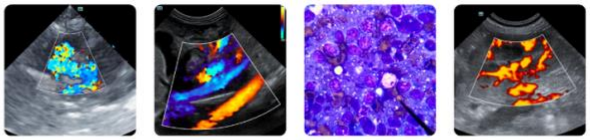


PATIENT

Chuck Desmarais

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

4 Years

WEIGHT

12.4 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Rebecca Nealey DVM

INVOICE

12493

DATE

11/25/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: vomiting and anorexia x 4 days. (this is unusual for Chuck) RDVM xray showed a suspicious region for a foreign body. Normally eats purina pure plan Indoor outdoor Normal stools historically MEDICATIONS: Received fluids and convenia at RDVM and will go back to RDVM for supportive care today

Abnormal PE/Chem/CBC/UA Results: Dehydrated (alb = 4.7g/d, amylase 1388U/L and remainder of CBC/ chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is turbid but without evident mineral sediment. 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: 3.63×2.61 cm, and the cortical thickness is 0.47 cm in the sagittal plane.
The right kidney is normal in shape and size: 3.83 2.15 cm, and the cortical thickness is 0.40 cm in the sagittal plane.
Both: Renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity.
The left adrenal gland measures 0.33 cm at the cranial pole and 0.33 cm at the caudal pole.
The right adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole.

Spleen

Splenic thickness is normal: 1.07 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

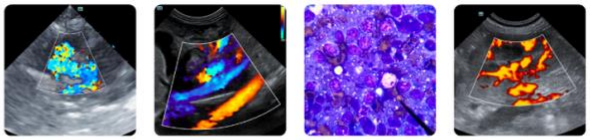
Liver

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

The gallbladder appears bilobed, with a small accessory sac communicating with the main gallbladder lumen and lacking an independent cystic duct. Mild biliary stasis is present within the accessory sac, consisting of a small amount of dependent biliary sludge. The common bile duct is mildly enlarged, measuring at the upper limit of normal, without evidence of obstructive material. These findings are most consistent with a congenital bilobed gallbladder with associated mild biliary stasis.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.66–2.62 mm and preserved wall layering. The pylorus measures 3.34 mm.



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Duodenum: 1.75 mm.
Jejunum: 2.07 mm (mucosa 0.97 mm, submucosa 0.70 mm, muscularis propria 0.35 mm).
Ileum: 1.96 mm (mucosal and submucosal layer measurements not recorded in original text, muscularis measurement missing).
Normal wall layering is preserved.

Mildly spastic intestinal segments and generalized increased peristalsis are also observed.
The ileocecal junction measures 1.44 mm.
No signs of obstruction or foreign material are identified.

Colon: 1.14 mm, with scant semi-liquid content throughout the colon.

Pancreas

Pancreatic thickness is 5.52–6.20 mm. 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.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes are normal in size, shape, and echogenicity. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mildly spastic intestinal segments and generalized increased peristalsis.
- Colon containing scant semiliquid content, compatible with accelerated transit.
- Normal lymph nodes (cranial mesenteric and ileocecal).

SECONDARY FINDINGS

- Mild renal cortical hyperechogenicity in the right kidney with preserved architecture.
- Turbid urine without evident mineral sediment or cystitis.
- Congenital bilobed gallbladder with mild biliary stasis in the accessory sac.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound does not reveal evidence of a discrete foreign body or mechanical obstruction. All intestinal segments maintain normal wall thickness and layering, and the ileocecal region appears unremarkable. However, several small bowel loops demonstrate segmental spasticity and generalized hypermotility is present throughout the gastrointestinal tract. These dynamic findings are most consistent with reactive or inflammatory enteritis, commonly seen with acute gastrointestinal irritation, dietary indiscretion, or infectious enteritis.

The gallbladder shows a bilobed configuration with a small communicating accessory compartment containing mild sludge, a congenital anatomic variant frequently incidental in cats. While the common bile duct is at the upper limit of normal, there is no compelling sonographic evidence of biliary obstruction, cholangitis, or pancreatobiliary disease.

Both kidneys show mild cortical hyperechogenicity, a nonspecific finding that can be associated with early chronic kidney change, dehydration, or transient prerenal influence given the clinical context.

The pancreas is mildly thickened but has normal echogenicity and a nondilated duct, with no peripancreatic inflammation.

