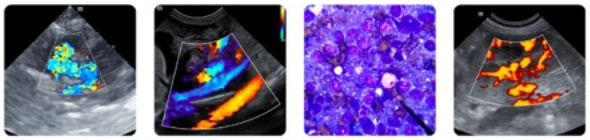


PATIENT

Sebastian Schirmer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

14 years

WEIGHT

9.42 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Logas

INVOICE

68861

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Patient is having chronic vomiting for years and soft to liquid stool twice daily for 6 months.

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: 3.47 × 2.45 cm, and the thickness of the cortex is 0.35 cm in the sagittal plane. The right kidney is normal in shape and size: 3.38 × 2.59 cm, and the thickness of the cortex is 0.30 cm in the sagittal plane. The cortex 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.24 cm at the cranial pole and 0.21 cm at the caudal pole. The right adrenal gland measures 0.49 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

Splenic thickness is 0.81 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

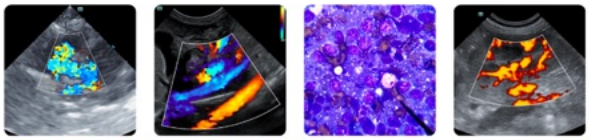
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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

Gastrointestinal

The stomach is dilated and filled with food, with mural thickness (1.54 mm) and preserved wall layering. The pylorus: 3.17 mm. Duodenum: 1.58 mm.

Jejunum: 2.31 mm — Mucosa: 1.26 mm, Submucosa: 0.69 mm, Muscularis propria: 0.33 mm.
Ileum: 1.29 mm — Mucosa: 0.37 mm, Submucosa: 0.33 mm, Muscularis propria: 0.29 mm, with normal



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wall layering. The ileocecal junction was not clearly visualized. All intestinal loops are dilated and have a liquid and gas pattern.

Colon: 0.74–0.89 mm, with formed feces in several segments.

Pancreas

The pancreas measured 5.2–6.35–7.02 mm. The right limb, body, and left limb appear normal. The parenchyma of the pancreas is isoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 1.70 mm. 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 appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked gastric dilation with food.
- Diffuse dilation of all small-intestinal loops with fluid and gas content.
- Mild small-intestinal mucosal thickening (jejunum 2.31 mm; mucosa mildly prominent).

SECONDARY FINDINGS

- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant abnormality is diffuse dilation of all small-intestinal loops with fluid and gas, accompanied by marked gastric distension with food. The intestinal wall layering is preserved and wall thickness falls within normal feline reference ranges, suggesting functional rather than mechanical ileus. This pattern is commonly associated with chronic enteropathy, dietary intolerance, gastrointestinal dysmotility, or secondary to chronic inflammation or infection.

Mild prominence of the jejunal mucosa may reflect low-grade inflammatory bowel disease, especially in the context of a long history of vomiting and chronic soft/liquid stool. However, the absence of lymphadenopathy and the preservation of layering make intestinal lymphoma less likely, though not impossible in an older cat with chronic GI signs.

The pancreas appears normal, and the bile ducts are not dilated, making obstructive biliary or pancreatic disease unlikely at this time. The other abdominal organs show no structural abnormalities.

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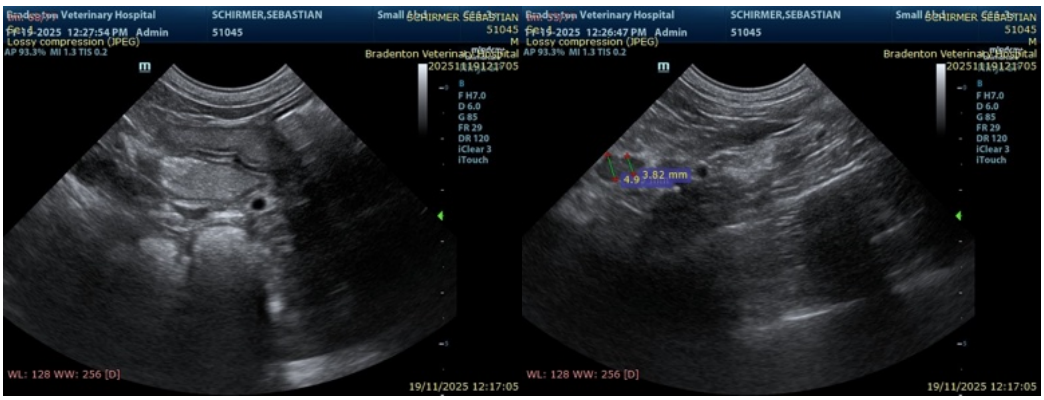
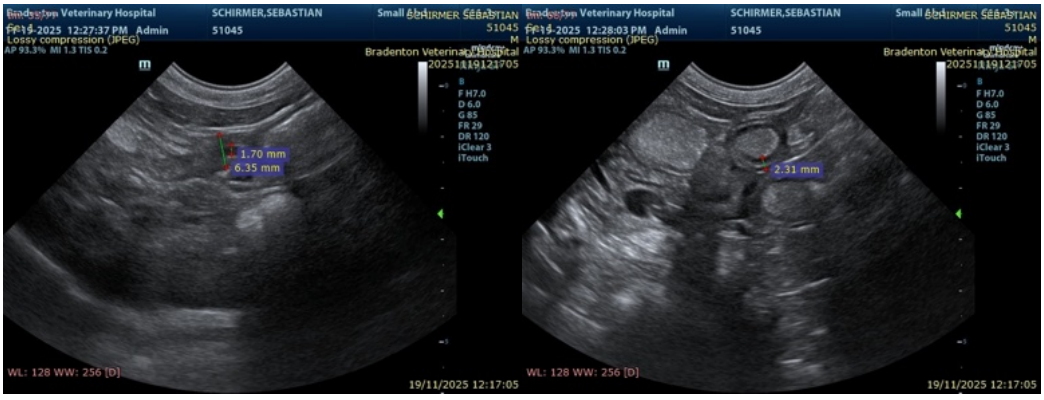
Differential diagnoses

- Chronic enteropathy / IBD.
- Functional ileus due to chronic inflammation, dysbiosis, or dietary intolerance.
- Infectious enteritis (bacterial, protozoal, or parasitic).
- Early or small-cell intestinal lymphoma.

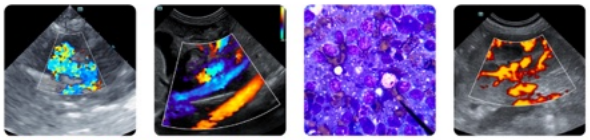
Recommendations

- Full GI panel (cobalamin, folate, fPLI, fTLI) to assess malabsorption, inflammation, exocrine pancreatic disease, or dysbiosis.
- Fecal PCR or repeat fecal testing if not recently performed, to rule out infectious enteropathies.
- Strict dietary trial.
- Cobalamin supplementation, as chronic GI disease is frequently associated with low B12 even before laboratory detection.
- If clinical signs persist, consider intestinal biopsies.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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