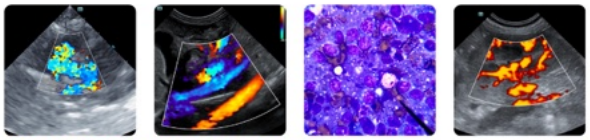


PATIENT

Sapphire Edwards

SPECIES

Feline

BREED

Bengal

SEX

Spayed female

AGE

10 years

WEIGHT

6.13 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Ziegler-Post

INVOICE

75568

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea and weight loss

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. 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: 3.48×2.28 cm, and the thickness of the cortex is 0.29 cm in the sagittal plane. The right kidney is normal in shape and size: 3.86×1.98 cm, and the thickness of the cortex is 0.31 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity similar 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

Not confidently visualized.

Spleen

Splenic thickness is 0.70 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

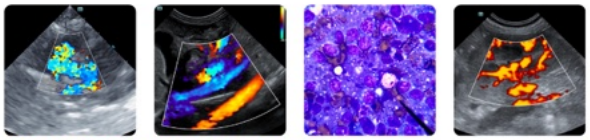
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are predominantly anechoic with a very small amount of biliary sludge. The common bile duct measures up to approximately 3.68 mm proximally, gradually tapering distally to approximately 1.82 mm. A small amount of echogenic sediment/debris is present within the common bile duct lumen.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and mural thickness measuring approximately 1.91 mm.

The pylorus measures approximately 4.27 mm and contains a small amount of fluid. The duodenum measures 2.08 mm.



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The jejunum measures approximately 1.99–2.15 mm, with the following mural layer measurements: Mucosa: 0.99 mm. Submucosa: 0.56 mm. Muscularis propria: 0.55 mm.

The ileum measures approximately 1.69 mm, with the following mural layer measurements: Mucosa: 0.50 mm. Submucosa: 0.71 mm. Muscularis propria: 0.36 mm.

The ileocecocolic junction measures approximately 2.26 mm, with muscularis propria measuring approximately 0.75 mm.

Wall layering is preserved throughout the evaluated gastrointestinal tract. No ultrasonographic evidence of mechanical ileus, foreign material, or focal gastrointestinal mass lesion is identified.

The colon measures.88–1.06 mm in thickness and contains scant soft fecal material.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure approximately 3.75–4.30 mm in thickness and demonstrate normal shape and echogenicity. Ileocecocolic lymph nodes measure approximately 3.53 mm and also maintain normal morphology and echogenicity. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild jejunal muscularis thickening.

SECONDARY FINDINGS

- Mild common bile duct prominence with scant intraluminal sediment/debris
- Minimal biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild jejunal muscularis prominence is present, with a jejunal muscularis-to-mucosa ratio of approximately 0.55, which is mildly increased relative to expected normal feline values. However, the overall ultrasonographic pattern remains relatively subtle and is additionally characterized by mild submucosal prominence, preserved mural layering, and normal mesenteric lymph node appearance. Collectively, these findings are considered somewhat more supportive of mild inflammatory/reactive enteropathy than advanced infiltrative neoplasia, although early low-grade lymphoma cannot be completely excluded based on ultrasound alone.

Mild common bile duct prominence with scant intraluminal sediment/debris is present without evidence

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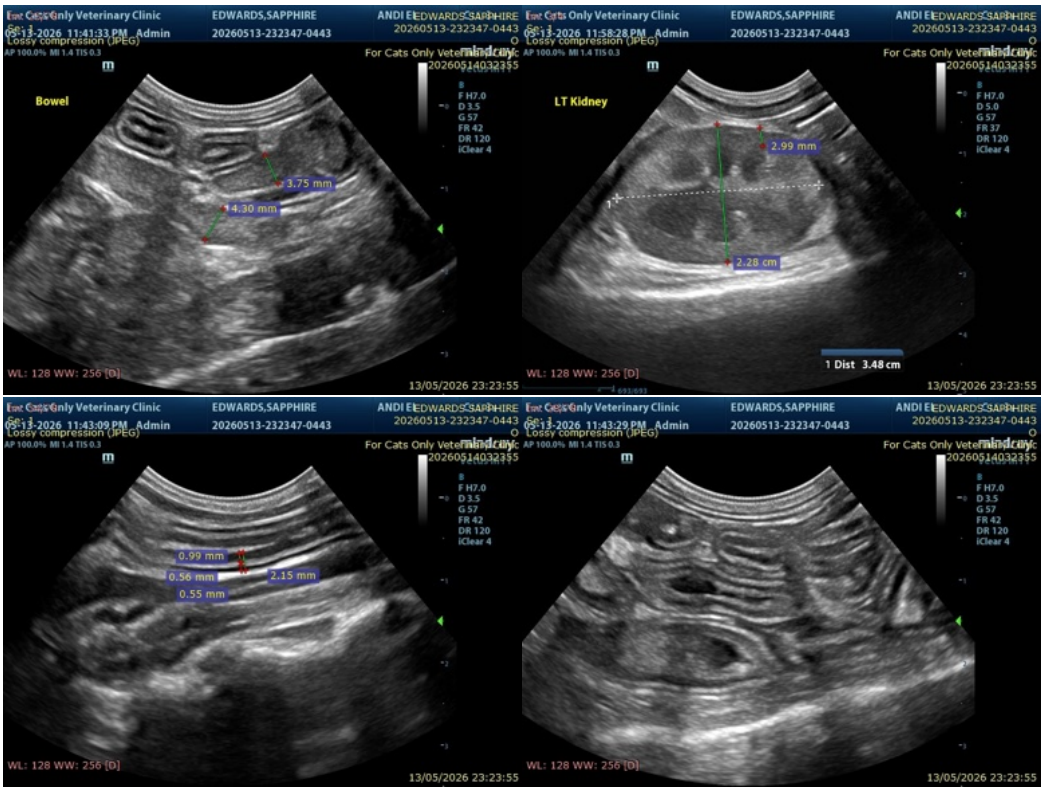
of complete biliary obstruction or overt cholecystitis. In some cats, mild common bile duct dilation may occur secondary to chronic gastrointestinal or pancreatic inflammatory disease, although no overt pancreatitis is identified ultrasonographically on the current examination.

