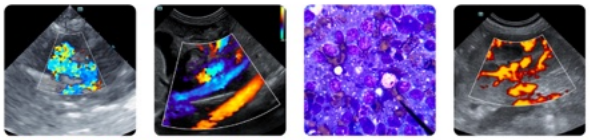


PATIENT

Drax Kressen

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

8 years

WEIGHT

13 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

75597

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: weight loss of 2lbs. Unsure of timeframe for weight loss. Not eating for past week. Ate some treats and new food but then stopped eating that too.
Abnormal PE/Chem/CBC/UA Results: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is moderately turbid with abundant suspended echogenic echoes/debris. The bladder neck and proximal urethra appear normal. No cystoliths are identified, and there is no ultrasonographic evidence of focal inflammatory or neoplastic mural disease.

The left kidney measures 4.88×2.75 cm, with a cortical thickness of 0.47 cm in the sagittal plane. The right kidney measures 3.40×2.23 cm, with a cortical thickness of 0.42 cm in the sagittal plane. Both renal cortices are mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved bilaterally. Mild medullary rim sign/ring sign is present. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern. Mild asymmetry in renal size is present, with the left kidney mildly larger than the right.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.28 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland is not confidently visualized

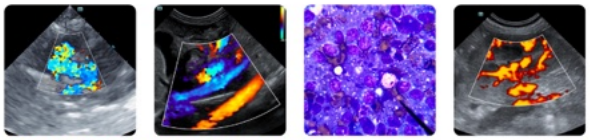
Spleen

Splenic thickness is 0.68 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. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin and smooth, and the contents are primarily anechoic. The cystic duct and common bile duct measure approximately 1.86-2.23 mm, which is within normal limits for a cat without evidence of biliary obstruction.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and mural thickness ranging from 1.36-1.99 mm. The pylorus measures 3.75 mm. The duodenum measures 1.63 mm. The jejunum measures 2.49 mm with preserved wall layering. Layer measurements are as follows: mucosa 0.92 mm, submucosa 0.65 mm, muscularis propria 0.74 mm. The muscularis-to-mucosa ratio is approximately 0.80. The ileum measures 2.12 mm with preserved wall layering. Layer measurements are as follows: mucosa 0.77 mm, submucosa 0.74 mm, muscularis propria 0.62 mm. The muscularis-to-mucosa ratio is approximately 0.81. The ileocecocolic junction was not confidently visualized. The colon measures 0.91-1.15 mm and contains formed fecal material within the descending colon.

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

- Bilateral renal cortical hyperechogenicity with marked medullary rim sign
- Mild diffuse muscularis propria thickening of the jejunum and ileum
- Moderately echogenic urinary sediment/debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild diffuse muscularis propria thickening is present within the jejunum and ileum, with muscularis-to-mucosa ratios of approximately 0.8. These changes are subtle and nonspecific, and may represent mild chronic enteropathy/IBD or age-related change. Early low-grade lymphoma is considered less likely but cannot be completely excluded ultrasonographically given the known overlap between these entities in cats.

Mild bilateral renal cortical hyperechogenicity and medullary rim sign are present, together with mild renal asymmetry, with the left kidney mildly larger than the right. These findings are most compatible with mild chronic nephropathy/chronic degenerative renal change. In cats, diffuse cortical hyperechogenicity commonly reflects chronic tubulointerstitial change, fibrosis, or chronic metabolic/inflammatory renal injury, although the changes identified here are relatively mild.

The medullary rim sign is a nonspecific but recognized feline renal finding that may be associated with tubular mineralization, concentrated urine, chronic degenerative change, or early tubulointerstitial disease. Mild renal asymmetry may occasionally represent physiologic variation, although asymmetric chronic renal change or prior subclinical insult cannot be completely excluded.
Overall, the renal findings suggest mild chronic renal parenchymal change rather than acute or advanced renal disease.

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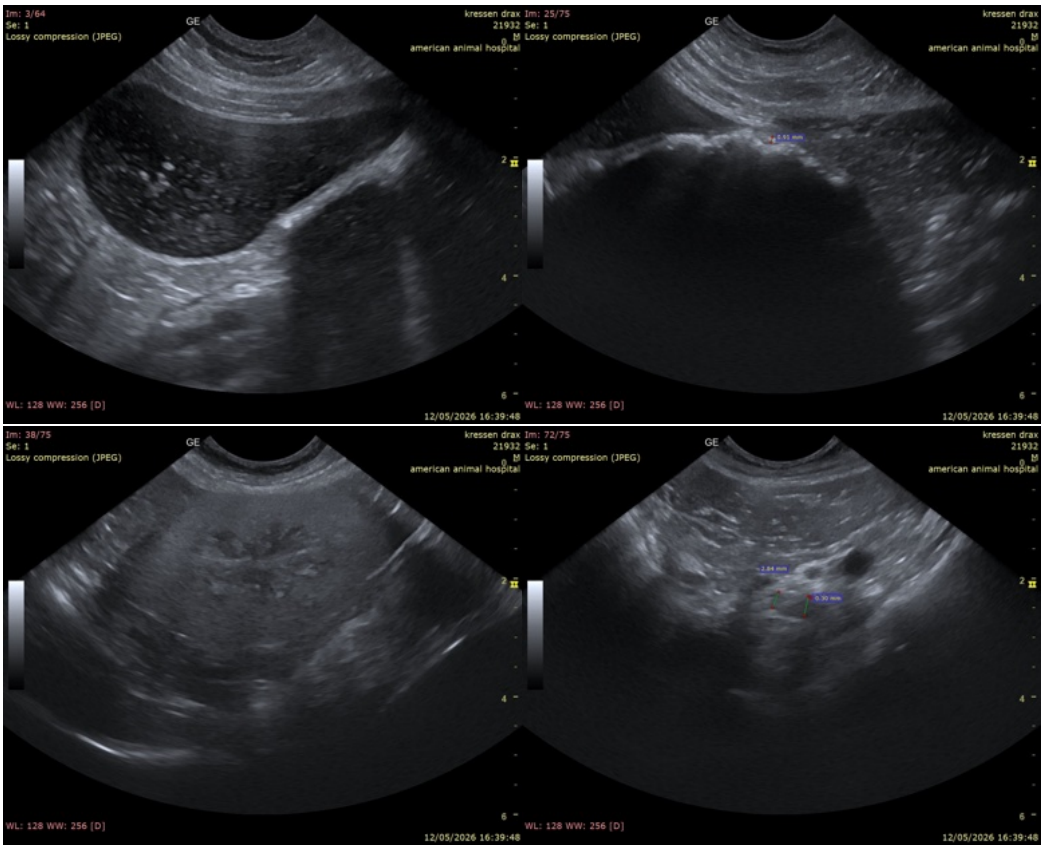
The moderately echogenic urinary sediment is nonspecific and may represent cellular debris, crystals, proteinaceous material, or concentrated urine sediment. No ultrasonographic evidence of cystolithiasis or overt cystitis is identified.

