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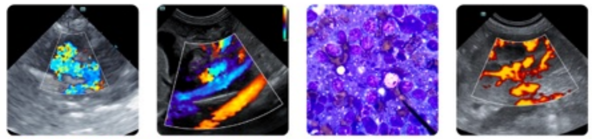


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Calypso Glasser

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

6 years

WEIGHT

8.68 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jenna Smith, CVT

HOSPITAL NAME

Annville Cleona Veterinary Associates

REFERRING VET

Dr. Keck

INVOICE

69031

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Calypso is a FS, 6 yo with a history of feline asthma, on 2.5 mg prednisolone EOD, history of severe dental disease(stomatitis) requiring full mouth extractions. 2 month history of mild vomiting and more severe diarrhea, that was moderately responsive to fiber, psyllium husk fiber powder. Weight loss of 0.80 lbs over 1.5 months. Three day history of bloody stool and on examination ulcers on the anus and could not take a rectal temperature due to discomfort. The thermometer created more anal bleeding. Indoor cat. Concern about GI Lymphoma, IBD & ulcerative colitis
Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry normal in July 2025. Fecal negative in September.

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 slightly turbid, with some floating hyperechoic echoes. 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: 3.72 x 2.21 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.

The right kidney is normal in shape and size: 3.79 x 2.56 cm, and the thickness of the cortex is 0.38 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

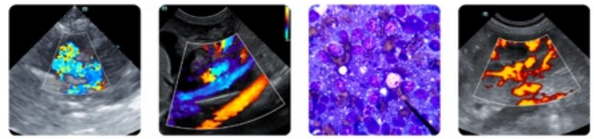
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.24 cm at both the cranial and caudal poles. The right adrenal gland was not observed in any of the videos.

Spleen

Splenic thickness is 0.82 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.



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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 filled with food, with mural thickness of 1.56 mm and preserved wall layering.

Duodenum: 2.02 mm. Mucosa: 1.07 mm. Submucosa: 0.51 mm. Muscularis propria: 0.30 mm. Jejunum: 2.70 mm. Mucosa: 1.61 mm. Submucosa: 0.54 mm. Muscularis propria: 0.34 mm. Ileum: 2.28–2.36 mm. Mucosa: 0.44 mm. Submucosa: 0.48 mm. Muscularis propria: 0.41 mm. Normal wall layering. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.03 mm, with semi-formed feces in the descending segment.

Pancreas

Pancreatic thickness is 5.47 mm. Pancreatic parenchyma is isoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 0.54 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 appeared unremarkable. The iliac trifurcation is normal.

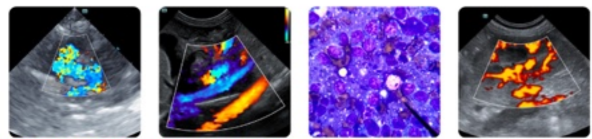
ULTRASONOGRAPHIC FINDINGS

- Mildly turbid urine with floating hyperechoic echoes.
- Small amount of biliary sludge within an otherwise normal gallbladder.
- Soft fecal content.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract shows normal wall thickness and preserved layering in all visualized segments. Measurements of the mucosa, submucosa, and muscularis are within normal limits. The presence of a stomach filled with ingesta should be correlated with the patient's fasting period, as inadequate fasting or delayed gastric emptying could explain the retained gastric contents.

Soft, pasty fecal content is present within the descending colon, although no liquid material is observed. This may reflect dietary intolerance, dysbiosis, or mild colonic inflammation despite a normal colonic wall thickness on ultrasound. In addition, feline stomatitis does not directly lead to colitis; however, both conditions may occur concurrently in cats with underlying immune-mediated or mucosal



