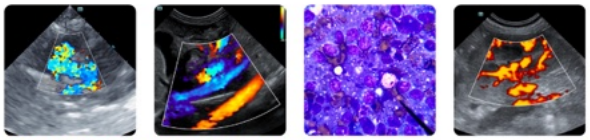


PATIENT

Mila Hibbs

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 years

WEIGHT

7.08 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

78350

DATE

6-3-26

PRESENTING CLINICAL SIGNS

History: Pt had been vomiting frequently at home. Painful upon palpation.
RX- Methimazole 10mg 1 t BID
Pt sedated with Alfaxolone, Butophanol, Midazolam for this part of procedure, no Isoflurane given at this time.
Abnormal PE/Chem/CBC/UA Results: Abnormal ProBNP. - will submit echo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. The urine is predominantly anechoic. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is normal in shape and size, measuring 3.09×1.89 cm. Cortical thickness measures 0.32 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.35×1.84 cm. Cortical thickness measures 0.32 cm in the sagittal plane.

In both kidneys, cortical echogenicity is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.29 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland not visualized

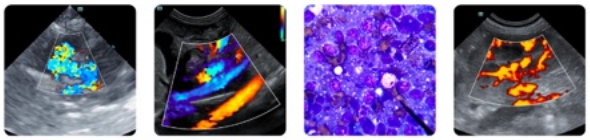
Spleen

Splenic thickness is 0.61 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 with a small amount of biliary sludge. 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. Gastric wall thickness measures 1.34 mm and normal wall layering is preserved. The pyloric wall measures 3.89 mm.

The duodenal wall measures 2.48 mm.

The jejunal wall measures 2.68 mm. Individual wall layers measure as follows: mucosa 0.93 mm, submucosa 0.55 mm, and muscularis propria 1.04 mm. The muscularis-to-mucosa ratio is approximately 1.12.

The ileal wall measures 2.56 mm. Individual wall layers measure as follows: mucosa 0.59 mm, submucosa 0.82 mm, and muscularis propria 1.19 mm. The muscularis-to-mucosa ratio is approximately 2.02.

The ileocecocolic junction measures 3.41 mm in thickness, with the muscularis propria measuring approximately 1.25 mm.

Intestinal wall layering is preserved throughout the examined gastrointestinal tract.

No sonographic evidence of gastrointestinal obstruction, focal mural lesions, ileus, or foreign material is identified.

The colonic wall measures 0.72–1.13 mm and contains small amounts of formed fecal material.

Pancreas

The pancreas measures approximately 6.26 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures 1.06 mm in diameter. No peripancreatic hyperechoic mesentery, peripancreatic fluid accumulation, or focal pancreatic lesions are identified.

Free Abdomen

No abdominal effusion or sonographic evidence of peritonitis is identified.

Cranial mesenteric and ileocecocolic lymph nodes measure approximately 2.14–2.34 mm in thickness and maintain normal size, shape, and echogenicity.

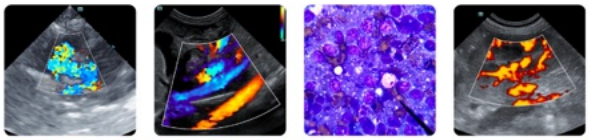
The iliac trifurcation region appears normal.

PRIMARY FINDINGS

- Marked muscularis propria thickening affecting the small intestine, most pronounced within the ileum.

SECONDARY FINDINGS

- Mild pancreatic duct dilation (1.06 mm).
- Small amount of biliary sludge.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse muscularis propria thickening affecting the small intestine, particularly the ileum, with preservation of normal wall layering and normal regional lymph nodes. The muscularis-to-mucosa ratio is increased within both the jejunum (approximately 1.12) and ileum (approximately 2.02).

These findings are compatible with chronic enteropathy and may be seen with inflammatory bowel disease, small cell lymphoma, or other chronic inflammatory intestinal disorders. Considerable ultrasonographic overlap exists among these entities, and definitive differentiation is not possible based on imaging findings alone.

Pancreatic thickness measures approximately 6.26 mm. Mild pancreatic duct dilation is present without sonographic evidence of acute pancreatitis. Mild dilation of the pancreatic duct is commonly reported in older cats and may occur in the absence of clinically significant pancreatic disease. However, given the history of vomiting and concurrent chronic enteropathic changes, mild chronic pancreatopathy cannot be completely excluded.

A small amount of biliary sludge is present without evidence of biliary obstruction.

No sonographic evidence of gastrointestinal obstruction, focal gastrointestinal mass, abdominal lymphadenopathy, or other findings strongly supportive of aggressive alimentary neoplasia are identified.