Recommendations

- Correlation with gastrointestinal laboratory testing, including cobalamin/folate and feline pancreatic lipase immunoreactivity (fPLI), may be clinically useful.
- Urinalysis with sediment examination is recommended given the abundant urinary debris.
- If gastrointestinal signs and weight loss persist, repeat abdominal ultrasound and/or intestinal sampling may eventually be warranted for a definitive diagnosis.
- Clinical monitoring of renal parameters, urine specific gravity, and blood pressure is recommended given the mild renal ultrasonographic changes.

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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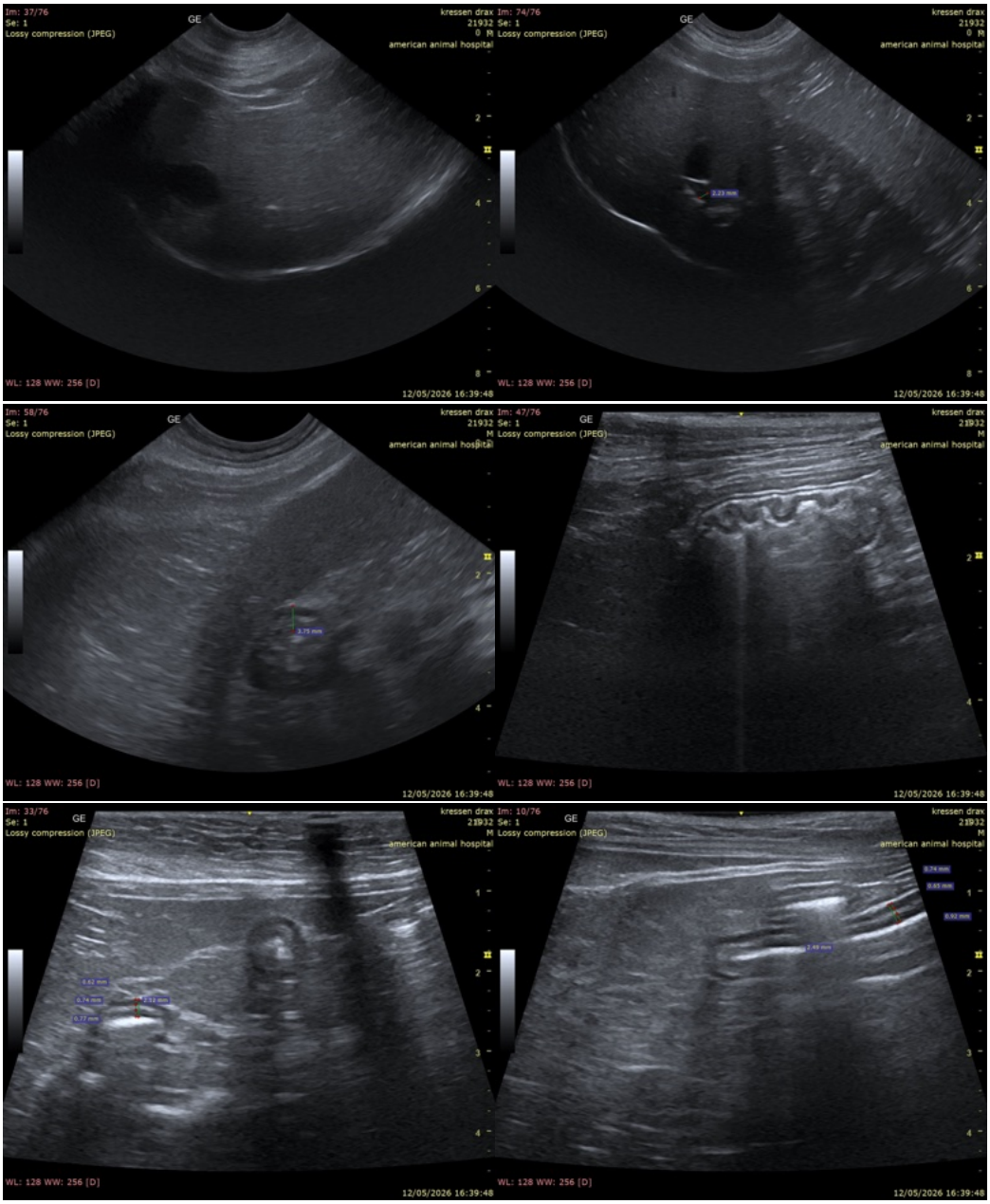

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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