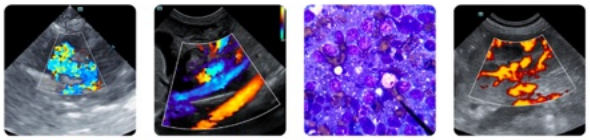


PATIENT

Perkins Tolson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Rachel Dunn, DVM

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Bunn

INVOICE

71037

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Vomiting (pink tinge), diarrhea (dark, tarry), and decreased appetite for 1 week. Ate 4 Churu sticks with meds this morning @9:15, ultrasound taken at 2PM.
- Famotidine 5mg BID beginning yesterday and Maropitant 8mg SID beginning yesterday
- Heart murmur Grade 3/6 Crumpled pinna AS CBC/Chem17/Lytes & UA WNL yesterday; USG >1.050 Radiographs yesterday show mild gas in SI, large amount of gas in colon, no plication, obstruction, or foreign material apparent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine contains multiple suspended echogenic particles, resulting in a turbid appearance. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.78×2.63 cm, with a cortical thickness of 0.42 cm measured in the sagittal plane. The right kidney is normal in shape and size, measuring 4.12×2.45 cm, with a cortical thickness of 0.40 cm measured in the sagittal plane. In both kidneys, the renal cortex is mildly increased in echogenicity. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.28 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.28 cm at the caudal pole.

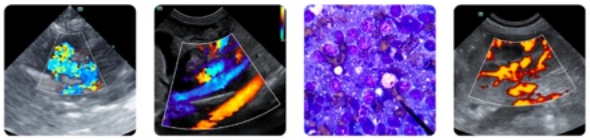
Spleen

Splenic thickness is 0.90 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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.

The gallbladder lumen is normally distended. The gallbladder wall is thin. A small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, containing gas. Gastric mural thickness measures 1.93 mm, with preserved wall layering. The pylorus measures 2.52 mm. The pylorus measures 2.52 mm. A small to moderate amount of partially digested ingesta is present within the gastric body and proximal to the pyloric region.

Duodenal wall thickness measures 1.28 mm. Jejunal wall thickness measures 1.99 mm, with layer measurements as follows: mucosa 0.58 mm, submucosa 0.72 mm, muscularis propria 0.71 mm. Ileal wall thickness measures 2.20 mm, with layer measurements as follows: mucosa 0.82 mm, submucosa 0.57 mm, muscularis propria 0.56 mm. The ileocecal junction measures 3.22 mm, with muscularis thickness of 1.06 mm.

Wall layering is preserved throughout all evaluated intestinal segments. There is a large amount of gas and some fluid within the intestinal lumen, and peristalsis appears subjectively increased. No ultrasonographic evidence of obstruction, mass lesions, or foreign material is identified.

The ascending colon wall thickness measures 1.06 mm and appears relatively empty. The descending colon wall measures 0.91 mm and contains scant soft fecal material.

Pancreas

The pancreas measures 6.10 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.87 mm. No ultrasonographic evidence of active pancreatitis or peripancreatic fat inflammation is identified.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Turbid urinary bladder contents consistent with sediment.
- Increased intestinal gas and fluid with subjectively increased peristalsis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract demonstrates preserved wall thickness and layering throughout, with increased luminal gas and fluid and subjectively increased peristalsis, findings that are most consistent with functional or inflammatory gastrointestinal disease, such as acute gastroenteritis. No ultrasonographic evidence of gastrointestinal obstruction, mass lesions, foreign material, or infiltrative

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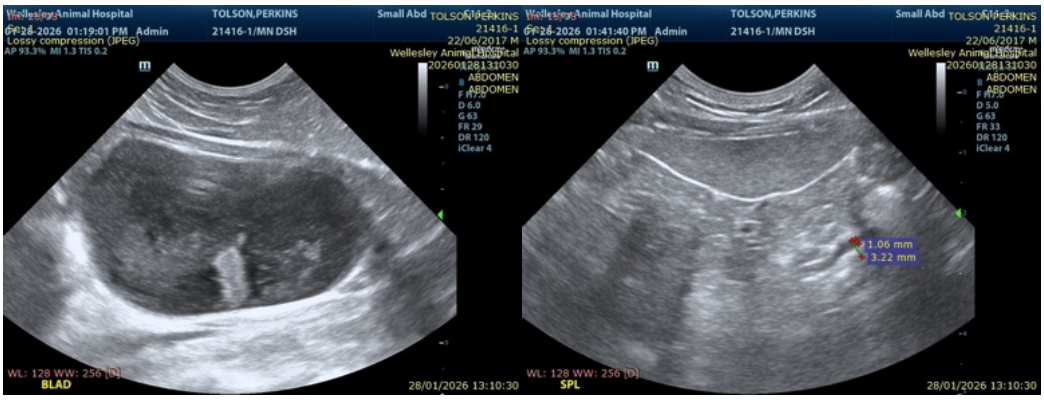
disease is identified. The absence of intestinal wall stratification loss or focal thickening makes a primary neoplastic process unlikely based on imaging.

Mild renal cortical hyperechogenicity is noted bilaterally and is nonspecific; in the context of normal renal size, architecture, and previously normal laboratory results, this may represent a mild or incidental change.

The presence of turbid urine with suspended echogenic material, in the absence of bladder wall abnormalities or uroliths, is most consistent with benign urinary sediment, potentially related to urine concentration or mild dehydration.

