



## PATIENT

Toby Geonnettii

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

4yr

## WEIGHT

14.8lb

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Jones

## HOSPITAL NAME

Northwind Animal  
Hospital

## REFERRING VET

Jones

## INVOICE

24747

## DATE

05/07/2026

## PRESENTING CLINICAL SIGNS

History: Intermittent loose stool but otherwise normal PE and clinical signs at home. Precautionary u/s to rule out possible IBD vs other. P was not fasted unfortunately.

Abnormal PE/Chem/CBC/UA Results: WNL

## 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 turbid with suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.91×2.43 cm, and the thickness of the cortex is 0.41 cm in the sagittal plane.

The right kidney is normal in shape and size: 4.27×2.34 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane.

Both kidneys: The renal cortices are isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.34 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland was not confidently visualized.

### *Spleen*

Splenic thickness is 0.80 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.

### *Gallbladder*

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 moderately distended with ingesta. Gastric mural thickness measures 1.64 mm, with preserved wall layering.

The duodenum measures 1.81 mm in wall thickness, with preserved layering.

The jejunum measures 2.35 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 1.49 mm, 0.56 mm, and 0.42 mm, respectively. Wall layering is preserved, and the muscularis-to-mucosa ratio is approximately 0.28, which is within normal limits for a cat.

The ileum measures 1.82 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.31 mm, 0.94 mm, and 0.25 mm, respectively. Wall layering is preserved. The ileocecal junction was not confidently visualized. No evidence of gastrointestinal obstruction, focal mural mass lesion, mechanical ileus, or foreign material is identified.

The colon measures 0.70 mm in wall thickness and contains a small amount of formed fecal material within the descending segment.

## *Pancreas*

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

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## *Free Abdomen*

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

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## PRIMARY FINDINGS

- Mild diffuse urinary sediment/debris.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clinically significant ultrasonographic abnormalities are identified within the gastrointestinal tract at this time. Intestinal wall thicknesses are within normal limits for a cat, mural layering is preserved throughout the evaluated bowel segments, and the muscularis-to-mucosa ratio within the jejunum is within normal limits, without ultrasonographic features supportive of muscularis-predominant inflammatory bowel disease or small-cell alimentary lymphoma.

No focal intestinal mass lesion, mechanical obstruction, regional inflammatory change, or abdominal lymphadenopathy is identified.

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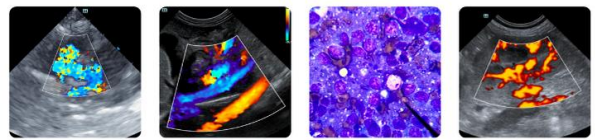
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Importantly, the patient was not fasted prior to the examination, and the presence of luminal ingesta may mildly limit evaluation of portions of the gastrointestinal tract and introduce minor variability in mural measurements. Additionally, mild or early chronic enteropathy in cats may occasionally occur in the absence of ultrasonographic abnormalities. However, there is currently no sonographic evidence of clinically significant infiltrative, inflammatory, or obstructive gastrointestinal disease.



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Mild urinary sediment/debris is nonspecific and may represent physiologic cellular or mineral material within concentrated urine.

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Recommendations

- At this stage, conservative clinical monitoring and correlation with response to dietary management would be reasonable given the mild intermittent nature of the clinical signs and the largely unremarkable ultrasonographic findings.
- If loose stool persists or progresses, consideration could be given to fecal testing, serum cobalamin/folate evaluation, and gastrointestinal diet trial as clinically appropriate.
- Repeat abdominal ultrasound may be considered in the future if clinical signs worsen, particularly if weight loss, vomiting, hyporexia, or progressive gastrointestinal signs develop.

