

**PATIENT**

Luna Skillestad

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

10.9 lbs

**INTERPRETED BY**Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.**IMAGING  
PERFORMED BY**

Danielle Braswell

**HOSPITAL NAME**

Local Mobile VS

**REFERRING VET**

Dr. Soule

**INVOICE**

77877

**DATE**

5/21/26

**PRESENTING CLINICAL SIGNS**

History: Chronic weight loss and vomiting

Abnormal PE/Chem/CBC/UA Results: 5/20/26: Chem: Crea-1.7, BUN-38 CBC:WNL T4:2.2

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is moderately turbid with abundant suspended echogenic echoes. Normal appearance of the bladder neck and proximal urethra. No cystoliths are identified, and there is no convincing ultrasonographic evidence of cystitis or urinary bladder neoplasia.

The left kidney is normal in shape and size, measuring 3.65×2.28 cm, with cortical thickness measuring 0.36 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.67×2.31 cm, with cortical thickness measuring 0.40 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. Mild multifocal hyperechoic mineralized foci are present within the medullary/papillary regions and renal diverticular recesses bilaterally, most compatible with mild medullary nephrocalcinosis/mineralization. Tiny nonobstructive pelvic mineral concretions cannot be completely excluded. No convincing hydronephrosis or clinically significant pyelectasia is identified. Color Doppler demonstrates an overall 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 0.33 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.30 cm at the caudal pole.

**Spleen**

Splenic thickness is 0.88cm. 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 smooth, and the contents are predominantly anechoic. The common bile duct measures approximately 2.06–1.27 mm, remaining within acceptable limits for a cat of this age, without convincing evidence of clinically significant extrahepatic biliary obstruction.



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## *Gastrointestinal*

The stomach is empty and folded, with wall thickness measuring 1.45 mm and preserved wall layering.

The duodenum measures 2.19 mm. The jejunum measures 2.57 mm in total thickness, with mucosa measuring 1.42 mm, submucosa 0.82 mm, and muscularis propria 0.38 mm. The ileum measures 2.99 mm, with mucosa measuring 1.10 mm, submucosa 1.57 mm, and muscularis propria 0.53 mm. Intestinal wall layering remains preserved throughout the evaluated intestinal tract. The muscularis-to-mucosa ratios remain within acceptable limits and do not strongly support muscularis-predominant infiltrative enteropathy or classic ultrasonographic low-grade alimentary lymphoma at this time. Mild diffuse ileal thickening is present, largely attributable to submucosal prominence. The ileocecal junction was not confidently visualized.

The colon measures 0.98 cm and contains formed fecal material within the descending colon.

## *Pancreas*

The pancreas measures approximately 5.82 mm in thickness. The pancreatic parenchyma is overall isoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 0.81 mm in diameter, representing mild ductal prominence for a cat, although this may still fall within age-related/chronic remodeling change in geriatric feline patients. No convincing peripancreatic hyperechoic mesenteric fat, free fluid, or overt ultrasonographic evidence of active pancreatitis is identified at this time.

## *Free Abdomen*

No abdominal effusion or sonographic evidence of peritonitis is identified. Cranial mesenteric lymph nodes measure approximately 6.54–6.92 mm in thickness, maintain normal shape, and are mildly hypoechoic without overt features of marked lymphadenopathy or cavitory change. Ileocecal lymph nodes are not confidently visualized. The region of the iliac trifurcation appears normal.

## PRIMARY FINDINGS

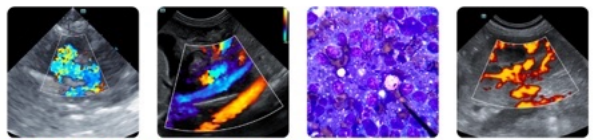
- Subtle diffuse ileal thickening, predominantly submucosal.
- Slightly prominent cranial mesenteric lymph nodes.
- Markedly sedimented/turbid urine.

## SECONDARY FINDINGS

- Multifocal bilateral renal medullary mineralization/nephrocalcinosis-type change.
- Turbid urine.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild chronic gastrointestinal change is present, characterized primarily by mild diffuse ileal thickening with preserved wall layering and without marked muscularis propria predominance. The ultrasonographic appearance is relatively mild and nonspecific but may be compatible with chronic



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enteropathy/inflammatory enteropathy. While low-grade alimentary lymphoma cannot be completely excluded in a geriatric cat with chronic weight loss and vomiting, the current ultrasonographic appearance is not strongly supportive of advanced infiltrative intestinal neoplasia at this time.