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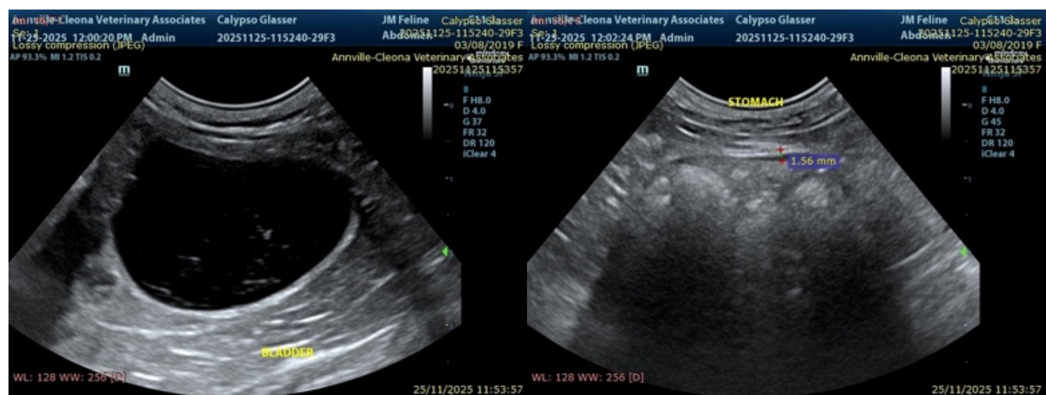
inflammatory disorders. Thus, a low-grade colonic inflammatory process remains possible, even in the absence of ultrasonographic abnormalities.

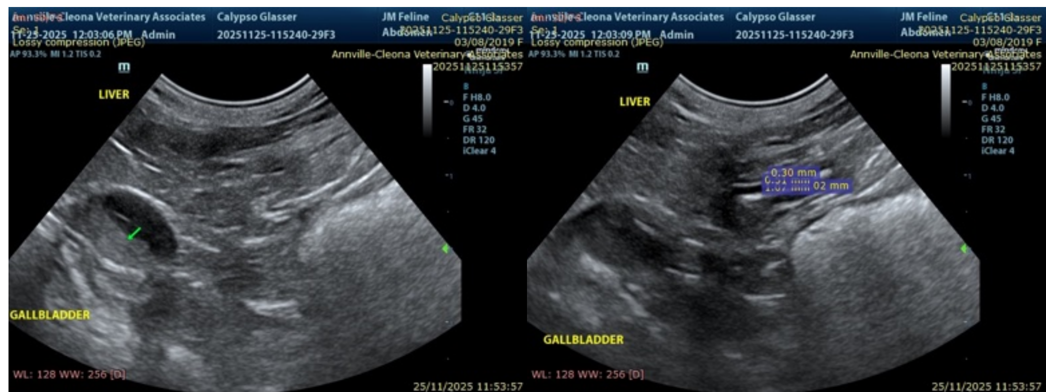
Overall, the intestinal findings are not suggestive of enteropathy, although the ileocecal junction is not visualized.

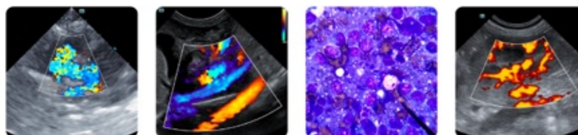
The bladder contains mildly turbid urine with floating hyperechoic material, a finding most consistent with benign cellular debris, lipidic material, or concentrated urine.

Recommendations

- Should clinical signs continue, a gastrointestinal panel (TLI, cobalamin, and folate) with fPLI would be advisable to evaluate for early enteropathy, dysbiosis, or subclinical pancreatic or small intestinal disease that may not be evident on ultrasound.
- Dietary modification, such as a trial with a highly digestible, novel protein, or hydrolyzed diet, may help assess dietary-responsive colitis.
- Continue probiotics with proven strains.







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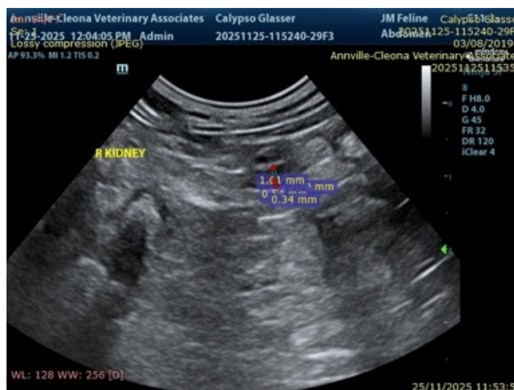

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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