



PATIENT

Cleo Remick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

4.06 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

68518

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Patient presented for recheck from constipation, mass suspected on palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 2.72x2.21 cm, and the thickness of the cortex is 0.33 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 3x1.65 cm, and the thickness of the cortex is 0.26 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

The left adrenal gland is partially visualized and measures 0.24 cm. The right adrenal gland measures 0.29 cm at the cranial pole and 0.33 cm at the caudal pole.

Spleen

Splenic thickness is 0.56 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness (1.47 mm) and preserved wall layering. The pylorus (2.60 mm). Duodenum: 1.42 mm. Jejunum: 2.03 mm. Mucosa: 0.98 mm. Submucosa: 0.81 mm. Muscularis propria: 0.23 mm. Ileum: 1.27 mm. Mucosa: 0.43 mm. Submucosa: 0.78 mm. Muscularis



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propria: 0.25 mm. Normal wall layering. The ileocecal junction: 2.19 mm. Muscularis: 0.87 mm. Mucosa: 0.66 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: ascending 0.75 mm, transverse 0.76 mm, descending 0.63 mm, with compact feces with intense acoustic shadowing in all segments.

Pancreas

Only a small portion of the left lobe was observed: 0.68 cm. The parenchyma of the pancreas is slightly hypoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 1.84 mm. No signs of active inflammation of the peripancreatic fat are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appear unremarkable, and ileocecal lymph nodes are normal (2.7 mm thick). The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Fecal impaction.
- Pancreas partially observed. It shows a slightly hypoechoic parenchyma compared to the adjacent omental fat and mild dilatation of the pancreatic duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals no evidence of mass lesions, obstruction, or infiltrative gastrointestinal disease.

The colon is distended with compact, highly echogenic fecal material producing intense acoustic shadowing, consistent with fecal impaction. Colonic mural layering and wall thickness are preserved, making inflammatory or neoplastic causes unlikely. The degree of luminal dilation cannot confirm or exclude megacolon sonographically, though the clinical history (chronic constipation, advanced age) supports a possible functional or neurogenic component to colonic hypomotility.

The pancreas appears slightly hypoechoic to the surrounding omental fat, suggesting mild chronic pancreatitis or age-related parenchymal change, without evidence of active inflammation.

Recommendations

- Radiography: Obtain abdominal radiographs (lateral and ventrodorsal views) to objectively evaluate colonic diameter and confirm or rule out megacolon. Measurements should be compared to the length of L5. Include pelvic and lumbosacral regions to assess potential degenerative or neurologic causes of hypomotility.
- Hydration, motility support, neurologic evaluation.
- Pancreatic lipase (fPLI).



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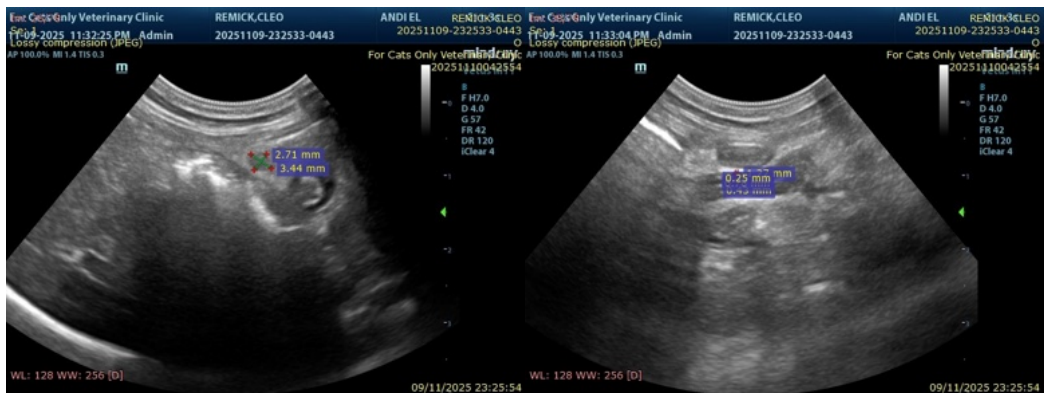
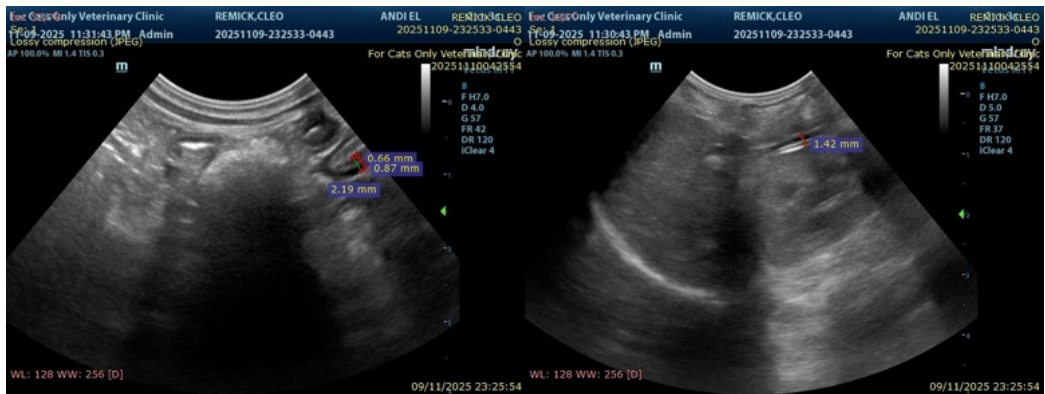
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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