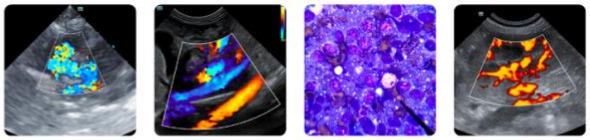


PATIENT

Fonzie Porter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

10 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Rebecca Neis

HOSPITAL NAME

Animal Health Center

REFERRING VET

Dr. Neis

INVOICE

16825

DATE

06/19/26

\PRESENTING CLINICAL SIGNS

Indoor/outdoor cat. P was presented 6/5 for lethargy, depressed appetite, and occasional cough. At that time chest and abdominal radiographs were taken and appeared normal. Cursory abdominal ultrasound showed what appeared to be hyperechoic fat adjacent to the descending colon with several hypoechoic patches. Pericolic steatitis/inflammatory change treated empirically with clindamycin and mirtazapine pending reassessment with infectious differentials including toxoplasmosis considered. Today's (6/19) ultrasound appeared the same. Owner reports patient has soft stool but is overall doing better; he has a good appetite and is no longer lethargic.

Abnormal PE/Chem/CBC/UA Results: Moderate monocytosis Mild lymphopenia

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 turbid with abundant suspended echoes. The trigone and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.30x2.55 cm, with a cortical thickness of 0.53 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.35x2.58 cm, with a cortical thickness of 0.60 cm in the sagittal plane.

Both kidneys demonstrate mildly increased cortical echogenicity relative to the liver. Corticomedullary distinction is preserved, although the corticomedullary ratio is mildly reduced. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland is normal in shape and echogenicity and measures 0.34 cm in dorsoventral thickness. The right adrenal gland is not visualized.

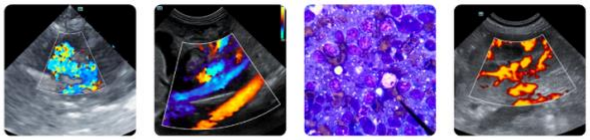
Spleen

Splenic thickness is 1.18 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 is moderately distended. The wall is thin and smooth, and the contents are anechoic. The common bile duct measures 1.11-1.91 mm in diameter. No sonographic evidence of biliary obstruction is identified.



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Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 1.67 mm, with normal wall layering preserved.

The duodenal wall measures 1.65 mm.

The ileal wall measures 1.49 mm. The mucosa measures 0.53 mm, the submucosa 0.55 mm, and the muscularis propria 0.24 mm. Wall layering is preserved.

The ileocecal junction measures 3.47 mm in total thickness, with the muscularis layer measuring 0.91 mm. Wall layering is preserved.

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

The ascending and transverse colonic walls measure 0.88-1.09 mm. The descending colon is largely empty and measures approximately 1.30 mm. Colonic wall layering is preserved.

Pancreas

The pancreas measures approximately 7.04 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures 1.49 mm in diameter. No peripancreatic fat inflammation is identified.

Free Abdomen

Mild hyperechogenicity of the pericolic fat is present. The previously described hypoechoic foci within this region correspond to normal-sized caudal mesenteric (colic) lymph nodes measuring 4.21x7.87 mm and 2.46x4.61 mm.

The cranial mesenteric lymph nodes are also normal in size and appearance, measuring approximately 0.60 cm in thickness. No abdominal effusion, peritonitis, or abdominal lymphadenopathy is identified. The ileocecal lymph nodes are not separately visualized. The iliac trifurcation region is unremarkable.

PRIMARY FINDINGS

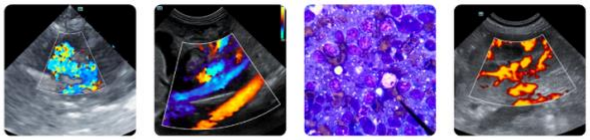
- Mild muscularis prominence at the ileocecal junction.
- Mild focal hyperechogenicity of the pericolic fat.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Mild pancreatic duct dilation (1.49 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild bilateral renal cortical hyperechogenicity is present with preservation of renal architecture and corticomedullary definition, consistent with mild chronic renal change.



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Subtle muscularis prominence is present at the ileocecal junction. The muscularis-to-mucosa ratio is approximately 1.7 (0.91 mm/0.53 mm). While mild muscularis thickening may be associated with chronic enteropathy in cats, this finding is nonspecific and may also be encountered in clinically normal individuals.

