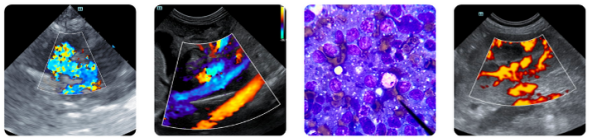


PATIENT

Jynx Yochum

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

12 years

WEIGHT

11.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Sova

INVOICE

71023

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Over the weekend; started feeling unwell; vomited hairball but lethargy continued into the next day - has been vomiting bile for a few days. very lethargic past 24 hours. has gastro issues in November, Denamarin and gastro biome stew seemed to help resolve.
- Mineral opacity still present on radiographs in stomach/liver region
- Sensitive abdominal palpation Serum icteric, Skin not showing jaundice recent BW pending, Did have ALT 964 then dropped 145 U/L in nov

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine contains abundant suspended echogenic material, resulting in a turbid appearance; this material does not appear mineralized. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.17×2.27 cm, with a cortical thickness of 0.31 cm measured in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.93×2.41 cm. Cortical thickness is not provided in the original report.

In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. A very mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

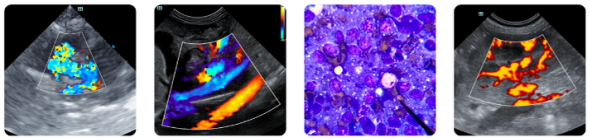
Both adrenal glands are visualized and are normal in shape and echogenicity.
The left adrenal gland measures 0.24 cm at the cranial pole and 0.22 cm at the caudal pole.
The right adrenal gland measures 0.28 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 0.88 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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



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The gallbladder lumen is normally to moderatelly distended. The gallbladder wall measures 1.14 mm and appears hyperechoic. The gallbladder demonstrates predominantly anechoic content, with a trace amount of echogenic sediment layering within the fundus. The common bile duct measures 2.14 mm in diameter in its proximal portion and is not visualized distally.

Gastrointestinal

The stomach is empty and folded. Gastric mural thickness measures 1.41 mm at the fundus and up to 2.23 mm at the body, with preserved wall layering. The pylorus measures 3.65 mm.

Duodenal wall thickness measures 1.80 mm. Jejunal wall thickness measures 2.24 mm, with the following layer measurements: mucosa 1.12 mm, submucosa 0.53 mm, muscularis propria 0.38 mm. Ileal wall thickness ranges from 1.55–1.82 mm, with the following layer measurements: mucosa 0.51 mm, submucosa 0.53 mm, muscularis propria 0.36 mm. Wall layering is preserved throughout the evaluated intestinal segments.

The ileocecal junction is not visualized. No ultrasonographic evidence of intestinal inflammation, obstructive pattern, or foreign material is identified.

The ascending colon wall thickness measures 0.64 mm, and the transverse colon wall thickness measures 0.76 mm. Both segments contain hard, dehydrated fecal material and/or hair, generating intense distal acoustic shadowing. The last segment of the descending colon presents less fecal material, wall thickness measures 0.84 mm.

Pancreas

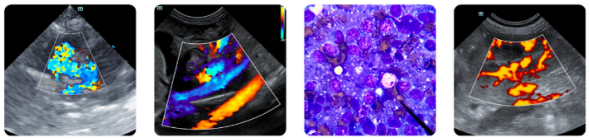
The evaluated pancreatic regions show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric and ileocecal lymph nodes are not visualized. A pancreaticoduodenal lymph node measures 3.59×5.65 mm and is normal in shape and echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Turbid urine with abundant non-mineralized suspended echoes.
- Mildly thickened and hyperechoic gallbladder wall, with a trace amount of echogenic sediment layering within the fundus.
- Very mild medullary rim sign in both kidneys.
- Dehydrated fecal material and/or hair within the colon causing acoustic shadowing.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal tract evaluation demonstrates preserved wall thickness and layering throughout, with no evidence of obstructive pattern, mass effect, or foreign material. Colonic contents are consistent with dehydrated feces and/or hair accumulation, which may contribute to gastrointestinal discomfort but do not explain the severity of systemic signs.

