



PATIENT

Keke Broderick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

10.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Arnold

INVOICE

68870

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: One week history of decreased appetite - O reports slight lethargy and significant decreased interest in food. No other notable changes in behavior at home. Physical exam revealed mild dental tartar with no other significant abnormalities. Abdominal radiographs were unremarkable; bloodwork indicated mild elevation of ALT - outpatient supportive care elected at that time - P given Cerenia, SQ fluids - sent home with Cerenia, bland diet. No improvement over 24 hours - U/S recommended as next step.

Abnormal PE/Chem/CBC/UA Results: ALT 186 (12-130)

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: 3.35 x 1.95 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.

The right kidney is normal in shape and size: 3.72 x 2.09 cm, and the thickness of the cortex is 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

Both adrenal glands show normal shape and echogenicity. The left adrenal gland is partially visualized, measuring 0.3 cm. The right adrenal gland measures 0.29 cm at the cranial pole and 0.29 cm at the caudal pole.

Spleen

Splenic thickness is 0.71 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.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.65 mm and preserved wall layering. The pylorus measures 2.97 mm. Duodenum: 1.66 mm.

Jejunum: 1.99 mm (Mucosa: 0.78 mm, Submucosa: 0.46 mm, Muscularis propria: 0.32 mm). Ileum: 1.92–1.96 mm (Mucosa: 0.69 mm, Submucosa: 0.62 mm, Muscularis propria: 0.69 mm) with normal wall layering. Several segments of small intestine are mildly dilated, containing predominantly anechoic fluid, with increased peristalsis and intermittent mild corrugation.

Colon: Transverse colon 1.7 mm, empty. Descending colon 0.89 mm, with small amounts of fecal material in the lumen.

Pancreas

Measures 5.01 mm. The right limb, body, and left limb appear normal. The pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct is not dilated. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Mild dilation of multiple small-intestinal segments with fluid pattern, increased peristalsis, and focal/mild corrugation.
- Normal intestinal wall thickness throughout, with preserved layering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal findings are nonspecific but consistent with functional enteritis, early gastrointestinal inflammation, secondary dysmotility, or reactive changes to a gastrointestinal process. No evidence of mechanical obstruction, ileus, masses, foreign material, or mesenteric lymphadenopathy is identified. The pancreas is normal in contour and echogenicity, with no duct dilation or peripancreatic changes.

The ultrasonographic findings likely represent reactive gastrointestinal inflammation with secondary hepatic enzyme elevation rather than primary hepatobiliary disease.

Recommendations

- Consider initiating appropriate analgesic therapy for suspected abdominal or colic-related discomfort as gastrointestinal distension and hypermotility is uncomfortable even in the absence of overt obstruction.



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- Supportive care.
- Fecal PCR panel or repeat fecal testing if clinically indicated.
- Consider B12/folate levels if hyporexia persists >1–2 weeks.
- Liver enzyme follow-up.

