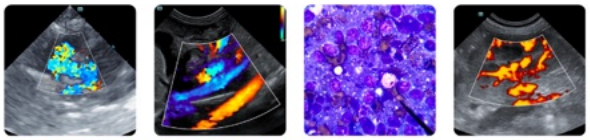


PATIENT

Wilhemina Dupont

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 months

WEIGHT

7.69 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Dingle

INVOICE

70335

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Presented today for vomiting frequently. Vomiting every 2-3 hours, dry heaving when her stomach is empty. Vomiting bile- no food if any very small amount. Hasn't fed her today because of this.
- Two new kittens in the home for about a week.
- E/D- holding off on food, drinking a little bit from what they can tell.
- U/D- normal. D/C/S- loose stool in the litter box, unsure if its her. no C/S
- Diet: blue buffalo 3oz cans 2xday - occasional dry food
- Indoor only (all housemates indoor)
- Gastroenterology: No pain on abdominal palpation. Abdomen feels full. Oral: MM light pink, CRT =3 radiographs CONCLUSIONS: • The rounded margins to the liver could potentially be a normal variation though differentials include hepatopathy/hepatitis, cyst, less likely neoplasia. • Otherwise unremarkable abdomen, no evidence of GI foreign bodies or obstruction. CBC - Platelets 34 151 - 600 K/µL - very slow draw

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is predominantly anechoic with a small amount of suspended echogenic debris. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring approximately 3.18×2.20 cm. Cortical thickness is approximately 0.37 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

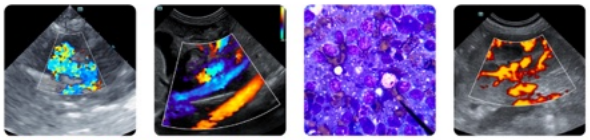
Right kidney: Normal in shape and size, measuring approximately 3.13×2.23 cm. Cortical thickness is approximately 0.39 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland is partially visualized and measures approximately 0.40 cm. The right adrenal gland is not adequately visualized.

Spleen

Ultrasound clips of the spleen were not provided for evaluation.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is moderately distended. The gallbladder wall is thin, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

Stomach: Empty and folded, with normal mural thickness (approximately 2.05 mm) and preserved wall layering. Pylorus: Wall thickness approximately 2.11 mm.

Duodenum: Wall thickness approximately 1.24 mm, with preserved layering.

Jejunum: Wall thickness approximately 2.20 mm. Mucosa: approximately 0.72 mm, Submucosa: approximately 0.52 mm, Muscularis propria: approximately 0.23 mm

Ileum: Wall thickness approximately 1.68–1.71 mm, with preserved wall layering.

The ileocecal junction/cecum appears mildly thickened (approximately 2.15 mm) and hypoechoic, with small amounts of luminal fluid noted in some segments. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified.

Colon: Transverse colon wall thickness approximately 0.68 mm, with scant content. Descending colon wall thickness approximately 0.75 mm, largely empty.

Pancreas

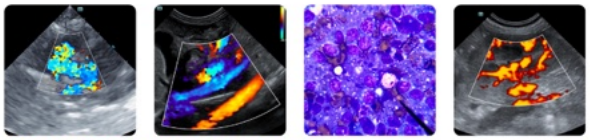
The pancreatic regions evaluated do not show ultrasonographic evidence of pancreatitis or focal pancreatic abnormalities.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed.

Cranial mesenteric lymph nodes measure approximately 0.51–0.68 cm in thickness, with normal shape and hypoechoic appearance. An additional adjacent lymph node measures approximately 1.10×0.53 cm, rounded and hypoechoic, with a visibly normal hilar region.

The ileocecal lymph node measures approximately 0.69×1.23 cm, hypoechoic with mild perinodal hyperechogenicity.
The iliac trifurcation has a normal appearance.