Recommendations

- Correlation with serum cobalamin, folate, and feline pancreatic lipase immunoreactivity (fPLI) is recommended if not already performed.
- Dietary management and empirical therapy for chronic feline enteropathy may be considered clinically appropriate.
- Repeat abdominal ultrasound for monitoring of intestinal and biliary changes over time.
- Correlation with serial body weight monitoring and clinical progression is recommended.
- If clinical signs persist, progress, or fail to respond adequately to empirical management, intestinal biopsy may ultimately be required for definitive diagnosis.

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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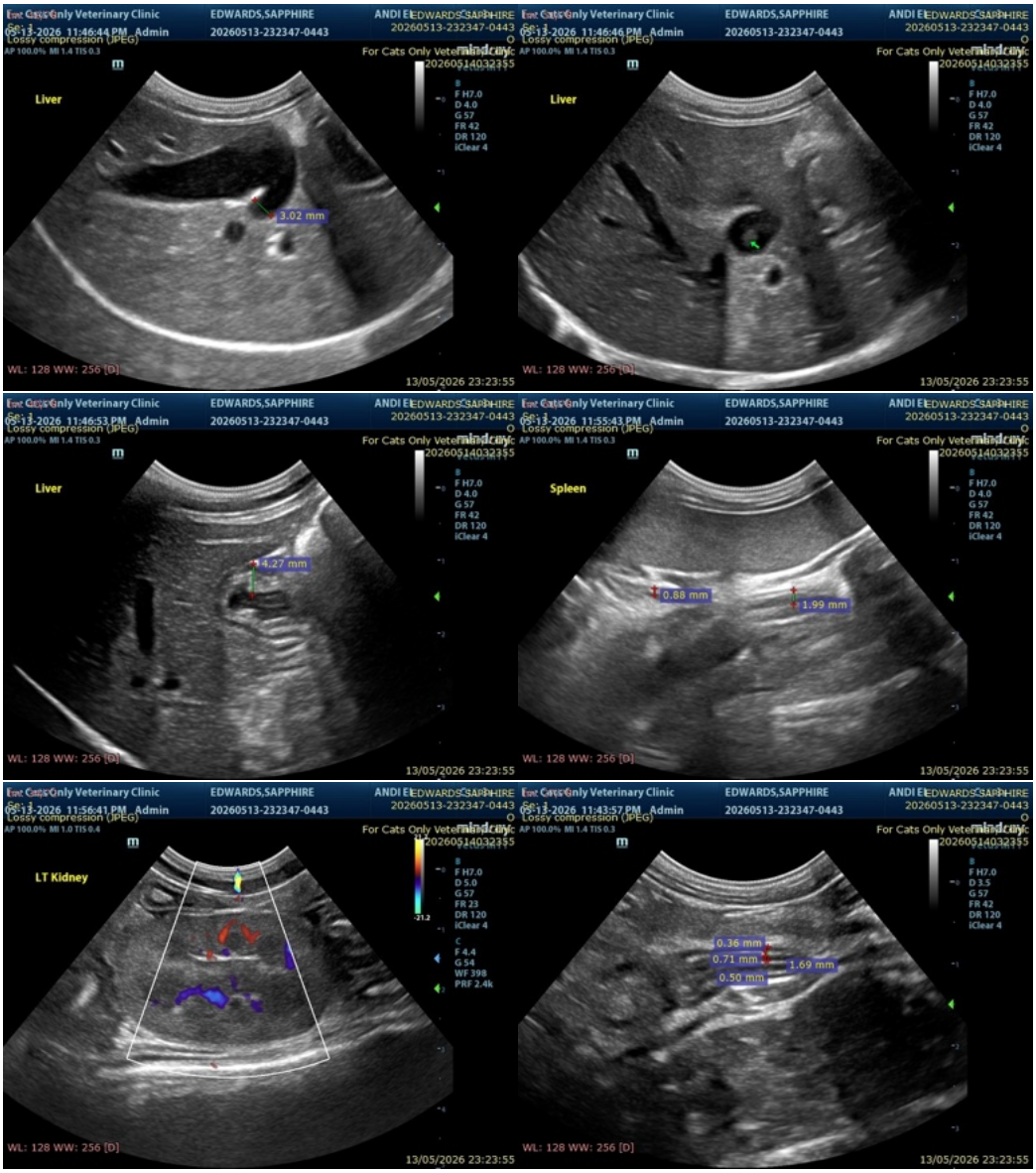

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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