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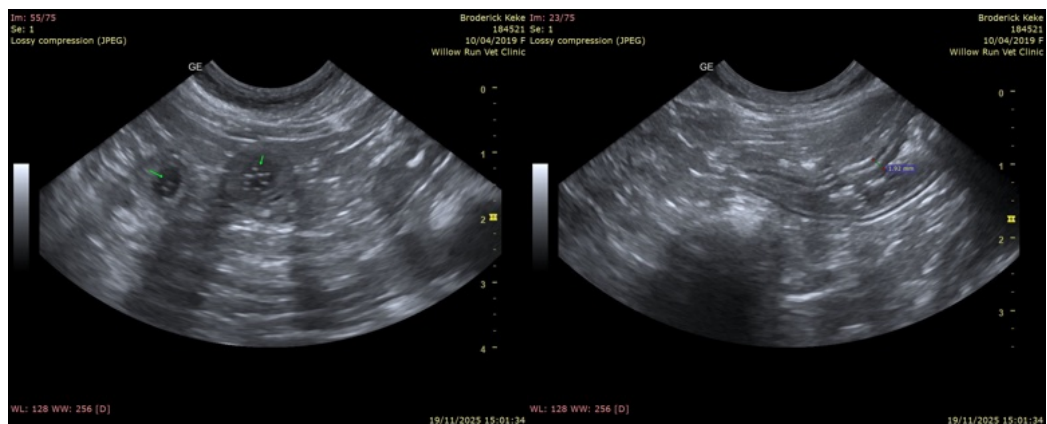
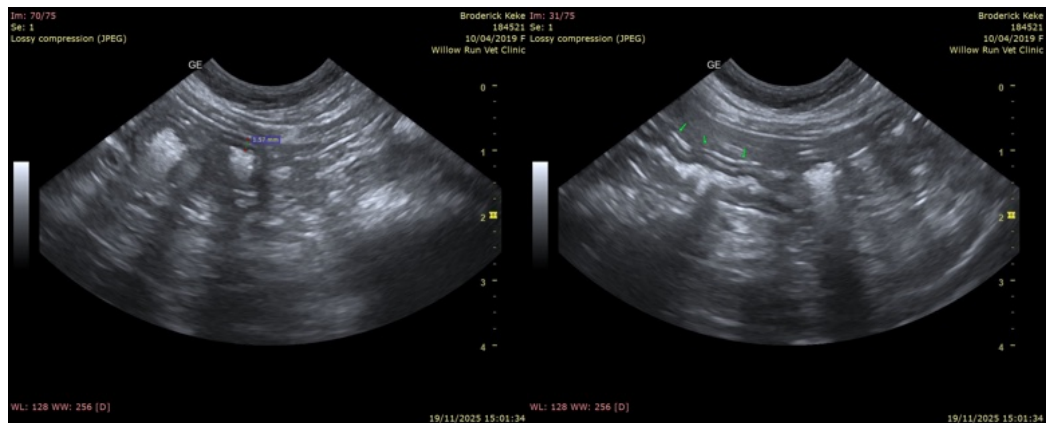
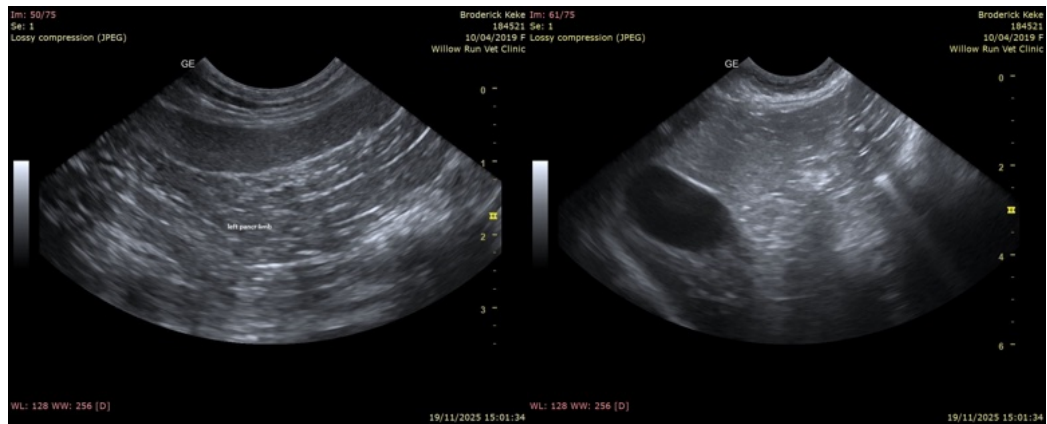
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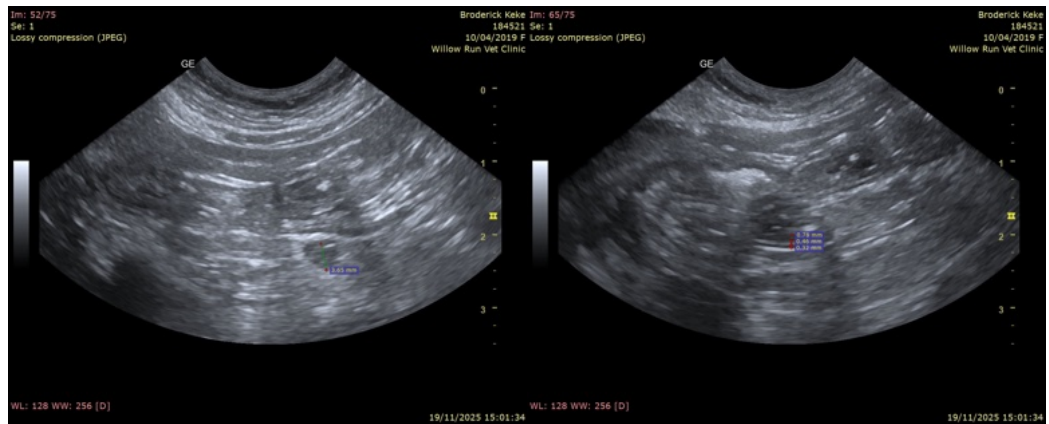
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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