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ULTRASONOGRAPHIC FINDINGS

- Mild thickening and hypoechogenicity of the ileocecal junction/cecum.
- Mild enlargement of regional lymph nodes (cranial mesenteric and ileocecal), with preserved architecture and reactive features.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most notable gastrointestinal finding is mild thickening and hypoechogenicity of the ileocecal junction/cecum, accompanied by small amounts of intestinal luminal fluid. This appearance is most consistent with localized inflammatory change. In young cats, mild ileocecal wall thickening with reactive mesenteric lymphadenopathy is most commonly associated with acute infectious or parasitic enteropathy. In the context of this patient's young age, acute clinical presentation, and recent introduction of new kittens into the household, the findings are most consistent with an acute inflammatory gastrointestinal process, with an infectious etiology considered a relevant differential. Dietary intolerance or stress-related gastrointestinal upset cannot be ruled out.

Mild enlargement of regional lymph nodes, including the cranial mesenteric and ileocecal lymph nodes, with preserved shape and visible hilar architecture, further supports an inflammatory process. Mild perinodal hyperechogenicity is compatible with local inflammation.

The mildly turbid appearance of the urine may reflect relative dehydration and urine concentration, particularly given the history of frequent vomiting and decreased intake.

Recommendations

- Supportive medical management for acute gastrointestinal disease.
- Fecal diagnostics and parasite evaluation (including consideration of protozoal testing) are also recommended.
- Further diagnostic testing may be considered if clinical signs persist, worsen, or fail to respond to appropriate supportive care.
- Dietary management, such as temporary feeding of a bland or easily digestible diet, is advised during recovery.
- Close clinical monitoring is recommended. Repeat imaging would be indicated if clinical signs persist, worsen, or new abnormalities develop.

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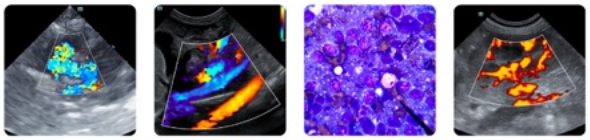

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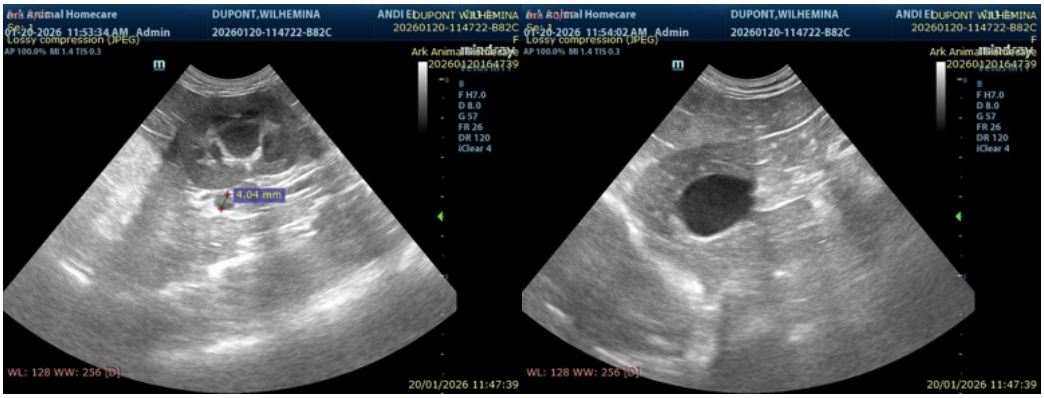

