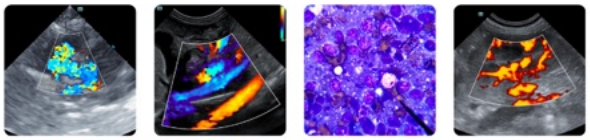


PATIENT

Sir Couch

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

10.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

Dr. Bukowski

INVOICE

69927

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: P presents for on and off vomiting. Was on hydrolyzed food, but symptoms improved on GI biome diet. Mild increase in amylase on labs, isosthenuria with normal renal values, otherwise NSF on full senior panel with TT4
Abnormal PE/Chem/CBC/UA Results: Amylase: 2744 U/L USG: 1.017 SDMA: 13 ug/dL Ceratinine 1.6 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.46×2.43 cm. Cortical thickness is 0.36 cm in the sagittal plane. The corticomedullary ratio is normal, and corticomedullary definition is preserved. Small nephrolith, with no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.72×2.14 cm. Cortical thickness is 0.37 cm in the sagittal plane. The renal cortex is isoechoic relative 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

The adrenal glands are not clearly visualized.

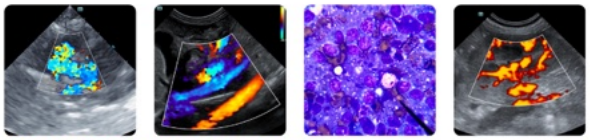
Spleen

Splenic thickness is 0.60 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without 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 appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures 2.65–3.08 mm.



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Gastrointestinal

The stomach is empty and folded, with normal mural thickness (2.02 mm) and preserved wall layering.

Pylorus: 2.50 mm. Duodenum: 2.11 mm. Jejunum: 2.12 mm. Mucosa: 1.39 mm. Submucosa: 0.51 mm. Muscularis propria: 0.27 mm. Ileum: 1.86 mm. Mucosa: 0.69 mm. Submucosa: 0.81 mm. Muscularis propria: 0.42 mm. Wall layering is preserved. The ileocecal junction measures 2.53 mm, with a muscularis thickness of 0.79 mm. No evidence of inflamation, ileus, or foreign material is identified.

Colon: Transverse colon wall thickness is 0.70 mm. Descending colon wall thickness is 0.89 mm, with formed feces present.

Pancreas

The pancreas measures 4.83–4.95 mm. The right limb, body, and left limb appear normal. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.73 mm. No evidence of active inflammation of the peripancreatic fat is observed.

Peritoneal Cavity

No abdominal effusion or peritonitis is identified. Abdominal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

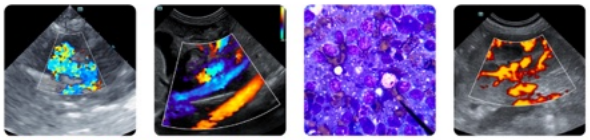
- Mild pancreatic parenchymal hypoechogenicity.
- Very small incipient nephrolith in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography is largely unremarkable. The gastrointestinal tract demonstrates normal wall thicknesses and preserved wall layering throughout the stomach, small intestine, and colon, with no evidence of focal or diffuse mural disease, obstruction, or abnormal layering. These findings make a primary structural gastrointestinal disorder, including neoplasia or moderate to severe inflammatory bowel disease, unlikely at this time.

The pancreas is normal in size and overall architecture; however, the pancreatic parenchyma appears mildly hypoechoic relative to the adjacent omental fat. No pancreatic duct dilation or peripancreatic fat inflammation is identified. In cats, mild pancreatic hypoechogenicity may be nonspecific and can be associated with mild or subclinical pancreatitis, reactive changes, or transient inflammatory processes.

Both kidneys are normal in size and corticomedullary definition. A very small, incipient nephrolith is identified within the left kidney, without associated pyelectasia, hydronephrosis, or evidence of obstruction. This finding is considered incidental at this time. The presence of isosthenuria in the



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absence of azotemia may reflect early or compensated renal dysfunction, pre-renal influences, or transient changes, and warrants clinical and laboratory monitoring.