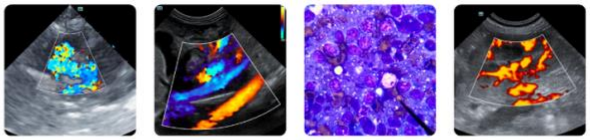
Mild pancreatic duct dilation is present. Given the patient's age and the absence of pancreatic enlargement, peripancreatic inflammation, or abdominal effusion, this finding most likely reflects chronic age-related pancreatic change, although mild chronic pancreatitis cannot be completely excluded.

Hyperechogenicity of the pericolic fat is present. The previously described hypoechoic foci within this region correspond to reactive caudal mesenteric lymph nodes. No ultrasonographic evidence of focal steatitis, abscessation, granulomatous disease, or clinically significant pericolic inflammatory process is identified.
Given the reported clinical improvement and the absence of significant ultrasonographic abnormalities, a self-limiting inflammatory, infectious, dietary, or parasitic gastrointestinal disorder remains possible. Consideration may be given to fecal testing for enteric parasites and protozoal organisms.

Recommendations

- If not recently performed, comprehensive fecal testing (including *Giardia spp*. and *Tritrichomonas foetus*) is recommended should the soft stools persist or recur, particularly given the patient's outdoor lifestyle.
- Infectious disease testing (including toxoplasmosis if clinically indicated) should be guided by the overall clinical picture rather than the current ultrasonographic findings.
- No specific intervention is recommended for the mild pericolic fat changes or the normal caudal mesenteric lymph nodes identified on this examination.

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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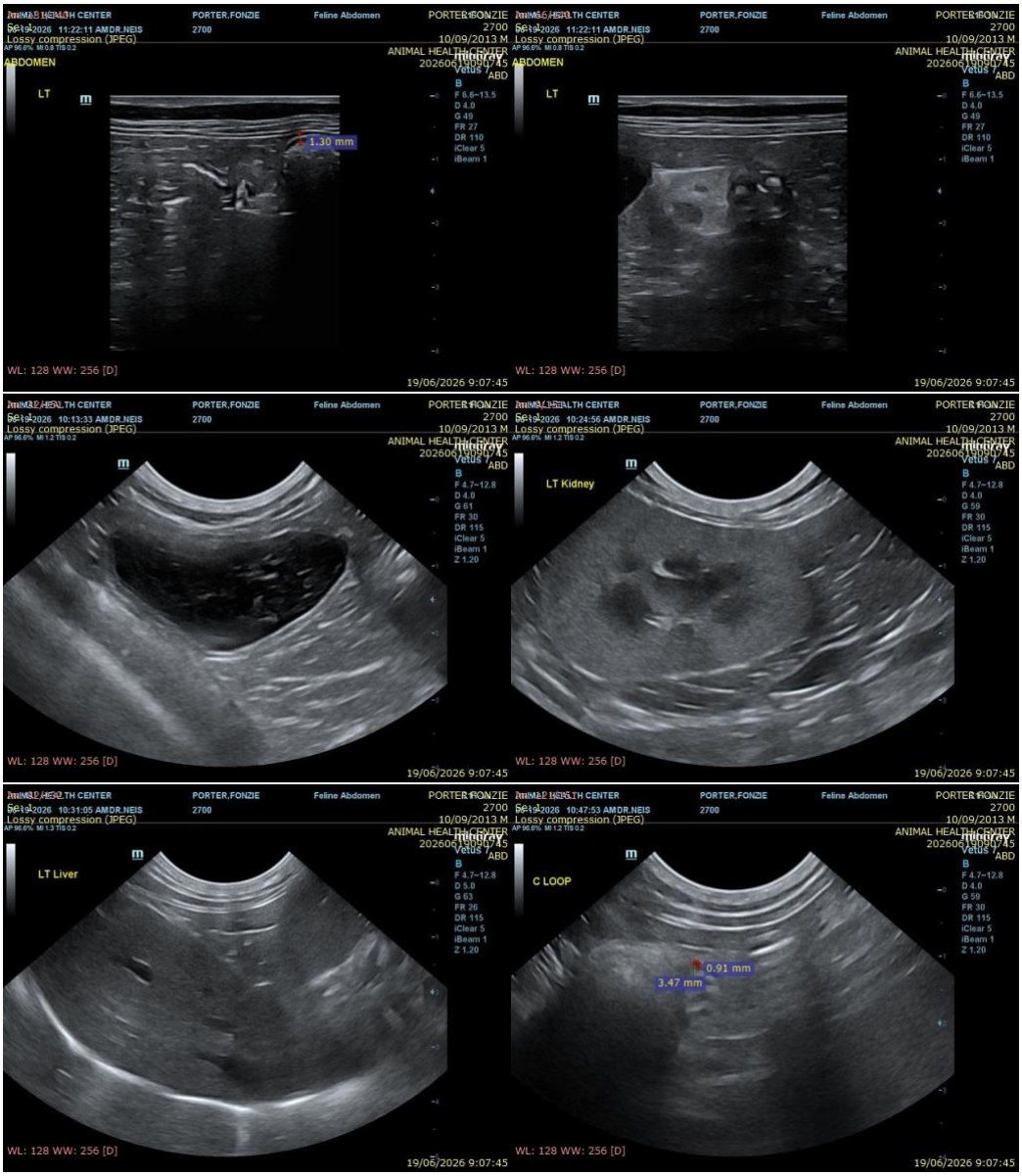

