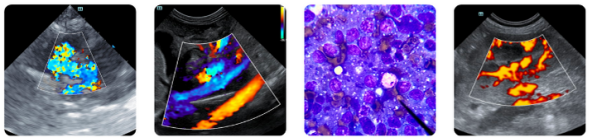


PATIENT

Bert Sanchez

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13

WEIGHT

5.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradenton Veterinary Hospital

REFERRING VET

Dr. Laurel Logas

INVOICE

11222

DATE

1/30/2026

PRESENTING CLINICAL SIGNS

- Presented 1/27/26 for not eating for 2 days. No vomiting or diarrhea. Drinking more water than usual. Bert is on 5 mg Methimazole BID for thyroid disease. His thyroid level has been well controlled.
- When I reported blood results on 1/28/26 Owners revealed that they use Angry Orange regularly for cleaning and there was a recent recall that it is contaminated with a bacteria- pseudomonas aerogenosa. We scheduled the ultrasound and I prescribed Veraflox.
- Bert dropped off for ultrasound today and owners reported that he is starting to eat much better.

Abnormal PE/Chem/CBC/UA Results: Px. Thin body condition 4/9 score 1 # wt loss since last year T 99.8, P 180 R 40 Seems tender on abdominal palpation. Chemistry: ALT 112, BUN 38, CPK 565 CBC: WBC 17.2, N 14621, L 688, monos1092, plates 517,000 UA: spgr 1.033, WBC 0-1 cysto sample.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 3.63×2.41 cm, with a cortical thickness of 0.46 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.74×1.68 cm, with a cortical thickness of 0.39 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands are not clearly visualized and are therefore not evaluable.

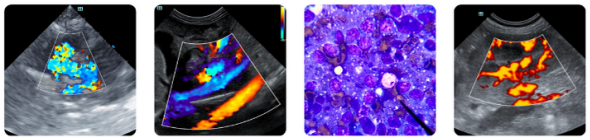
Spleen

Splenic thickness is 0.58 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. No focal parenchymal abnormalities are identified. 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 normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. The lumen is primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is distended and contains a large amount of ingesta. Gastric wall thickness measures 1.36 mm, with preserved wall layering. The pylorus and pyloroduodenal junction is not clearly visualized.

The duodenum measures 1.99 mm in wall thickness.

The jejunum measures 1.41 mm, with mural layers as follows:

- Mucosa: 0.83 mm
- Submucosa: 0.44 mm
- Muscularis propria: 0.25 mm

The ileum measures 1.48 mm, with mural layers as follows:

- Mucosa: 0.38 mm
- Submucosa: 0.41 mm
- Muscularis propria: 0.51 mm

Overall wall layering is preserved. A short ileal segment measures up to 2.50 mm in thickness. No obstructive pattern is identified. The ileocecal junction is not visualized.

The colon wall measures 0.44 mm and contains formed fecal material within the descending colon.

Pancreas

The pancreas measures 4.57–6.03 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.23 mm in diameter. No hyperechogenicity of the peripancreatic fat or other ultrasonographic signs of active pancreatitis are identified.

Free Abdomen

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Cranial mesenteric lymph nodes are identified, measuring up to 3.28 mm in thickness, with normal shape and echogenicity. Ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Gastric distension with abundant ingesta.
- Short segment of mild ileal wall thickening without obstruction.
- Mild pancreatic hypoechogenicity with mild pancreatic duct dilation.
- Mild enlargement of cranial mesenteric lymph nodes with preserved morphology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is distended with ingesta, without mural thickening or loss of wall layering, consistent with delayed gastric emptying or recent food intake. Small intestinal wall thicknesses are largely within

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expected limits, with preserved layering throughout most segments. A short ileal segment demonstrates mild focal thickening with reduced mural layer definition; however, in the absence of an obstructive pattern, diffuse mural thickening, or associated lymphadenopathy, this finding is nonspecific and may represent transient or reactive change.

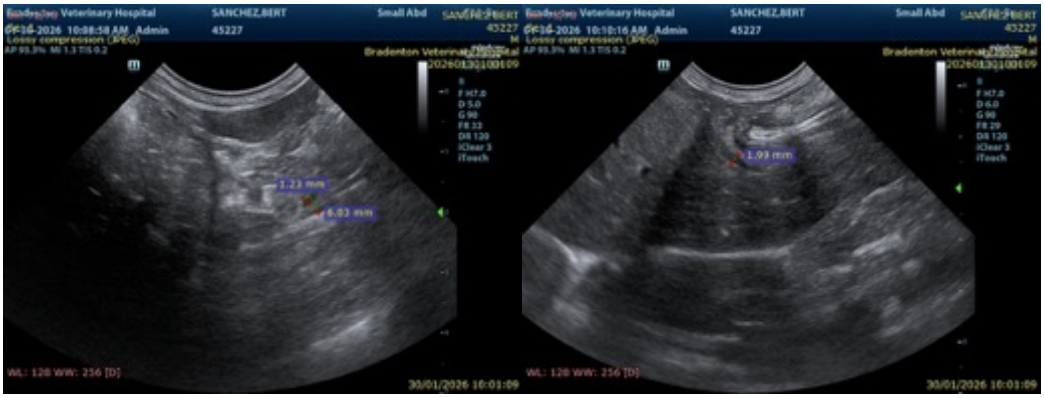
The pancreas is mildly hypoechoic with a mildly dilated pancreatic duct, without peripancreatic fat changes or focal lesions. This constellation may be seen with mild or early pancreatitis, although ultrasonographic overlap with nonspecific or incidental findings exists, particularly in cats.