Recommendations

- Given the limited sensitivity of ultrasonography for feline pancreatitis, feline-specific pancreatic lipase testing may be considered if there is ongoing clinical concern.
- Continue the current gastrointestinal biome diet given the clinical improvement.
- Monitor for recurrence or progression of vomiting or other gastrointestinal signs.
- Additional diagnostics (complete GI panel) if clinical signs recur or worsen.
- Periodic monitoring of renal parameters and urine specific gravity.

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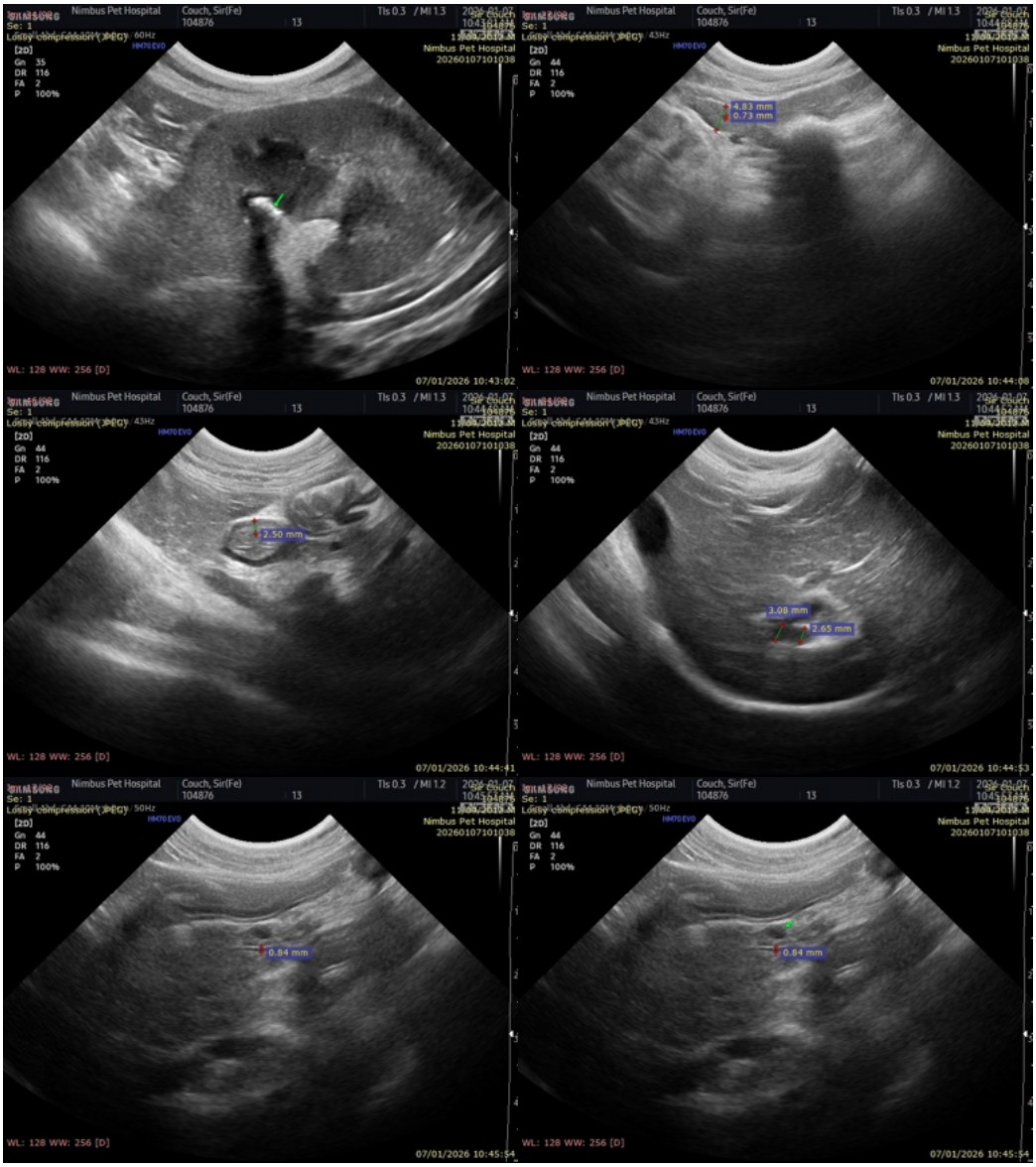

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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