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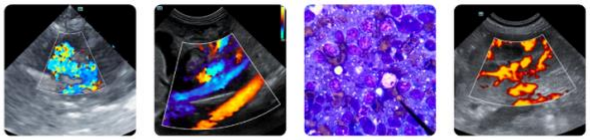

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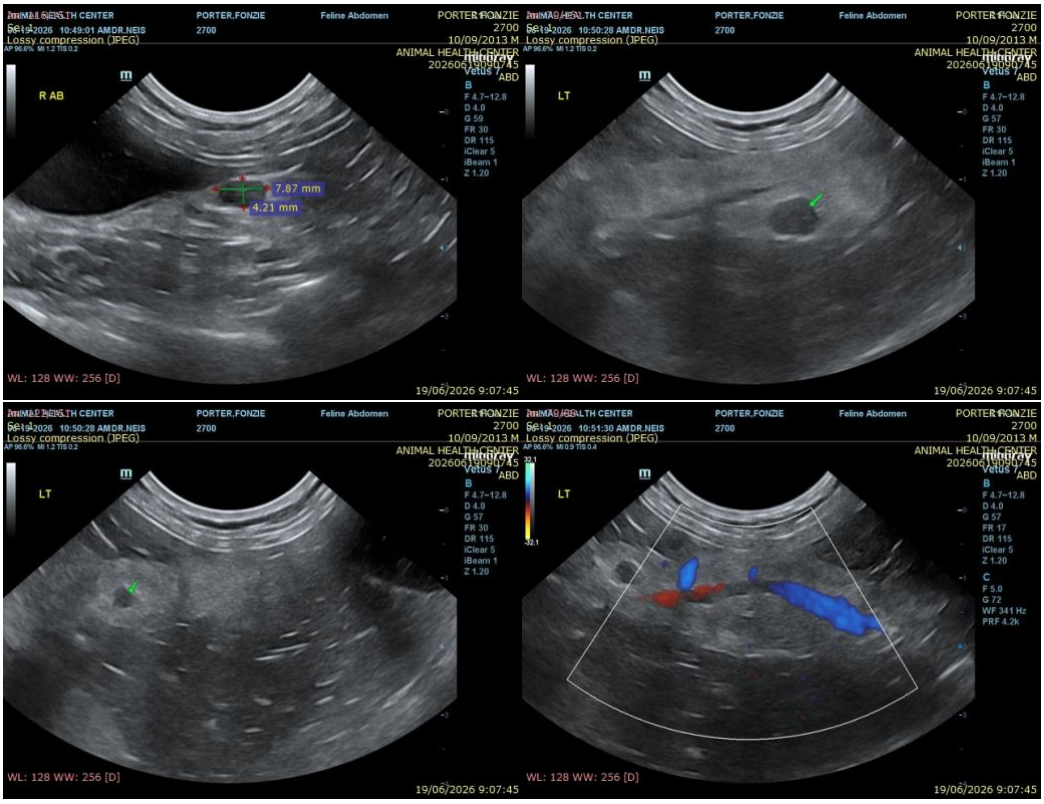

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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