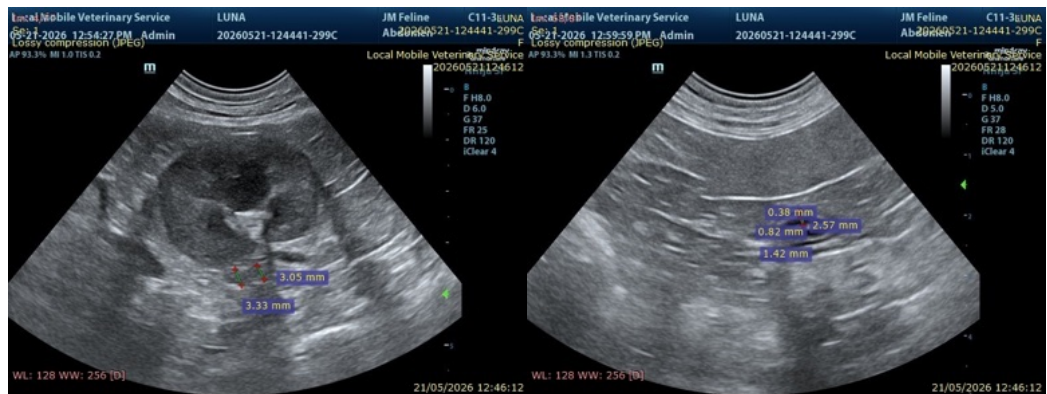
No convincing mechanical gastrointestinal obstruction, severe intestinal inflammatory disease, abdominal mass lesion, or clinically significant extrahepatic biliary obstruction is identified sonographically at this time.

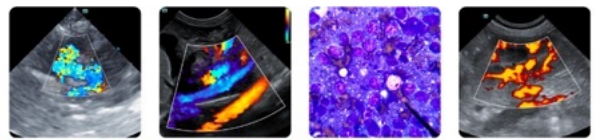
Mild bilateral renal medullary mineralization/nephrocalcinosis-type change is present and may represent chronic age-related renal mineralization/remodeling. Correlation with renal function trends and urinalysis findings is recommended.