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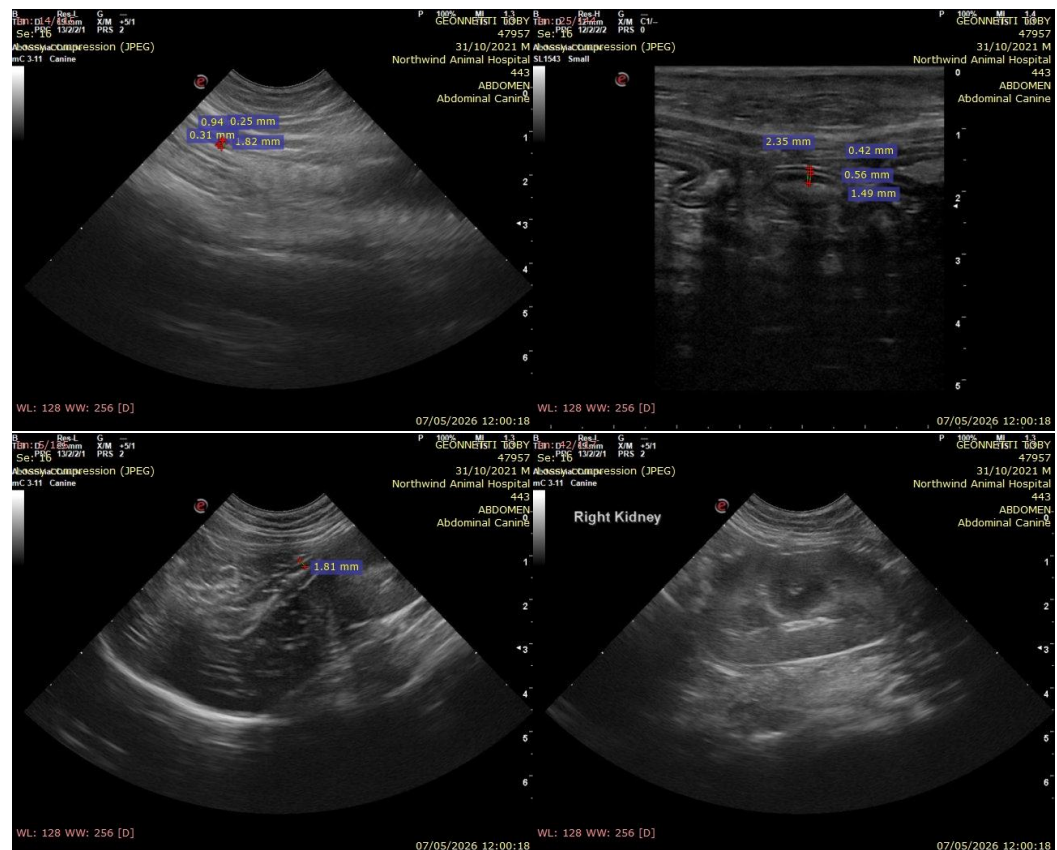
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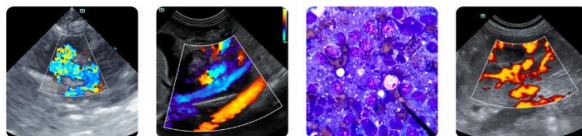
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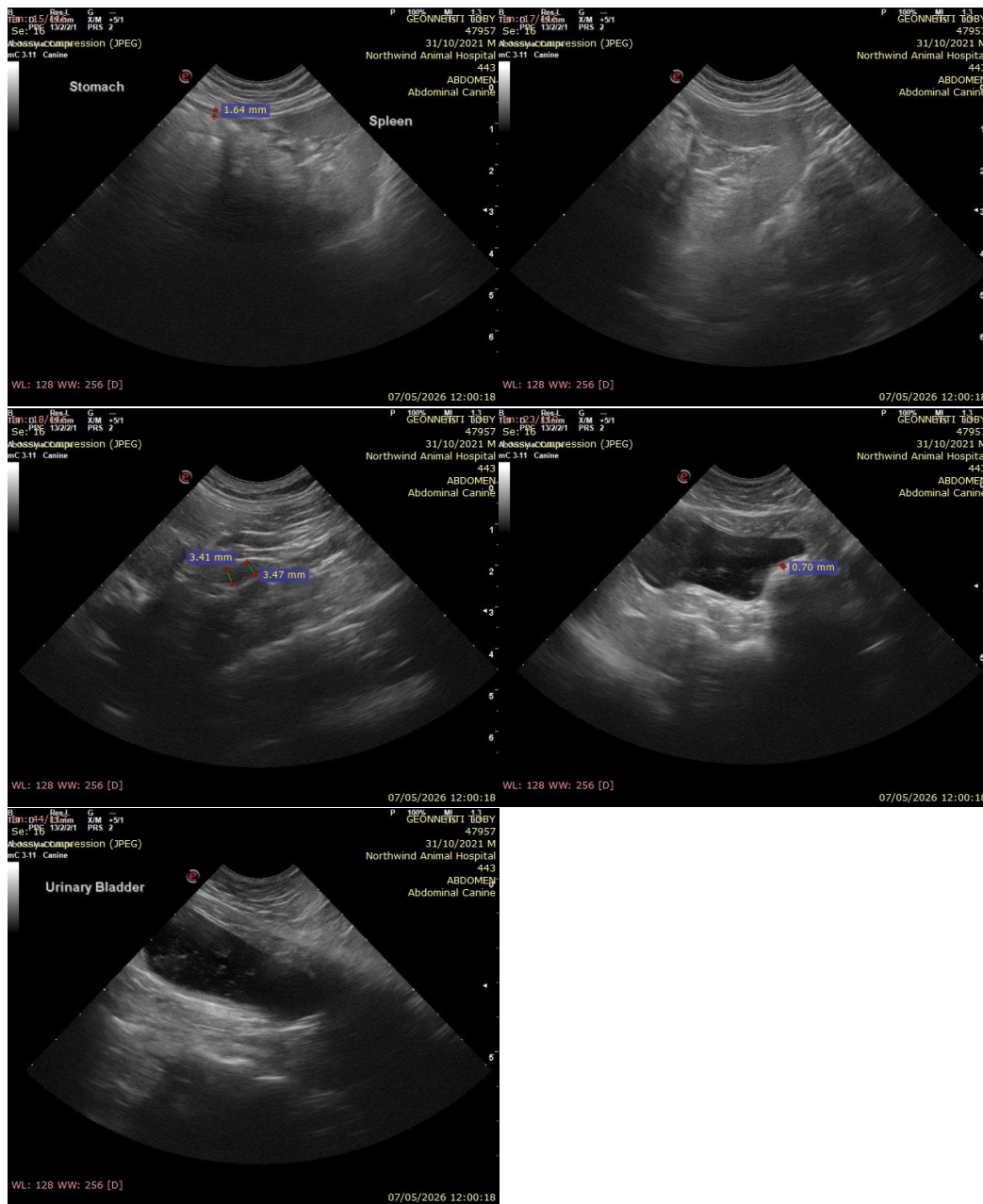
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)