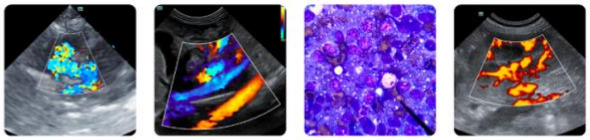


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Jynx Yochum

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

11.2 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Victoria Dodson

INVOICE

12405

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Frequent intermittent vomiting. AXR 11/20 showed mineral opacity in stomach. Still eating, no BM in at least 24hrs, firm stool in colon.

Abnormal PE/Chem/CBC/UA Results: Labs: AST 540 (H), ALT 964 (H), ALP 314 (H), tBili 0.7 (H), glucose 197 (h), chol 238 (H), PSL 32 (H), otherwise nsf on CBC, T4.

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: 3.86x2.57 cm, and the thickness of the cortex is 0.40 cm, in the sagittal plane.

The right kidney is normal in shape and size: 3.87x2.22 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane.

The cortex has normal echogenicity. The corticomedullary ratio is normal and the corticomedullary definition is preserved. Medullary rim sign is present. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.38 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland measures 0.40 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

Splenic thickness is 0.92 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

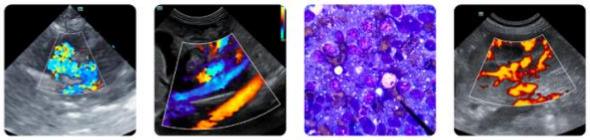
Liver

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 moderately distended. The wall is thin and the contents are primarily anechoic, but contain a certain amount of mineral-appearing sediment. It is very hyperechoic although without intense distal acoustic shadowing. No evident dilation of the common bile duct is observed at this moment.

Gastrointestinal

The stomach is empty and folded, with mural thickness (3 mm) and preserved wall layering. The pylorus (3.52 mm).



PATIENT

Jynx Yochum

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

11.2 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Victoria Dodson

INVOICE

12405

DATE

11/21/25

Duodenum: 1.59 mm.
Jejunum: 1.59 mm.
Ileum: 1.35 mm.
The ileocecal junction was not visualized. The intestinal segments are not dilated and do not show a fluid or gas pattern.

Colon: transverse 0.65 mm, feces with distal acoustic shadowing; descending segment 1.06 mm, with very little fecal material.

Immediately dorsal to the pylorus, several perfectly round structures are observed, resembling stones (or calculi), the largest measuring 5.70 mm and 4.62 mm, though there appear to be more (3 or 4, difficult to confirm). They have smooth rounded borders and generate intense distal acoustic shadowing. It cannot be clearly determined which structure they are within; sometimes they appear to be in the duodenal lumen, and at other times there is uncertainty whether they could be at the end of the CBD or the pancreatic duct. However, there is no visible upstream dilation of either duct. The lack of image definition does not allow further clarification.

Pancreas

The pancreatic areas assessed did not show evident signs of inflammation, although the pancreas itself was not clearly visualized in any video.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable.
Pancreaticoduodenal lymph node: 5.15×7.58 mm, with normal shape and echogenicity.
The iliac trifurcation is normal.

PRIMARY FINDINGS

- Gallbladder: Moderately distended; contains highly hyperechoic mineral-appearing sediment (non-shadowing).
- Unknown mineralized structures: Several round, smooth, strongly shadowing structures (5.7 mm, 4.62 mm, possibly more) located immediately dorsal to the pylorus, unclear origin.
- No upstream duct dilation (CBD or PD) visible.

SECONDARY FINDINGS

- Kidneys: Medullary rim sign bilaterally (non-specific).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound reveals several mineralized, strongly shadowing structures located immediately dorsal to the pylorus. Their sonographic appearance is highly compatible with mineralized stones (smooth, round, intense shadowing), but their anatomic location is uncertain.

The appearance remains most consistent with mineralized foreign material or duodenal enteroliths, especially given the history of vomiting and radiographic gastric mineral opacity. The absence of proximal duct dilation makes true choledocholithiasis or pancreatic duct obstruction less likely, though not entirely excluded.

PATIENT

Jynx Yochum

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

11.2 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Victoria Dodson

INVOICE

12405

DATE

11/21/25

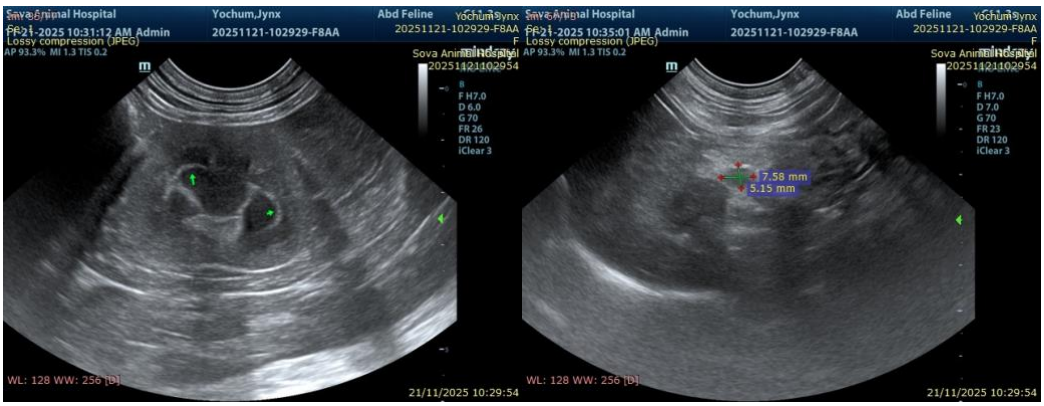
No ultrasonographic evidence of gallbladder mucocele, biliary obstruction, cholangitis, pancreatitis, or mechanical intestinal obstruction is identified. The pancreas itself was not clearly visualized, but no inflammatory changes were detected in the pancreatic regions examined.