## Recommendations

- Correlation with cobalamin/folate testing, GI panel, Spec fPL, and longitudinal body weight trends may be clinically useful.
- Empiric management for chronic feline enteropathy may be reasonable depending on clinical severity and response to therapy.
- If vomiting and weight loss continue to progress despite appropriate medical management, intestinal sampling (endoscopic or surgical biopsy) may ultimately become necessary to obtain a definitive diagnosis.
- Monitoring of renal values, and urine specific gravity is recommended given the mild chronic renal mineralization 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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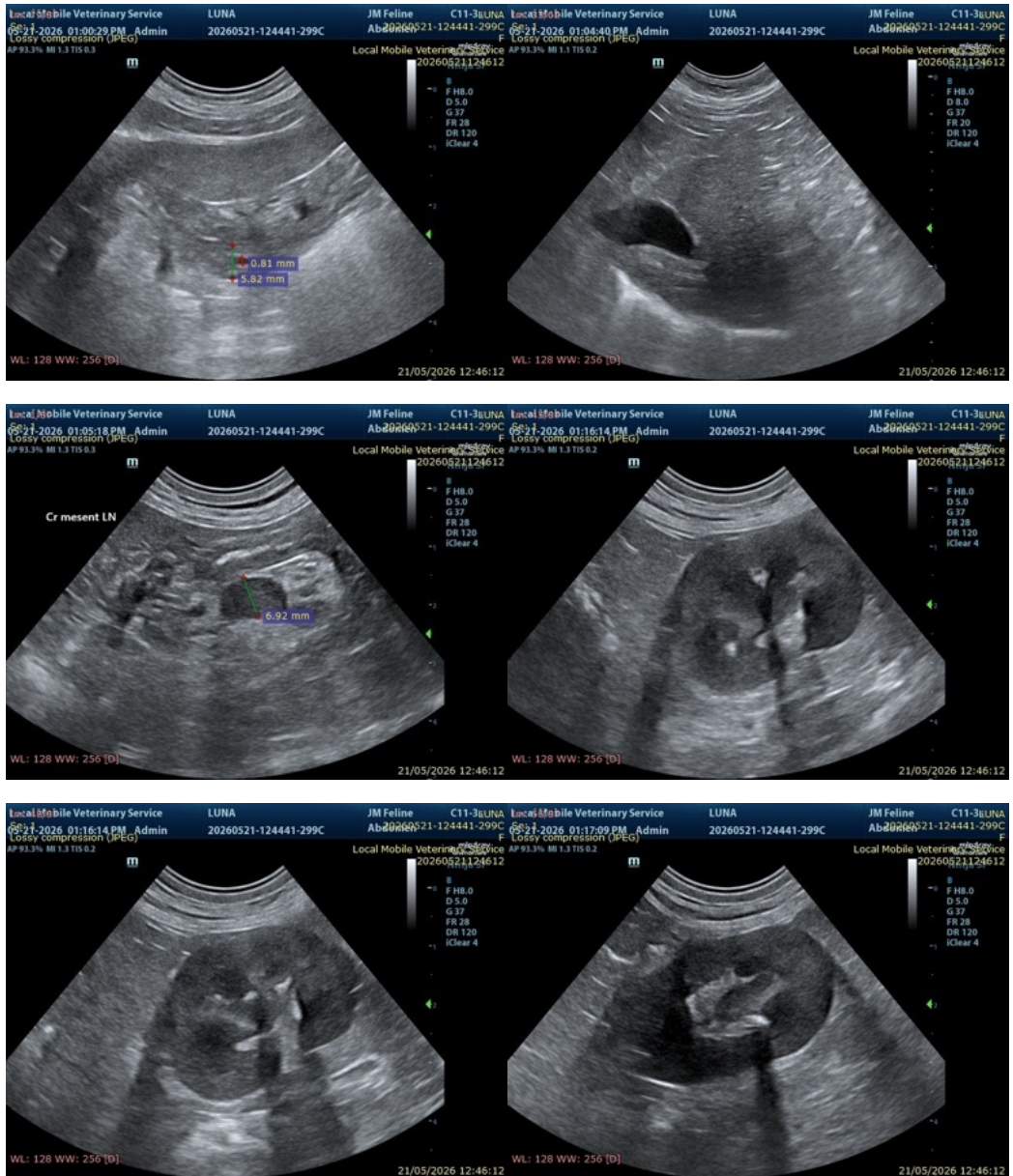
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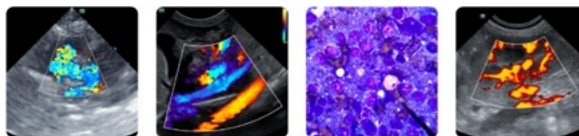
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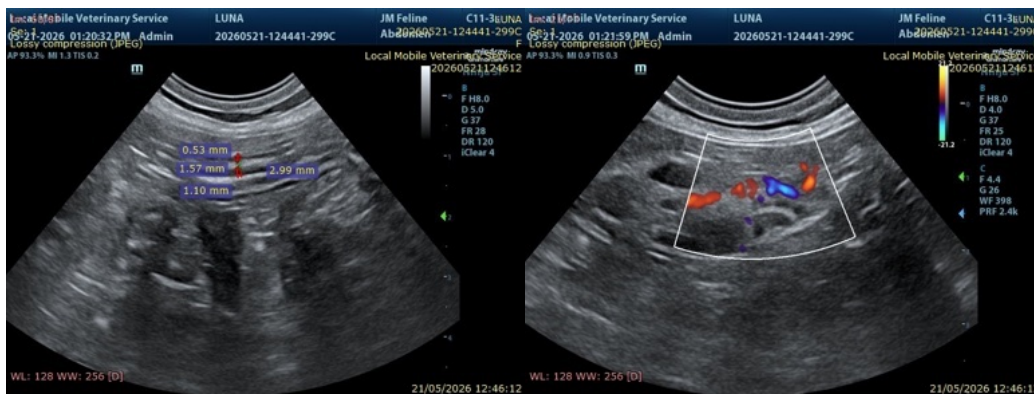
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

[info@SonoPath.com](mailto:info@SonoPath.com)