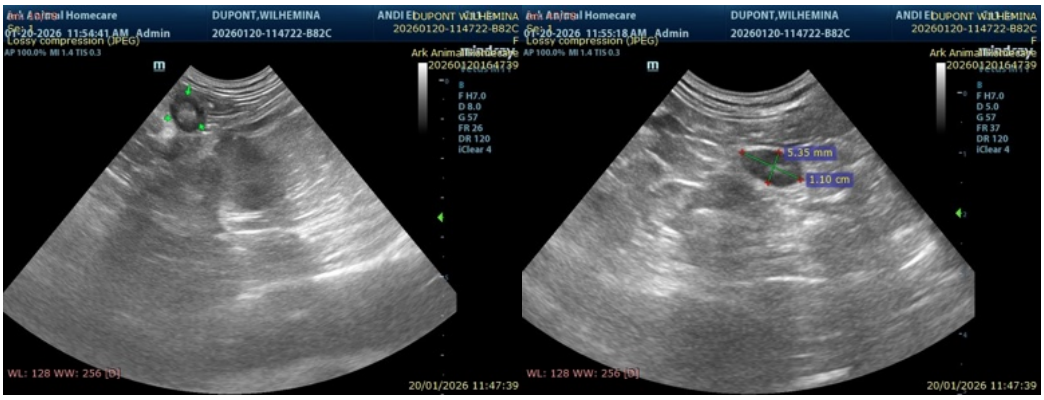

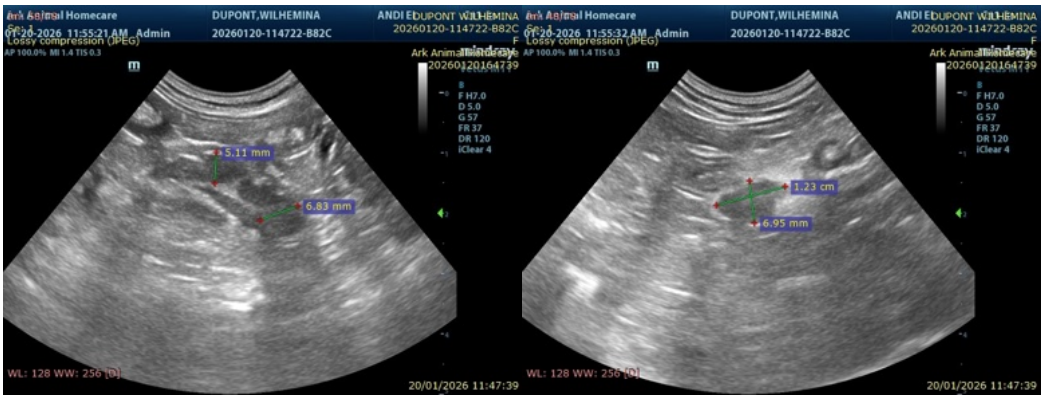

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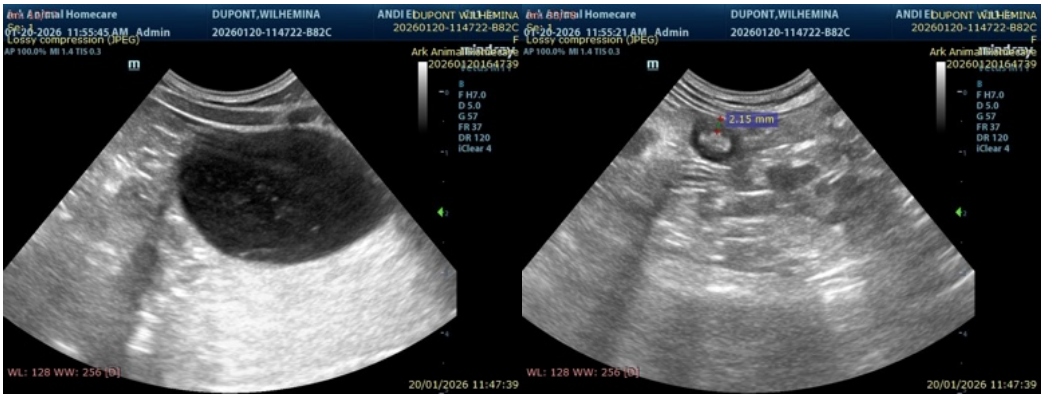

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com