The gallbladder contains highly echogenic mineral sediment without distal shadowing, which may represent microlithiasis. The biochemical changes of the liver may reflect hepatocellular injury, biliary disease, or reaction to gastrointestinal mineral foreign material.

Medullary rim signs in both kidneys may relate to mineral balance, systemic illness, or chronic inflammatory conditions. It also appears in healthy cats, so it is very nonspecific.

Recommendations

- Investigate the possibility that the cat may have ingested small objects of similar size.
- Repeating radiographs may help determine whether the mineralized structures are moving or progressing through the gastrointestinal tract.
- Consider CT if the location of the little structure remains unclear or if obstruction is suspected, or endoscopy if accessible.
- Repeating ultrasound would only be clinically useful if conducted with a high-frequency transducer, as adequate structural detail cannot be achieved with the current imaging setup.
- Recheck liver enzymes.
- Consider bile acids if hepatic dysfunction persists, and liver FNA.
- Monitor feline pancreatic lipase.



PATIENT

Jynx Yochum

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

11.2 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

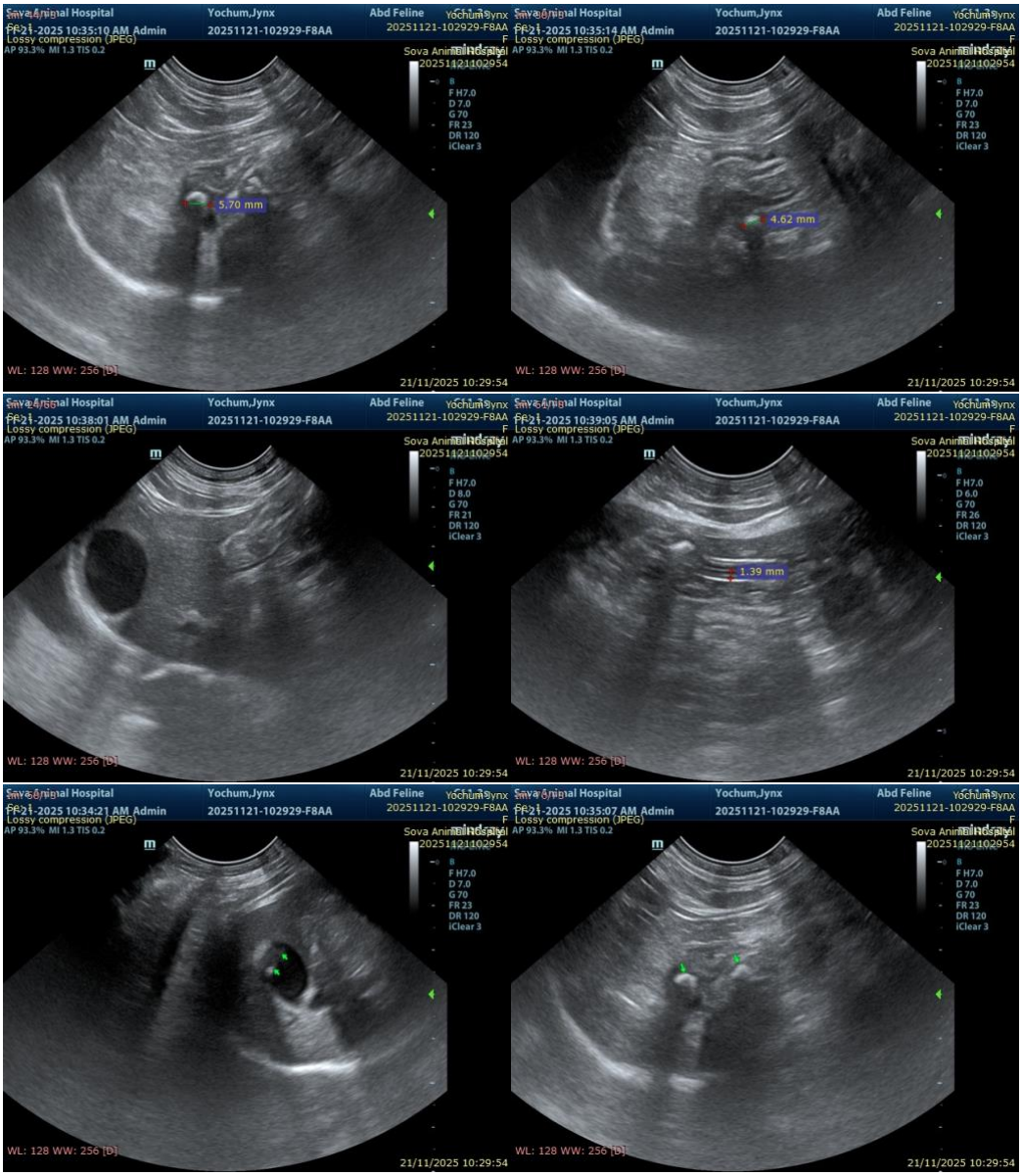
Dr. Victoria Dodson

INVOICE

12405

DATE

11/21/25



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.

info@SonoPath.com