Recommendations

- Continue medical management for suspected acute gastroenteritis, as no surgical or obstructive disease is identified on ultrasound.
- Correlate with ongoing clinical signs and fecal character, particularly given reported dark, tarry stools, recognizing that active gastrointestinal bleeding may not produce specific ultrasonographic changes.
- If melena or vomiting with blood persists, consider endoscopic evaluation, as ulcerative lesions of the stomach or proximal small intestine may go undetected on ultrasonography.
- Urinalysis correlation may be considered to further characterize the urinary sediment; however, no primary lower urinary tract disease is suspected based on imaging, and urine specific gravity (>1.050) is appropriate.



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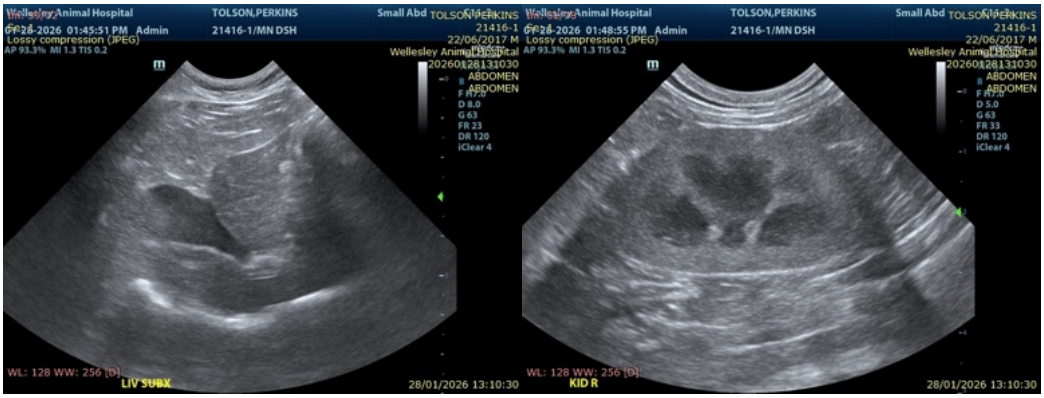

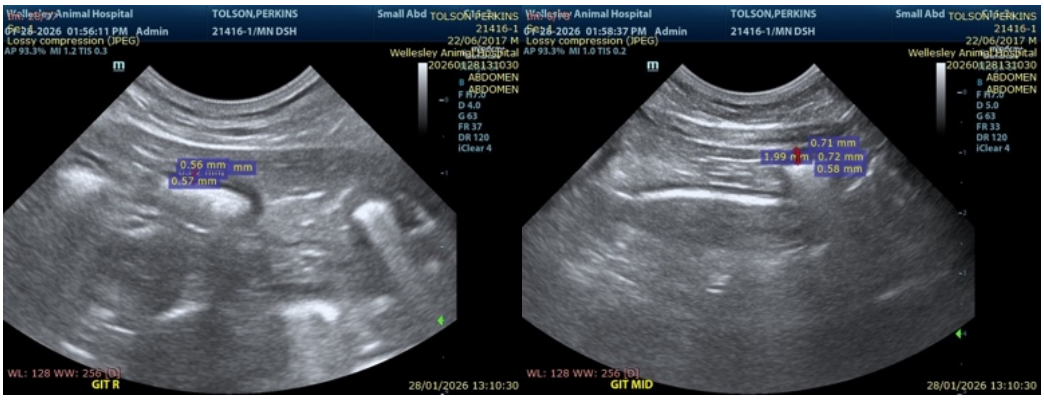

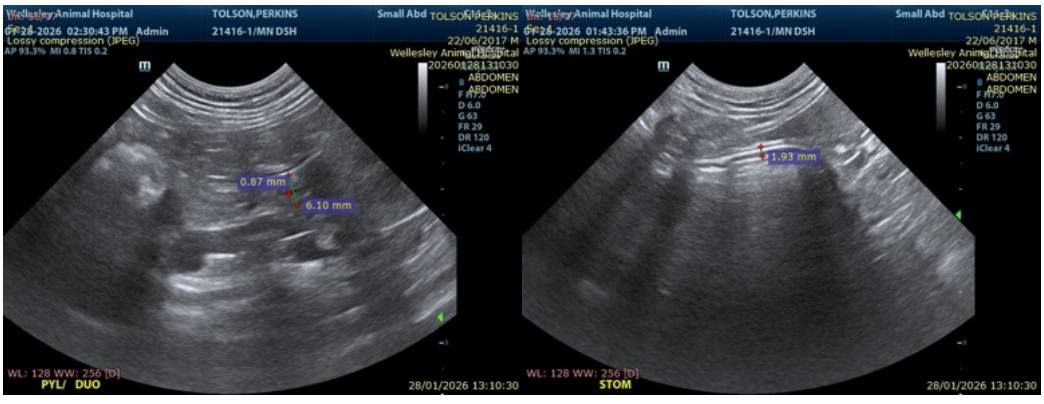

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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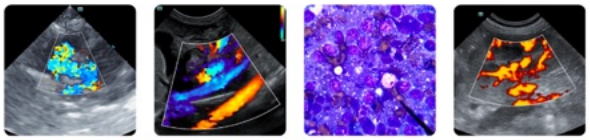

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