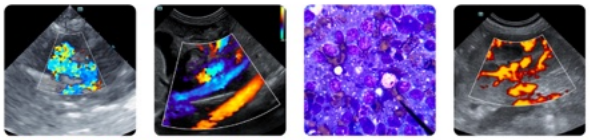


PATIENT

LouLou Hindes

SPECIES

Feline

BREED

Devon Rex

SEX

Spayed female

AGE

8 years

WEIGHT

5.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Grac Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. DeBeckers

INVOICE

75548

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Chronic history (since September) of intermittent bloody diarrhea. Chronic intermittent hyporexia. Weight loss.
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/T4 WNL

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 predominantly turbid with abundant suspended echoes. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.75×2.08 cm, and the thickness of the cortex is 0.43 cm in the sagittal plane. The cortex is mildly hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size: 3.79×2.21 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. The cortex is mildly hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

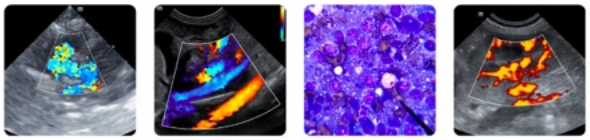
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.26 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 0.67 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.



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The gallbladder lumen is poorly distended. The wall measures 1.20 mm in thickness, and the contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach contains ingesta and demonstrates preserved wall layering with normal mural thickness (1.26 mm). The pylorus measures 2.67 mm.

The duodenum measures 1.52 mm. The jejunum measures 2.17 mm (mucosa 1.12 mm, submucosa 0.52 mm, muscularis propria 0.60 mm). The ileum measures 1.50 mm (mucosa 0.50 mm, submucosa 0.32 mm, muscularis propria 0.58 mm). Wall layering is preserved throughout the evaluated intestinal tract. The ileocecocolic junction was not confidently visualized.

The intestines contain luminal ingesta and demonstrate increased peristaltic activity, compatible with a non-fasted digestive state, which may mildly reduce the accuracy of some mural measurements.

The colon measures approximately 0.89–1.66 mm in thickness and contains a small amount of soft luminal material.

Pancreas

The evaluated pancreatic regions 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

- Subtle diffuse bilateral renal cortical hyperechogenicity
- Mild diffuse muscularis thickening of the jejunum and ileum
- Urinary sediment/debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild diffuse muscularis thickening is present within the jejunum and ileum while preserving normal wall layering. The jejunal muscularis-to-mucosa ratio is mildly increased (approximately 0.54), while the ileal muscularis-to-mucosa ratio is mildly-to-moderately increased (approximately 1.16). In cats, this pattern is nonspecific but compatible with chronic enteropathy. Differential considerations include mild inflammatory bowel disease/chronic enteropathy and early low-grade intestinal lymphoma. However, given the relatively mild changes, preserved mural architecture, absence of abdominal lymphadenomegaly, and lack of overt infiltrative features, the current ultrasonographic appearance is considered more supportive of mild chronic inflammatory enteropathy than advanced infiltrative

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neoplasia, although ultrasound alone cannot completely exclude early low-grade lymphoma. Interpretation of the intestinal tract is mildly limited by the non-fasted state and increased physiologic peristalsis during examination.
Despite the relatively unremarkable ultrasonographic appearance of the colon, the reported hematochezia may still reflect mild inflammatory colonic or ileocolic disease not readily detectable sonographically, particularly in early or predominantly mucosal disease processes.

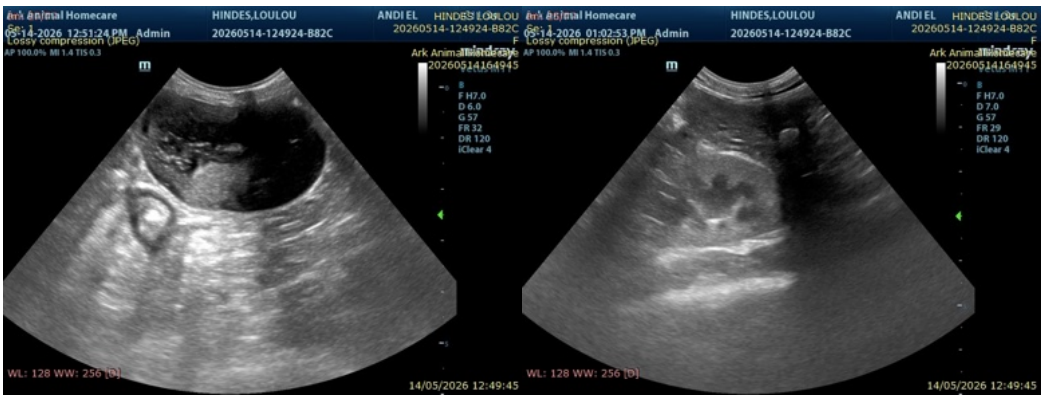
Mild diffuse bilateral renal cortical hyperechogenicity is present and may reflect mild chronic degenerative or inflammatory renal change. No ultrasonographic evidence of obstructive nephropathy or advanced chronic kidney disease is identified.

No ultrasonographic evidence of marked colitis, obstructive gastrointestinal disease, abdominal mass lesion, or advanced hepatobiliary disease is identified on the current examination.

Recommendations

- Correlation with clinical response to dietary trials and/or empirical chronic enteropathy management is recommended.
- If not already performed, GI laboratory testing (including cobalamin/folate and pancreatic lipase testing) may be considered.
- If gastrointestinal signs, weight loss, or hyporexia persist or progress despite conservative management, intestinal biopsy may ultimately be required to definitively differentiate inflammatory enteropathy from early low-grade lymphoma.
- Follow-up abdominal ultrasound may be considered if clinical signs worsen or if progressive weight loss occurs.
- Correlation with urinalysis sediment examination is recommended regarding the urinary bladder debris/suspended echoes.

