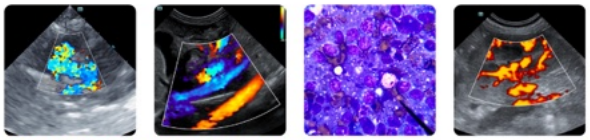


PATIENT

Pretty Baby Gerbing

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

11.94

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Casita

HOSPITAL NAME

Companion Animal Clinic

REFERRING VET

Dr. Casita

INVOICE

78053

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Unintentional weight loss, Goal was for P to go from 17# to 13# but P continued losing wt after goal was reached despite increasing calorie intake. p will vomit if given larger meals, currently fed 8 x a day
P normal weight currently, did gain 1 ounce since last seen 5/15, normal Chem/CBC Fecal KeyScreen negative except tapeworms- Txed last month

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 predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.68×2.62 cm, with cortical thickness measuring 0.41 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.64×2.81 cm, with cortical thickness measuring 0.50 cm in the sagittal plane. The renal cortices are slightly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.36 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measures 0.35 cm at the cranial pole and 0.32 cm at the caudal pole.

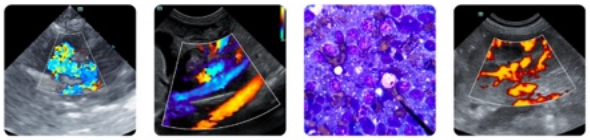
Spleen

Splenic thickness is 0.78 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 primarily anechoic No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal tract

The stomach is empty and folded, containing a small amount of fluid within the fundic region. Gastric wall thickness measures approximately 1.96 mm with preserved wall layering. The duodenum measures approximately 1.24 mm in wall thickness. The jejunum measures approximately 2.31 mm in total wall thickness. The mucosa measures 0.81 mm, submucosa 0.53 mm, and muscularis propria 0.39 mm. Wall layering remains preserved. The ileum measures approximately 1.38 mm in wall thickness with preserved wall layering. The ileocecal junction measures approximately 2.82 mm in total wall thickness. The mucosa measures 1.27 mm and the muscularis propria measures 0.98 mm, resulting in a mildly increased muscularis-to-mucosa ratio at the ileocecal region. No intestinal inflammatory change, obstructive pattern, ileus, or foreign material is identified. The colon measures approximately 0.97 mm in wall thickness 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

- Mild muscularis prominence at the ileocecal junction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasonographic examination is largely unremarkable and does not demonstrate evidence of obstructive gastrointestinal disease, clinically significant pancreatitis, abdominal mass lesion, or diffuse infiltrative gastrointestinal neoplasia.

Mild muscularis prominence at the ileocecal junction is present with preserved wall layering and without associated intestinal mass effect, mesenteric inflammatory change, or abdominal lymphadenopathy. This finding is nonspecific but may reflect mild chronic inflammatory enteropathy/chronic enteritis.

The remainder of the gastrointestinal tract appears overall unremarkable sonographically despite the reported history of chronic vomiting and prior weight loss. Functional gastrointestinal disease, food-responsive enteropathy, intermittent gastritis, dysmotility, or early inflammatory bowel disease may still be present despite the relatively mild ultrasonographic findings.

Mild diffuse renal cortical hyperechogenicity is present bilaterally and may reflect mild/early chronic renal change.

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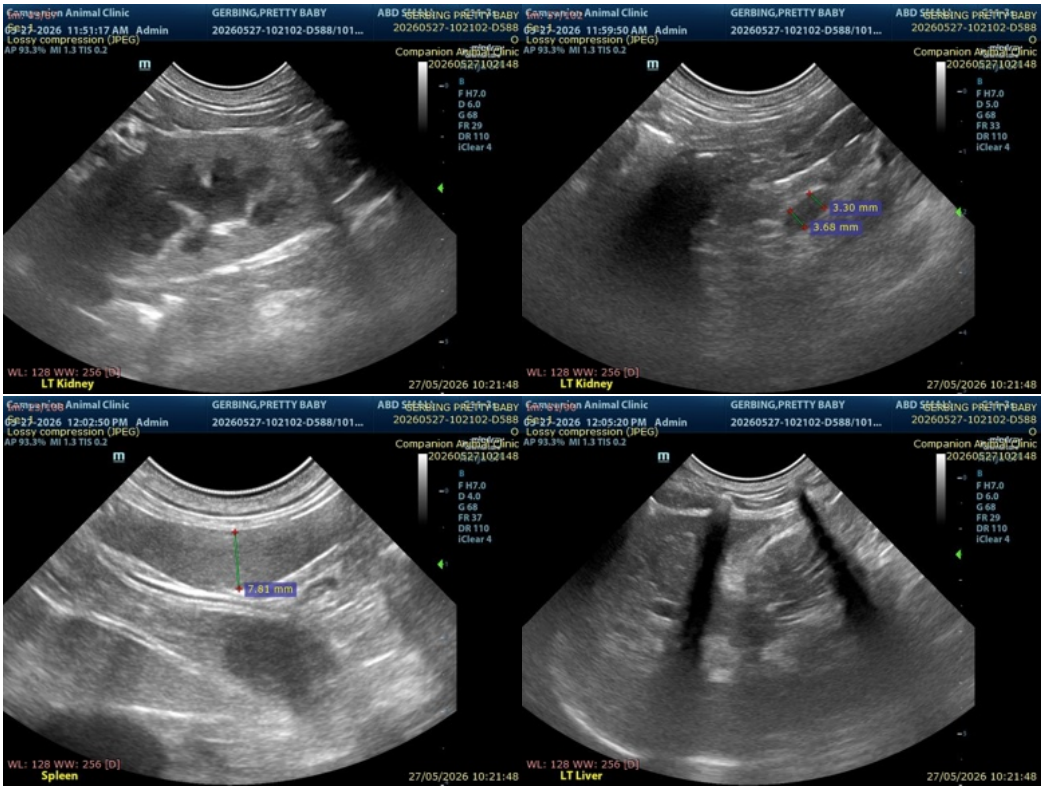
Recommendations

