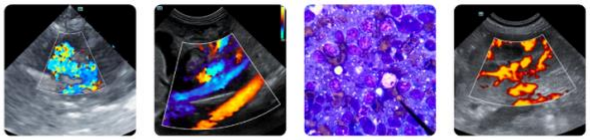


PATIENT

Saucy Rangel

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 1 Month

WEIGHT

10.88 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Heather Cochran

HOSPITAL NAME

Millis AH

REFERRING VET

Dr. Heather Cochran

INVOICE

37264

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: seen 2/2026 for hematochezia which resolved with metronidazole and probiotics.
5/2026 watery diarrhea, 2 lb weight loss since 2/2026 and 3 lb in past year
Abnormal PE/Chem/CBC/UA Results: lab work wnl- high end of normal renal values, UA sp grav 1.013, 3+ blood, rbcs 75-100 rbc's, no bacteria PE- smallish kidneys, otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 3.61×2.34 cm. The cortical thickness measures 0.41 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.70×2.52 cm. The cortical thickness measures 0.44 cm in the sagittal plane.

The renal cortices are isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.34 cm in dorsoventral diameter and is within normal limits. The right adrenal gland is not visualized.

Spleen

Splenic thickness measures 0.80 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture. Two small hyperechoic splenic foci measuring 3.62×4.29 mm and 1.44×2.80 mm are identified. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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.

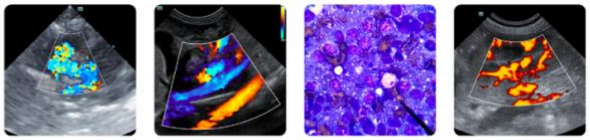
The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. common bile duct is 2.58 mm

Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 1.63 mm, with preserved wall layering.

The pyloric wall measures 3.88 mm.

The duodenal wall measures 1.85 mm.



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The jejunal wall measures 1.91 mm. The mucosa measures 0.95 mm, the submucosa 0.46 mm, and the muscularis propria 0.32 mm. Wall layering is preserved.

The ileal wall measures 1.58 mm. The mucosa measures 0.40 mm, the submucosa 0.85 mm, and the muscularis propria 0.29 mm. Wall layering is preserved.

The ileocecal junction measures 3.70 mm, with muscularis propria thickening measuring approximately 1.0 mm. Wall layering remains preserved.

No evidence of gastrointestinal obstruction, ileus, or foreign material is identified.

The colonic wall measures 1.05 mm. A small amount of formed fecal material is present 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

- Very mild muscularis propria thickening of the ileocecal junction.

SECONDARY FINDINGS

- Two small hyperechoic splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild focal muscularis propria thickening at the ileocecal junction with preservation of normal intestinal wall layering. In the context of chronic diarrhea and progressive weight loss, these findings may reflect early or mild chronic enteropathy. The examination does not demonstrate the degree of intestinal wall thickening, loss of layering, mass formation, or abdominal lymphadenopathy typically associated with advanced infiltrative intestinal disease.

Although low-grade alimentary lymphoma cannot be completely excluded ultrasonographically, the current examination provides only limited support for this diagnosis. Chronic inflammatory enteropathy remains the more strongly supported differential based on the sonographic findings. Functional gastrointestinal disease, food-responsive enteropathy, microscopic inflammatory disease, and other gastrointestinal disorders not detectable by ultrasonography should also be considered.

The small hyperechoic splenic nodules are considered incidental and most consistent with benign age-related change.

Both kidneys are within expected size limits and maintain normal architecture.

Recommendations:

- Correlation with serum cobalamin, folate, gastrointestinal panel testing, and current thyroid