Cranial mesenteric lymph nodes are mildly prominent but maintain normal size, shape and echogenicity, supporting a reactive rather than infiltrative process.

Overall, the findings are most consistent with a mild, potentially transient gastrointestinal and/or pancreatic inflammatory process, which correlates with the patient's acute clinical signs and reported clinical improvement following empiric therapy.

Recommendations

- Correlate pancreatic findings with pancreatic-specific lipase testing if not already performed, particularly if abdominal pain or hyporexia recurs.
- Continue clinical monitoring of gastrointestinal signs, recognizing that current ultrasonographic findings do not support obstructive or infiltrative intestinal disease.
- Re-evaluation abdominal ultrasound may be considered if clinical signs recur, worsen, or fail to resolve. If performed, strict fasting is strongly recommended to allow optimal visualization of the pyloroduodenal junction, pancreas, and small intestinal segments, and to minimize artifacts related to luminal content and postprandial motility, which can significantly reduce measurement reliability and overall diagnostic accuracy.



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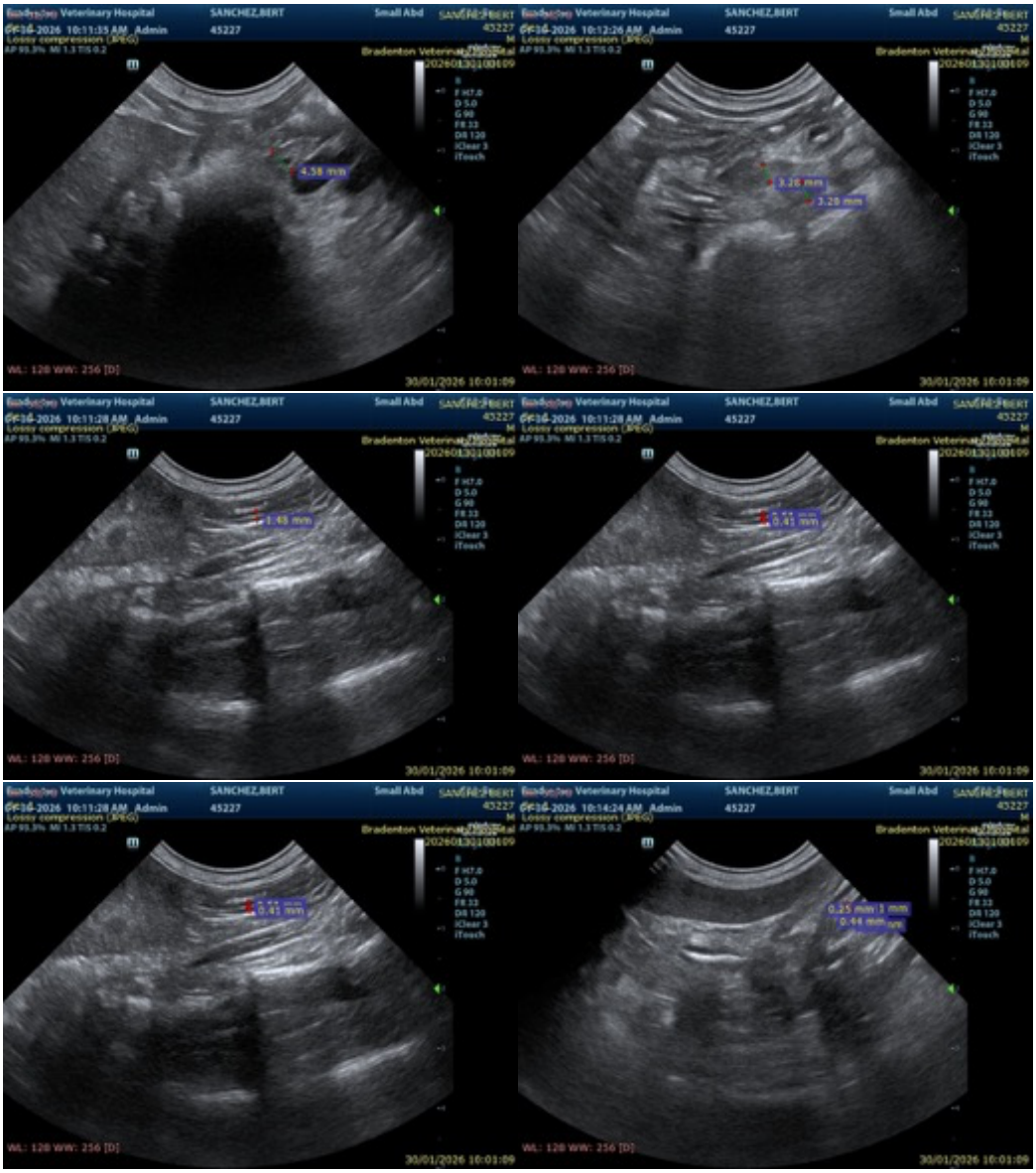

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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