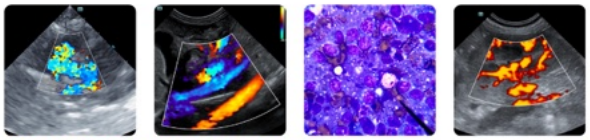


PATIENT

Milo Cramer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

10.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Vaccari

INVOICE

69594

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: 3-4 day duration of decreased appetite and energy level. Did vomit bile twice last night. Chewed up pieces of artificial tree present
Abnormal PE/Chem/CBC/UA Results: PE unremarkable. CBC: Lymphs 590 (920-6,880), Eos 130 (170-1,570) Chem17: ALP <10, Amylase 1,591 (500-1,500) Lytes: WNL

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 turbid with abundant sediment. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size (3.86x2.65 cm), with a cortical thickness of 0.47 cm in the sagittal plane. The right kidney is normal in shape and size (4.11x2.52 cm), with a cortical thickness of 0.47 cm in the sagittal plane. Both kidneys: The renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction. Mild medullary rim sign. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

The left adrenal gland is not clearly visualized. The right adrenal gland measures 0.31 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.96 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

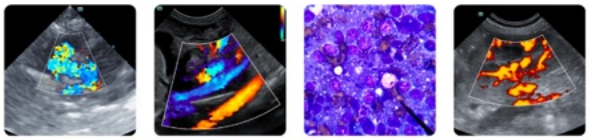
Liver

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

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

Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.82 mm and preserved wall layering.



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Duodenum: 2.28 mm. Jejunum: 2.75 mm (mucosa 1.03 mm, submucosa 0.87 mm, muscularis propria 0.31 mm). Ileum: 2.40 mm with normal wall layering.

The ileocecal junction is not clearly visualized. Some small intestinal loops appear mildly and discretely dilated and contain intraluminal material that does not resemble food; however, no accumulation of this material is observed to cause obstruction, nor is there any larger foreign object visible that could be producing intestinal blockage.

Colon wall thickness is 0.81 mm, with formed feces showing distal acoustic shadowing in the descending segment.

Pancreas

The pancreatic areas examined do not show evidence of inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 3.37 and 3.88 mm in thickness, with preserved shape and echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Increased cortical echogenicity in both kidneys and mild medullary rim sign.
- Liver mildly hyperechoic, with preserved architecture. Moderate biliary sludge within a normally distended gallbladder.
- Mild segmental small intestinal dilation with intraluminal debris but no obstructive pattern.
- Bladder with turbid urine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound does not identify a definitive obstructive process, mass lesion, or evidence of pancreatitis. The stomach is empty and folded, with normal wall layering, and the small intestinal loops show only mild segmental dilation with small amounts of intraluminal material that does not create a discrete obstructive pattern. These findings are most consistent with a functional ileus secondary to gastritis, intestinal irritation, stress, or early enteritis, rather than a true mechanical obstruction.

The kidneys are normal in size, and although the right kidney shows increased cortical echogenicity with enhanced corticomedullary distinction, this finding is mild and nonspecific and may represent early renal change.

The liver is slightly hyperechoic but maintains normal size and architecture; this pattern may reflect hepatic lipidosis secondary to anorexia or GI upset. The gallbladder is moderately distended and contains biliary sludge, which in cats is considered a sign of bile stasis rather than an incidental finding.

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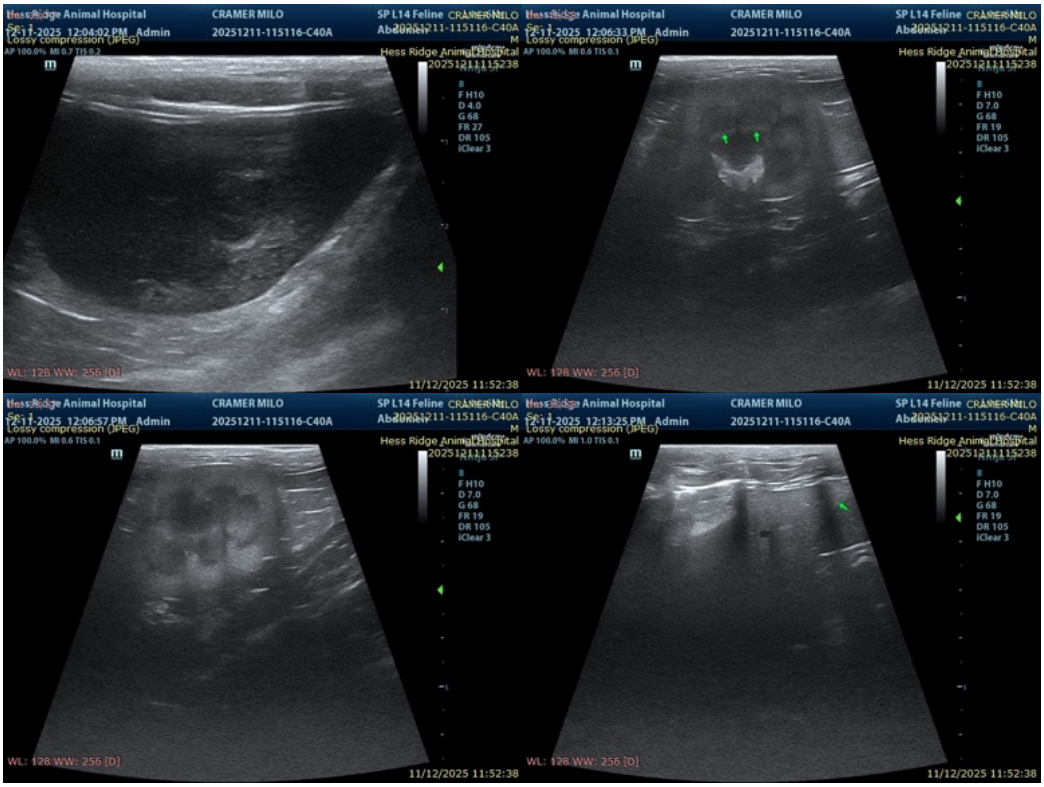
This may be secondary to reduced food intake, dehydration, GI motility changes, or early/chronic low-grade hepatobiliary dysfunction, though no structural abnormalities of the liver or biliary tree are seen.