Despite the absence of significant structural abnormalities on ultrasound, the combination of abdominal pain, serum icterus without overt tissue jaundice, and a history of marked but reversible ALT elevation is suggestive of a hepatocellular or hepatobiliary process that may be functional, inflammatory, or early in its course. Such conditions may precede detectable ultrasonographic changes, and imaging findings should be interpreted in conjunction with evolving clinicopathologic data.

Mild gallbladder wall thickening with hyperechogenicity and a small amount of dependent echogenic sediment is identified. In the absence of biliary duct dilation or other signs of obstruction, these findings are considered nonspecific and may reflect reactive or early hepatobiliary change rather than primary gallbladder disease. No ultrasonographic evidence of extrahepatic biliary obstruction is identified. Therefore, if hyperbilirubinemia is present, a hepatic origin is considered most likely rather than posthepatic.

The absence of marked ultrasonographic pancreatic abnormalities does not exclude pancreatitis, particularly in cats, where pancreatic disease may be subtle or coexist with hepatobiliary disorders such as cholangitis.

Renal findings, including a very mild medullary rim sign, are considered nonspecific and of uncertain clinical significance.

In the absence of bladder wall thickening, uroliths, or focal mural lesions, the turbid urine is considered nonspecific and may be related to urine concentration, dehydration, or benign sediment. Clinical correlation with urinalysis is recommended.

Recommendations

- Correlate ultrasonographic findings with pending laboratory results, particularly bilirubin fractions, liver enzyme activities, and markers of hepatocellular injury, recognizing that early hepatobiliary disease may not be apparent on ultrasound.
- Measurement of feline pancreatic lipase immunoreactivity could be considered if clinically indicated.
- Monitor hydration status and urinary findings, with urinalysis correlation recommended to further characterize the turbid urine.

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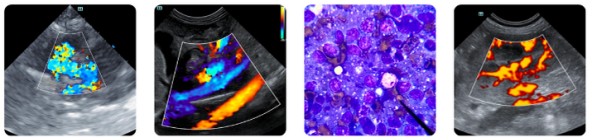

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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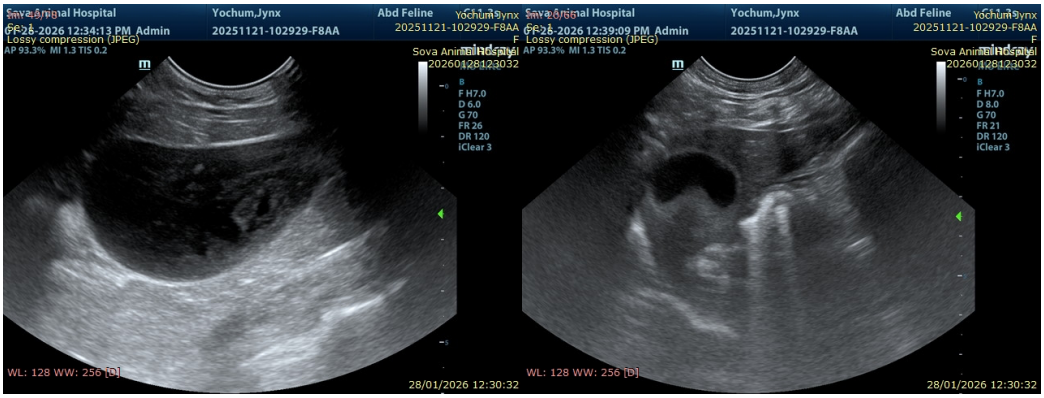