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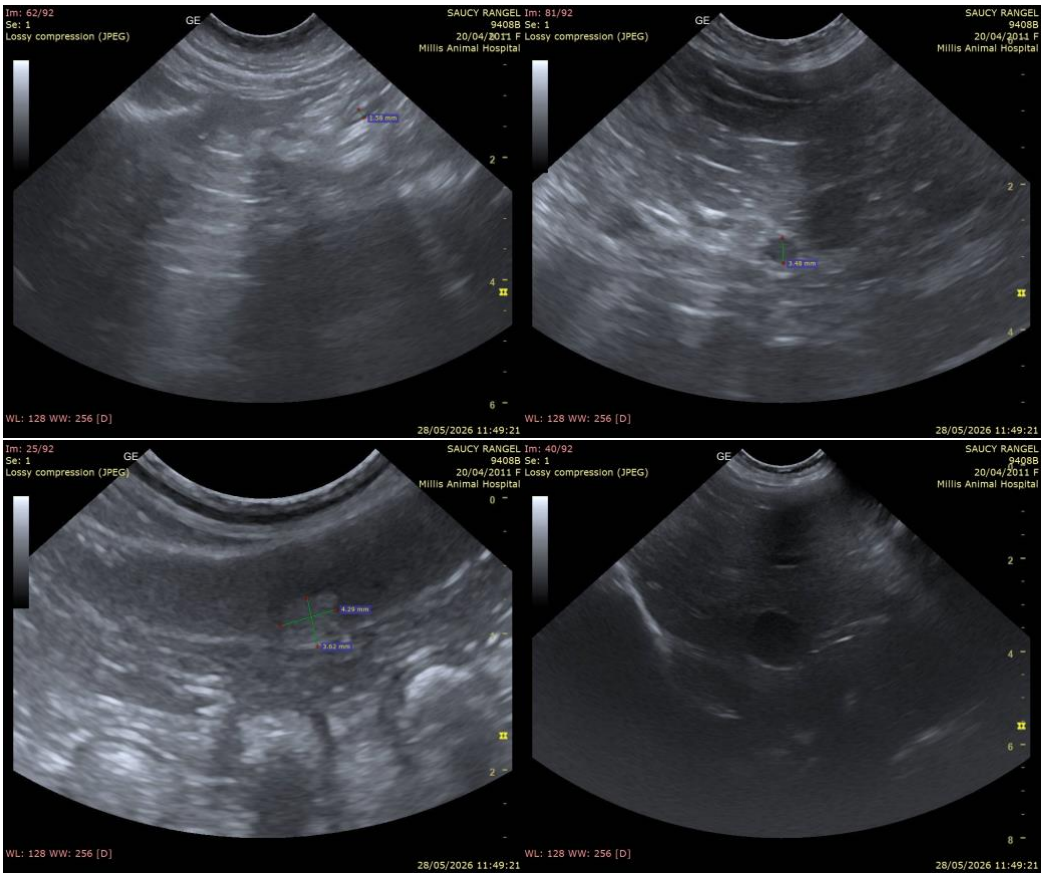
status is recommended if not recently performed.

- Empiric management for chronic enteropathy may be considered, including continued dietary therapy, cobalamin supplementation as indicated, and appropriate anti-inflammatory enteropathy-directed treatment based on clinical progression and attending clinician preference.
- Serial monitoring of body weight, appetite, clinical signs, and ultrasonographic findings is recommended. Should the patient continue to lose weight, fail to respond to therapy, or demonstrate progression of the intestinal abnormalities over time, further diagnostic investigation may be warranted, including endoscopic or surgical 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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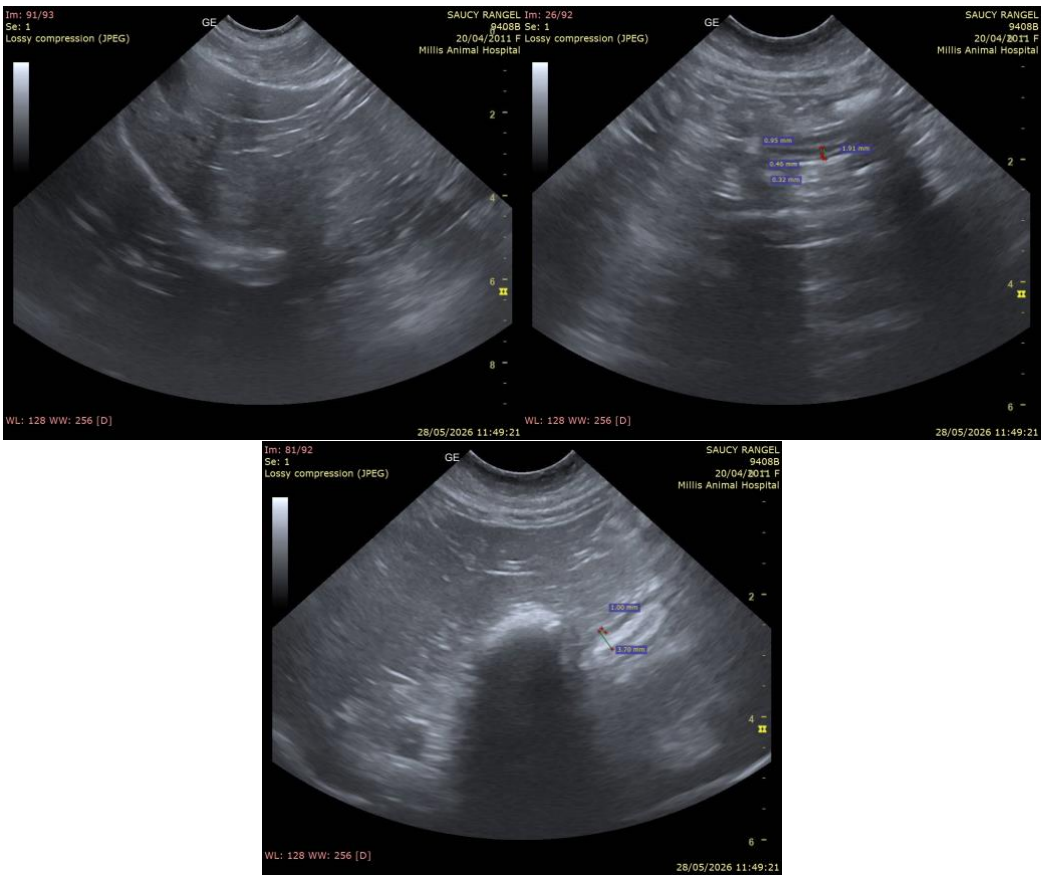

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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