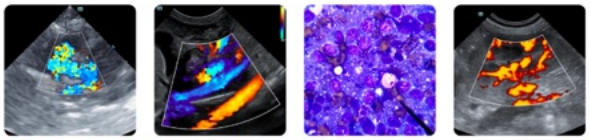


PATIENT

Benni Semple

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jess Morgan RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Dewes

INVOICE

69605

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: History of anorexia and lethargy for the last 4 days. On PE QAR, euhydrated, 180 bpm, 50 RR, 37.4 C. Mild discomfort on abdominal palpation. Otherwise no other abnormal findings. Prior history of heart murmur which has worsened over time, today grade 4/6 heart murmur. Prior history of constipation, asthma and upper respiratory infections. Current medications are Flovent 125 mcg (1 puff q 12 hours). O's administered 25 mg Baytril (5mg/kg on December 10th at 4pm) from previous prescription they had at home. Today in hospital managed symptomatically with: - Maropitant 1mg/kg SQ q 24 hours - Mirtazapine 3.75 mg PO q 72 hours - Amoxiclav 62.5 mg PO q 12 hours - Buprenorphine 0.015 mg/kg q 12 hours - Vitamin B12
Abnormal PE/Chem/CBC/UA Results: See CBC and abnormal biochemistry results Urine dipstick results performed today : UDG 1045, WBC 3+, Ketones negative, glucose negative, bilirubin negative, blood negative, UBG negative, protein 1+, pH 6.0. Urine colour is dark amber.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is semi-distended, and the wall of the urinary bladder measures 1.81 mm. Due to underdistension, wall measurement may be overestimated. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size (3.52 x 2.60 cm), and the cortical thickness is 0.40 cm in the sagittal plane. The right kidney is normal in shape and size (3.56 x 2.38 cm), and the cortical thickness is 0.38 cm in the sagittal plane. Both kidneys: The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

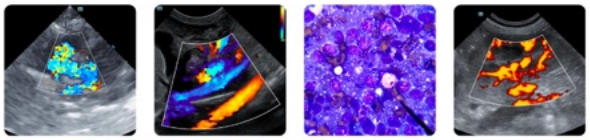
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.26 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.27 cm at the cranial pole and 0.29 cm at the caudal pole.

Spleen

Splenic thickness is 1.01 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

Partially visualized. 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 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. The common bile duct is not observed.

Gastrointestinal

The stomach is nearly empty and folded, although it contains a small amount of partially digested ingesta. Mural thickness: 2.60 mm and preserved wall layering.

Duodenum: not observed. Jejunum: 1.74 mm. Ileum: 2.00 mm. Normal wall layering. The ileocecal junction was not visualized. All small intestinal loops show mild to moderate dilation with intraluminal fluid accumulation and apparently decreased peristalsis.

Colon: wall thickness 0.78 mm, with few formed feces in the descending segment.

Pancreas

The pancreatic areas explored do not show evidence of inflammation.

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 not evaluated.

ULTRASONOGRAPHIC FINDINGS

- Diffuse mild–moderate small intestinal dilation with intraluminal fluid.
- Subjectively decreased intestinal peristalsis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild to moderate dilation of all small intestinal loops with intraluminal fluid accumulation and subjectively reduced peristalsis. This pattern is most consistent with a functional ileus, which can occur secondary to gastroenteritis, systemic illness, pain, metabolic disturbances, or early pancreatitis. No obstructive lesion, foreign material, or mass is identified in the portions of the gastrointestinal tract visualized.

Given this patient's hyperbilirubinemia, recent onset of anorexia and lethargy, and the presence of a diffuse functional ileus on ultrasound, the findings are most compatible with hepatobiliary disease, with cholangiohepatitis being the leading differential. Extrahepatic biliary obstruction (partial or intermittent) remains a significant consideration, particularly because the current study provides only limited evaluation of the liver, and no visualization of the gallbladder neck, cystic duct, and common bile duct. Therefore, an obstructive process cannot be completely excluded. Feline pancreatitis likewise remains a plausible differential, as it may not produce ultrasonographic changes yet can lead to