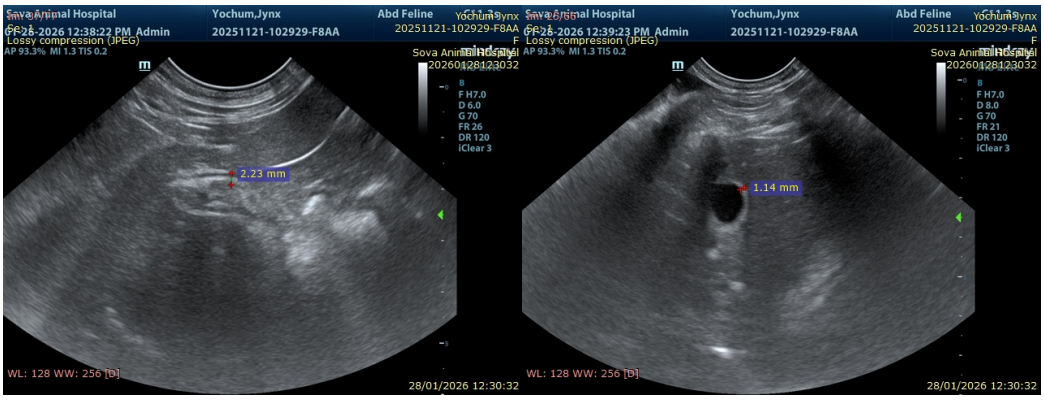

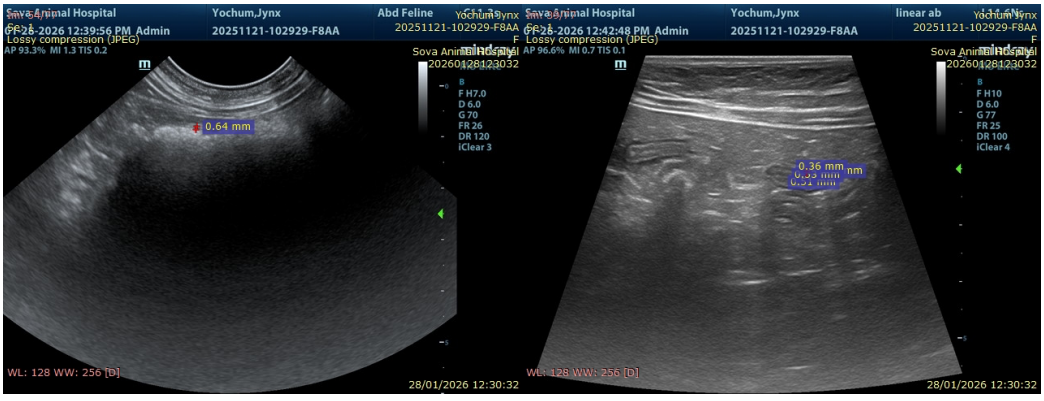

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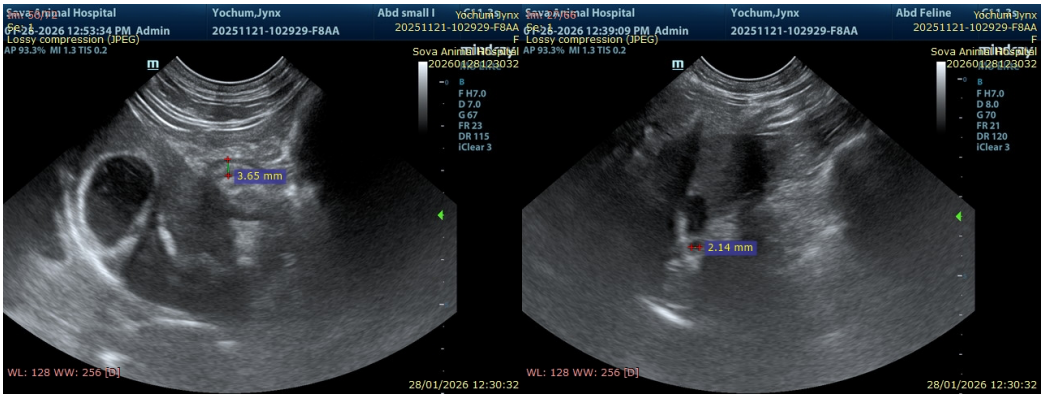

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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