Recommendations

- Correlation with serum cobalamin, folate, feline pancreatic lipase immunoreactivity (fPLI), and gastrointestinal laboratory testing may be considered.
- Medical and dietary management for chronic enteropathy may be considered at the discretion of the attending veterinarian.
- If clinical signs persist or progress despite appropriate therapy, intestinal biopsy may be considered for definitive differentiation among inflammatory bowel disease, food-responsive enteropathy, and small cell lymphoma.
- Follow-up abdominal ultrasonography may be considered to monitor progression of the intestinal and pancreatic findings.

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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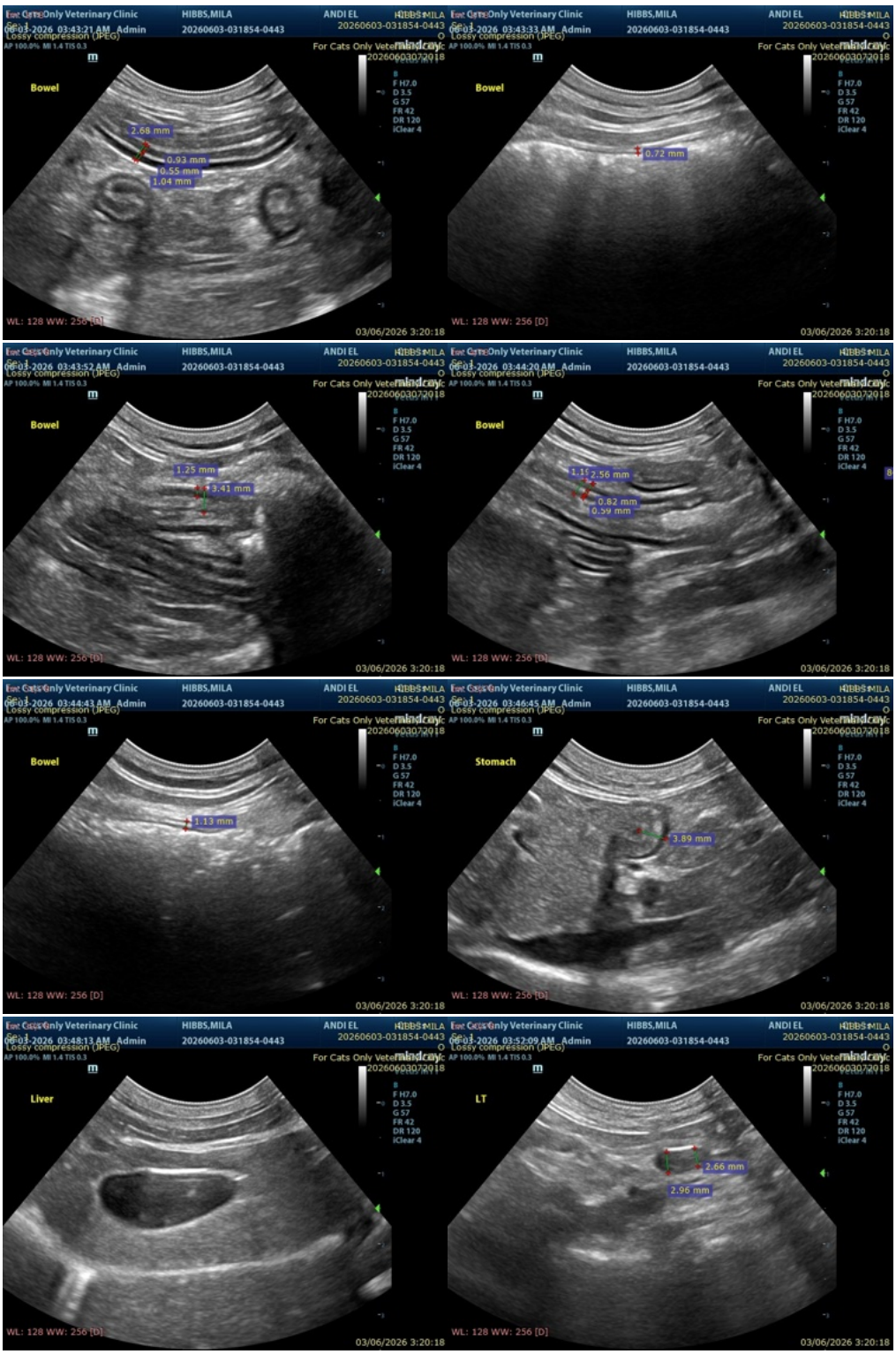
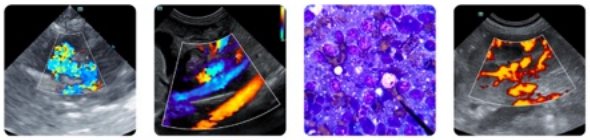


The information and recommendations provided are based on the images presented by the



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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