



PATIENT

Neisha SCAT

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

4 years

WEIGHT

2.1 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Jaspar, RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Ernst

INVOICE

68857

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Patient came into foster care as a young kitten around 2 months of age. Seems to always has a distended abdomen. Xrays performed with NSF, fecal NSF. As kitten has gotten older the bloating has gotten better, but has not fully resolved. Patient has received deworming, enemas to help with constipation, resorlaxx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very 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: 3.36 x 1.71 cm, and the thickness of the cortex is 0.30 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: 3.46 x 1.70 cm, and the thickness of the cortex is 0.34 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 measures 0.20 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.20 cm at the cranial pole and 0.23 cm at the caudal pole.

Spleen

Splenic thickness is 0.65 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 with a very small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is distended and filled with food, with mural thickness (1.21 mm) and preserved wall layering. The pylorus (2.62 mm). Duodenum: 2.34 mm.

Jejunum: 2.31–2.52 mm – Mucosa: 1.74 mm, Submucosa: 0.46 mm, Muscularis propria: 0.20 mm. Ileum: 1.32 mm – Mucosa: 0.51 mm, Submucosa: 0.37 mm, Muscularis propria: 0.23 mm.

Normal wall layering. The ileocecal junction: 1.75 mm, muscularis 0.31 mm. No signs of obstruction, inflammation, ileus, or foreign material are identified.

Colon: 1.20 mm, with very few feces in the descending segment, the rest empty.

Pancreas

The right limb (4.86 mm) and left limb (5.35 mm) appear normal. The parenchyma of the pancreas shows no signs of active inflammation or neoplastic disease.

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

- Stomach markedly distended with food.
- All intestinal segments with normal wall layering and wall thickness within normal limits for a kitten of this age.
- No evidence of obstruction, ileus, or foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract displays normal wall thickness and layering throughout, with no evidence of obstruction or primary inflammatory disease. The stomach is markedly food distended. No free fluid, masses, or lymphadenopathy are identified. Overall, the findings suggest a functional rather than structural gastrointestinal issue, most consistent with normal variation, mild gastrointestinal motility delay, or dietary factors (dietary intolerance and or mild juvenile dysbiosis). In young kittens, this clinical presentation is most associated with functional gastrointestinal immaturity, aerophagia, dysbiosis, or episodic constipation.

Recommendations

- Optimize diet and feeding schedule (small, frequent meals; highly digestible food).
- Consider trial of probiotics.



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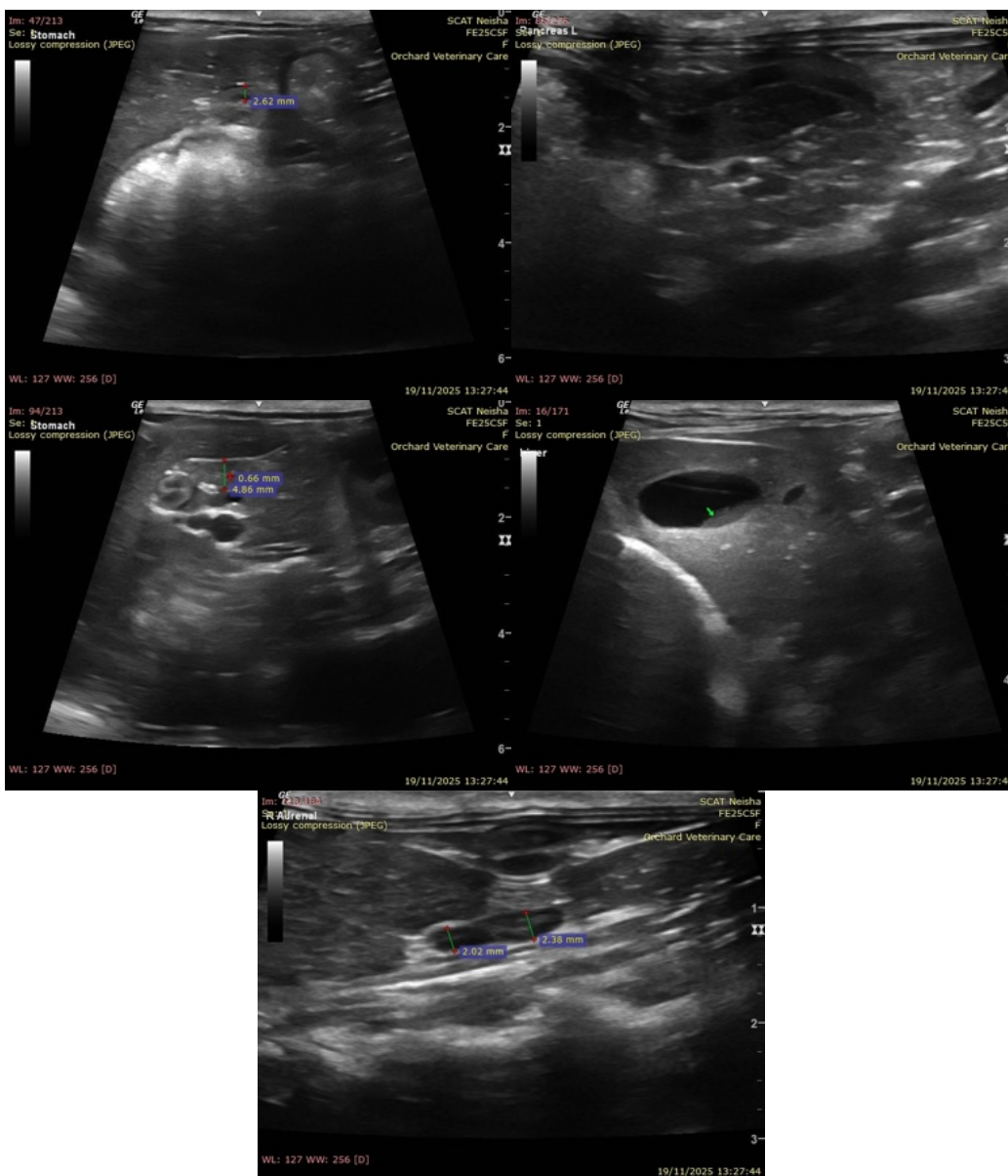
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- A repeat fecal panel is not strictly required at this time given that a comprehensive fecal screening was previously performed, unless new gastrointestinal signs develop or the prior panel did not include PCR testing.
- Recheck imaging or perform GI panel if clinical signs worsen or fail to improve.



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



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can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com

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