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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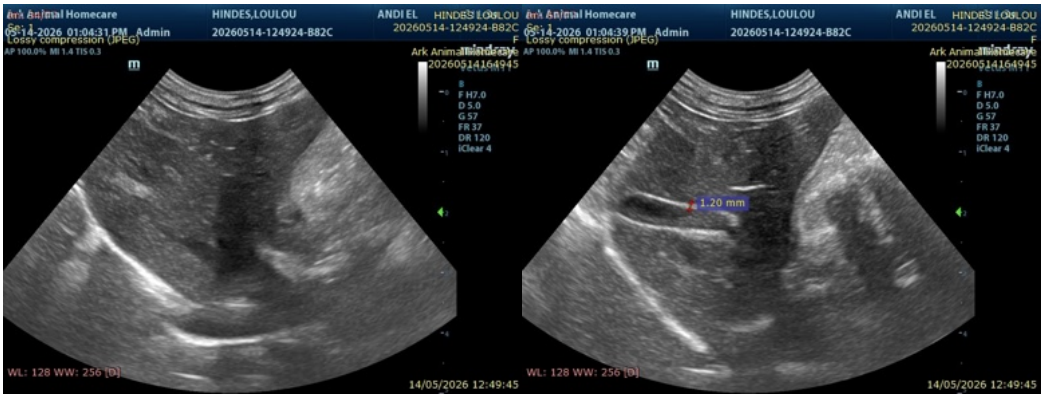

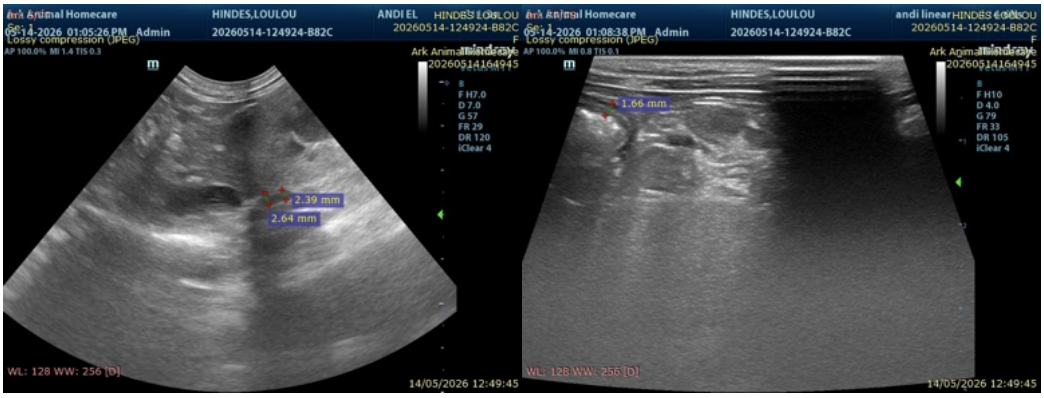

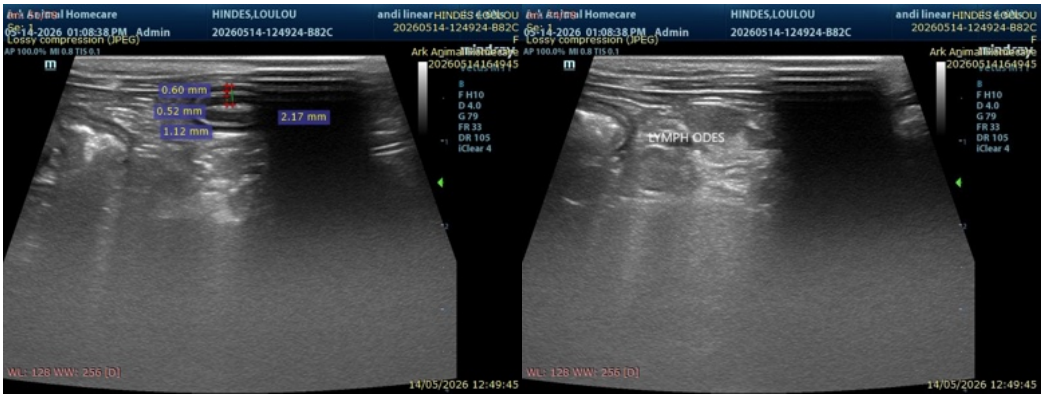

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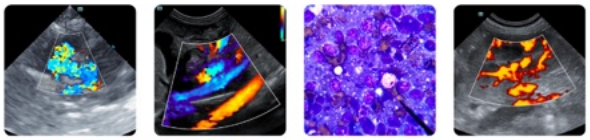

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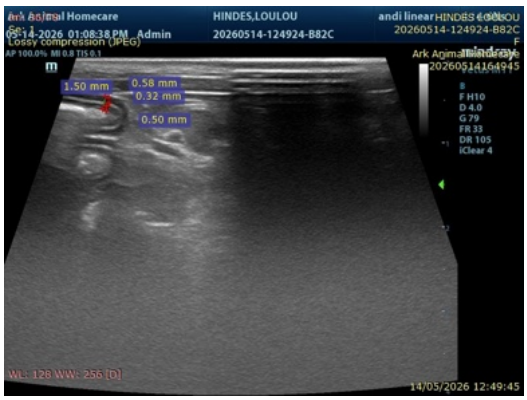

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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