Overall, the ultrasound findings are most compatible with acute gastrointestinal irritation or early gastroenteritis—likely triggered by the ingestion of foreign material—without evidence of mechanical obstruction or severe underlying disease.

The bladder contains turbid urine with abundant suspended sediment. While this may be secondary to dehydration, stress, or recent GI illness, sediment is not specific on ultrasound and may also be associated with crystalluria or early lower urinary tract disease. A complete urinalysis is advised to characterize the sediment and rule out crystalluria.

Recommendations

- Perform a complete urinalysis to characterize the bladder sediment.
- Provide supportive GI care, including antiemetics and small, frequent meals.
- Although no ultrasonographic evidence of pancreatitis is identified, the pancreas was not clearly visualized and clinical signs are compatible. Measurement of feline pancreatic lipase is recommended to further assess for possible pancreatitis.
- Monitor for signs of obstruction, and repeat imaging if vomiting persists or worsens.
- Monitor renal values due to mild cortical echogenicity.



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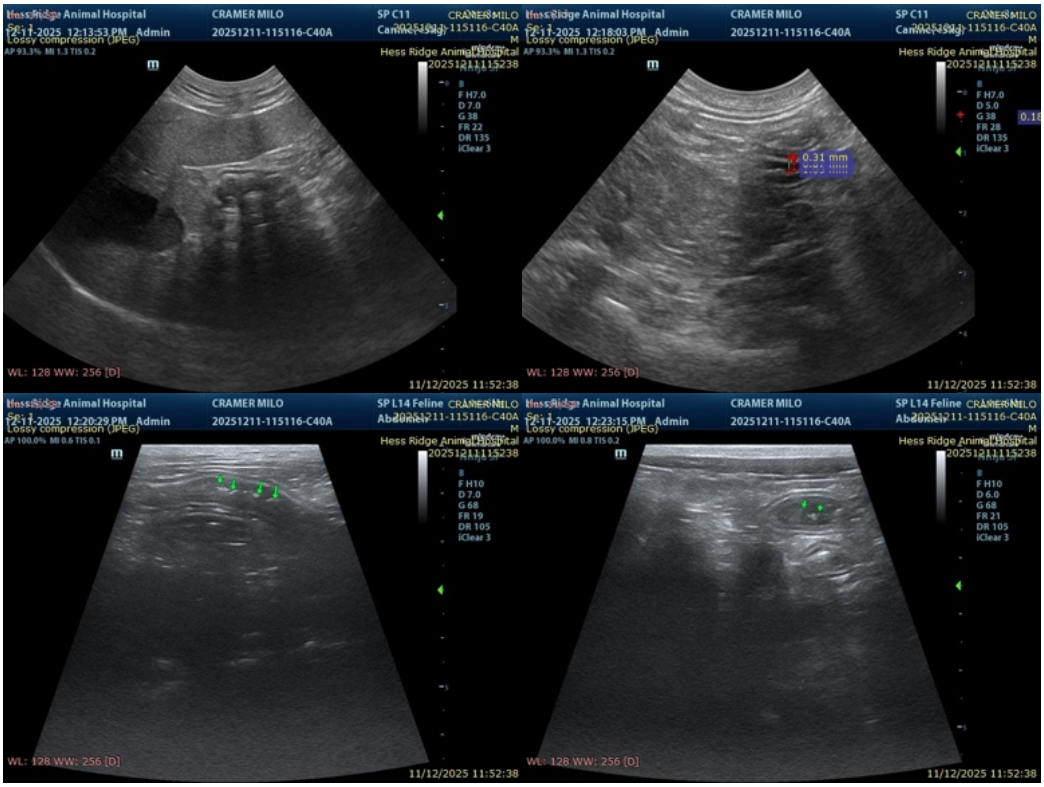

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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