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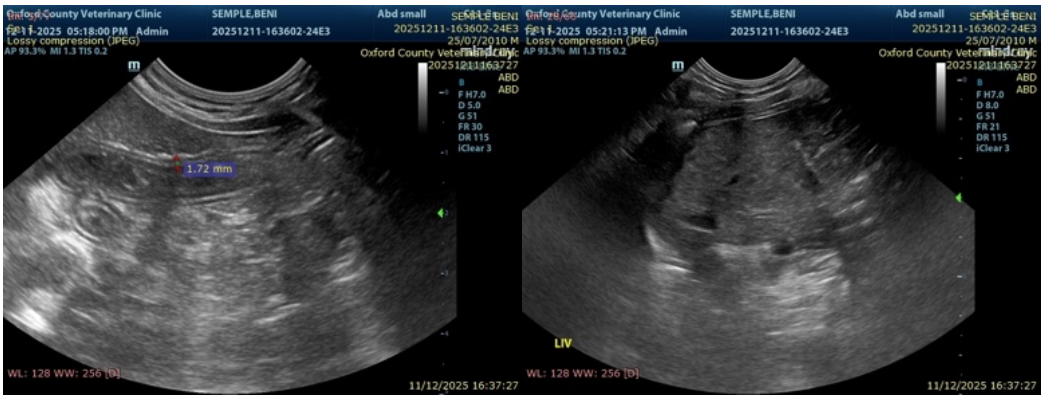
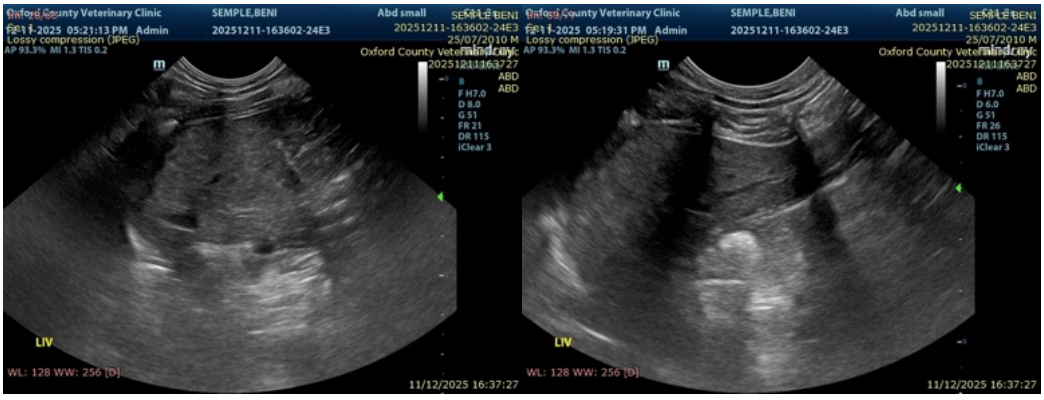
secondary biliary inflammation and gastrointestinal hypomotility. In this species, these processes frequently coexist as part of feline triaditis, which would also account for the clinical signs and the diffuse ileus observed. A more complete hepatobiliary ultrasound and targeted laboratory testing will be necessary for further clarification.

Recommendations:

- Supportive care: antiemetics, hydration, analgesia as indicated.
- Consider fPLI to rule out concomitant pancreatitis.
- Because of the patient's marked hyperbilirubinemia, a dedicated follow-up hepatobiliary ultrasound is recommended, as the current study includes only four similar coronal views and one intercostal view. A subxiphoid transverse approach would allow complete assessment of all hepatic lobes, which is essential in this clinical context. In addition, proper evaluation of the gallbladder neck, the cystic duct, the common bile duct, and the duodenal papilla typically requires complementary views, such as a right cranial abdominal oblique approach, as well as duodenal-guided tracking of the distal common bile duct. Including these views in a repeat study would allow a more accurate assessment of the biliary tract and help clarify the cause of the biochemical abnormalities.





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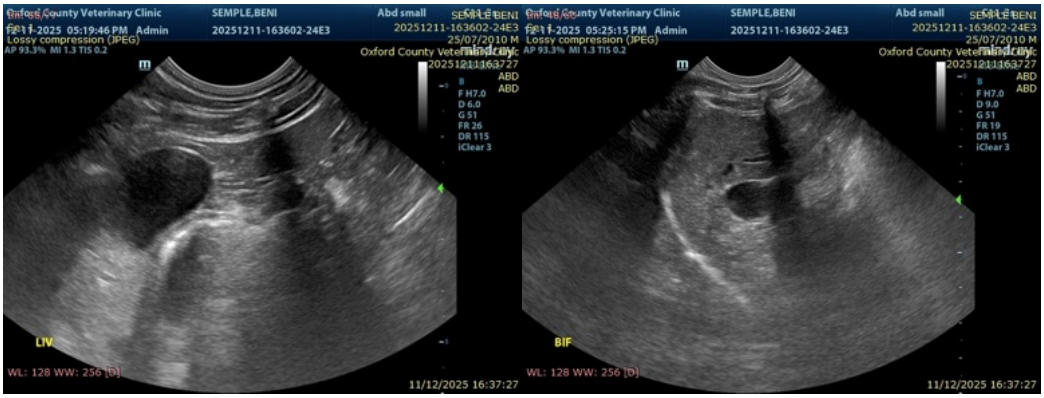

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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