- Correlation with serum cobalamin/folate testing and GI panel may be considered if not already performed, as mild chronic pancreatopathy may not always be fully apparent ultrasonographically in cats with chronic vomiting and weight loss.
- Dietary management and empiric medical management directed toward chronic inflammatory gastrointestinal disease may be reasonable depending on clinical progression and attending clinician preference.
- If clinical signs persist or progressive weight loss recurs despite therapy, repeat abdominal ultrasound and consider gastrointestinal biopsy for a 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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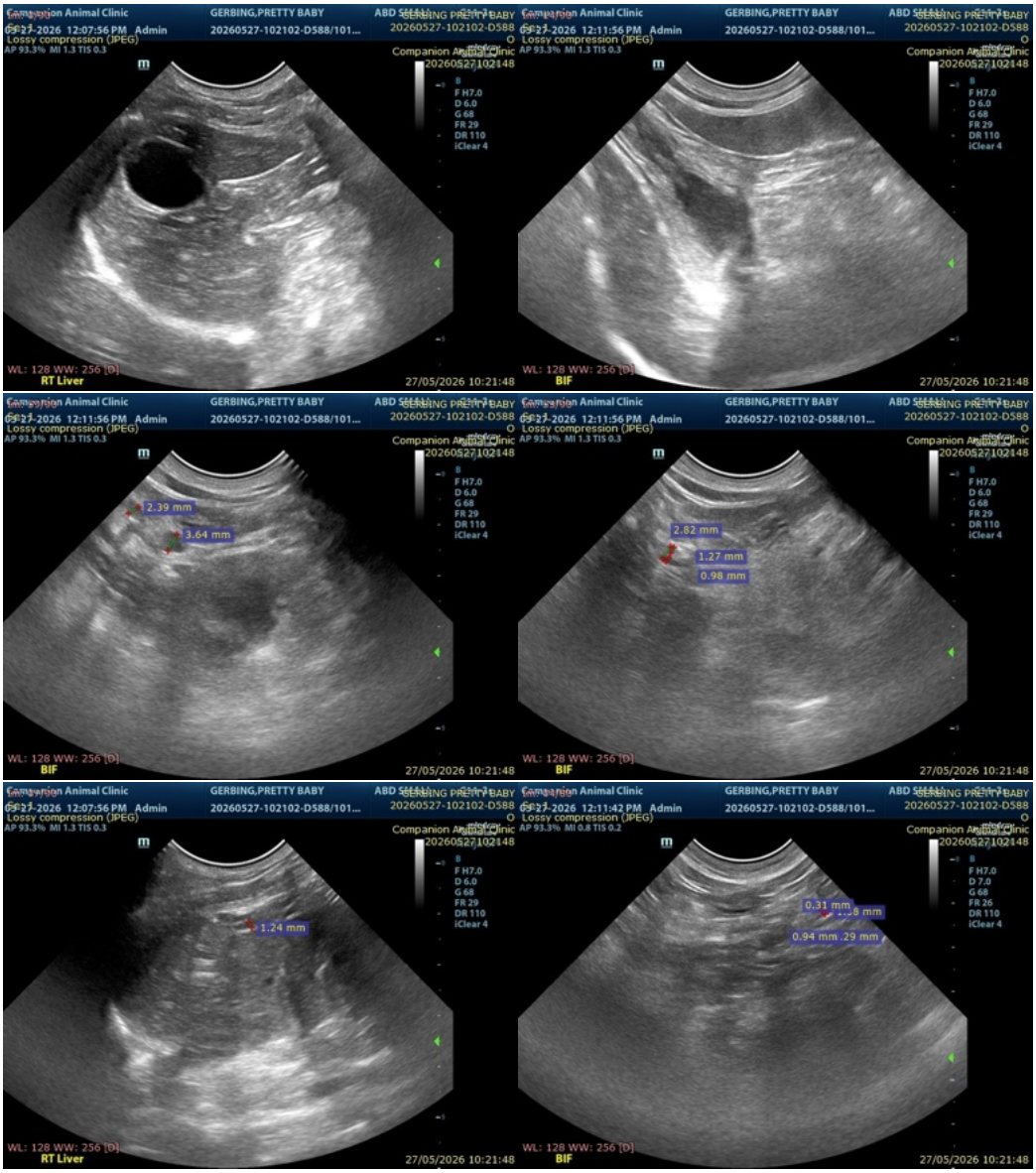

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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