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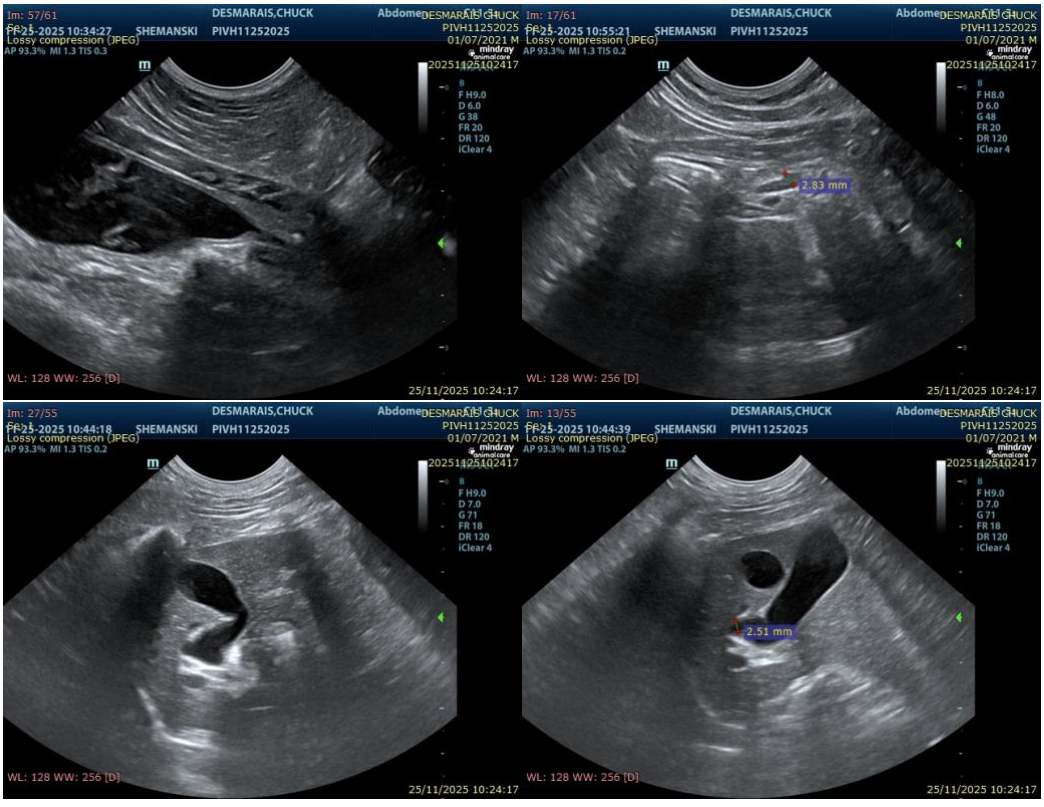
The overall pattern is more compatible with a functional acute gastroenteritis with gastric irritation, increased intestinal motility, and a congenital bilobed gallbladder as an incidental variant. No ultrasonographic evidence supports triaditis.

Recommendations

- Supportive GI care (fluids, antiemetics, gastric protectants). Feed small, frequent, easily digestible meals when able.
- A feline-specific pancreatic lipase immunoreactivity test is recommended if pancreatitis is suspected, as abdominal ultrasonography has limited sensitivity for detecting pancreatitis in cats—particularly when performed without a high-frequency linear transducer.
- Consider fecal PCR panel.
- The mildly echogenic suspended material within the urinary bladder is most likely attributable to urine concentration and dehydration, rather than primary urinary tract disease. However, given the mildly increased cortical echogenicity of both kidneys, urinalysis is recommended to further characterize this finding.



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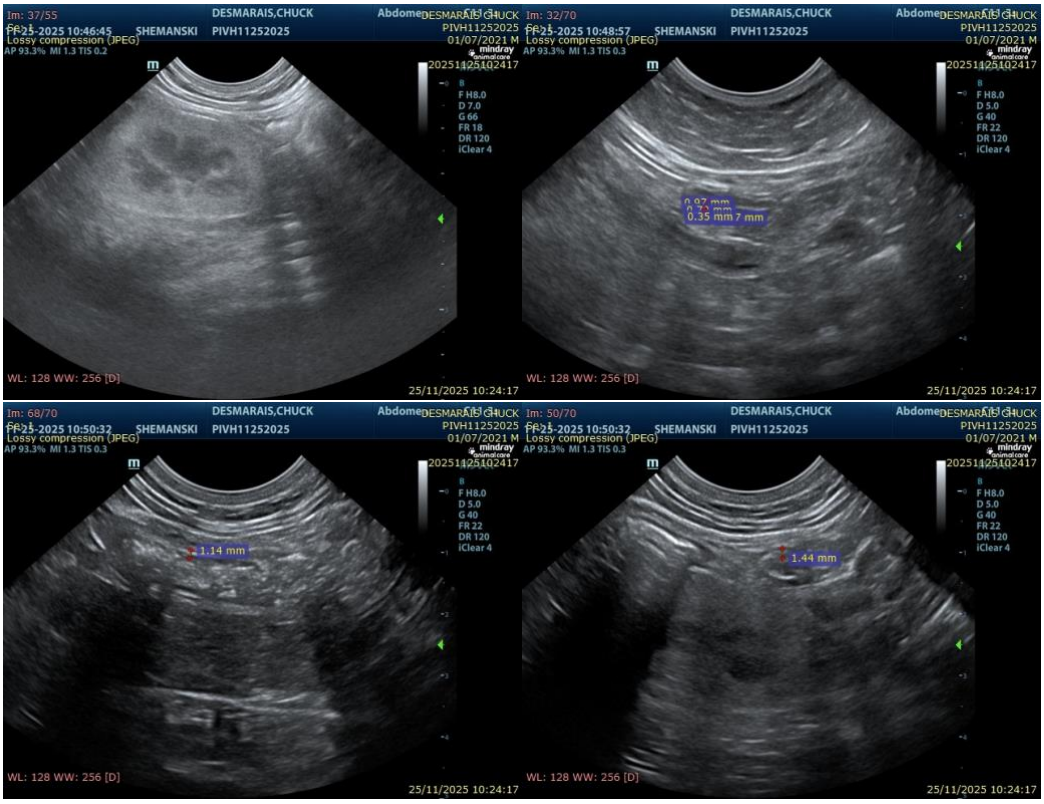

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com