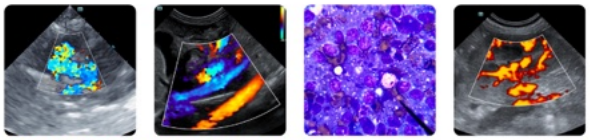


PATIENT

Malley Shannon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

10.18

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jenna Smith CVT

HOSPITAL NAME

Annville CVA

REFERRING VET

Dr. Keck

INVOICE

69326

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Good appetite and vomiting twice a week or 3 x a week. On psyllium powder for constipation and now on high fiber diet. One puff once a day of Flovent for feline asthma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. 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, measuring 3.87 × 2.35 cm, with a cortical thickness of 0.44 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.88 × 2.32 cm, with a cortical thickness of 0.42 cm in the sagittal plane. In both kidneys, the renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

Splenic thickness is 0.51 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

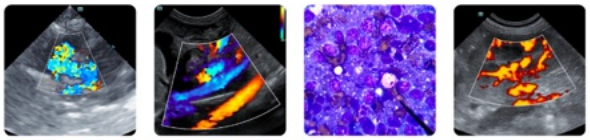
Liver

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

The gallbladder lumen is normally distended. The wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.51 mm and preserved wall layering. The duodenum measures 1.64 mm. The jejunum measures 1.80 mm, with the following wall layer measurements: mucosa 1.09 mm, submucosa 0.37 mm, and muscularis propria 0.22 mm. The ileum measures 1.82 mm, with mucosa 0.75 mm, submucosa 0.88 mm, and muscularis propria 0.30 mm. Wall layering is preserved throughout. The ileocecal junction is not clearly visualized. No signs of obstruction,



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ileus, or foreign material are identified. The colon wall thickness measures approximately 1.11 mm, with semi-formed feces present within the lumen.

Pancreas

The pancreas could not be visualized in the provided images and therefore could not be evaluated.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

Abdominal ultrasonography is largely unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract demonstrates normal wall thickness and preserved layering throughout the stomach, small intestine, and colon. There are no sonographic features of inflammatory, infiltrative, or obstructive gastrointestinal disease, and no segment shows abnormal muscularis thickening or altered wall ratios. These findings do not support a structural gastrointestinal cause for the reported chronic vomiting.

The pancreas could not be visualized, which limits assessment for pancreatic disease. However, there is no evidence of peripancreatic fat inflammation or secondary changes within adjacent structures.

Overall, the ultrasonographic findings do not identify a structural explanation for the patient's chronic vomiting. In the context of preserved appetite and normal intestinal appearance, a functional gastrointestinal disorder (such as dietary sensitivity, altered motility, or low-grade enteropathy) is considered more likely than structural disease.

Recommendations

- Continued dietary management is appropriate given the current findings. If vomiting persists, further evaluation for functional gastrointestinal disease may be considered, including gastrointestinal laboratory testing (cobalamin, folate, and TLI) and clinical correlation.
- Given the history of chronic intermittent vomiting and the inability to adequately visualize the pancreas, measurement of a feline-specific pancreatic lipase may be considered, recognizing that pancreatic disease may be present without definitive ultrasonographic abnormalities, particularly in chronic or low-grade cases.
- Given the patient's age and history of chronic vomiting with preserved appetite, serum total T4 measurement may be considered to evaluate for underlying hyperthyroidism

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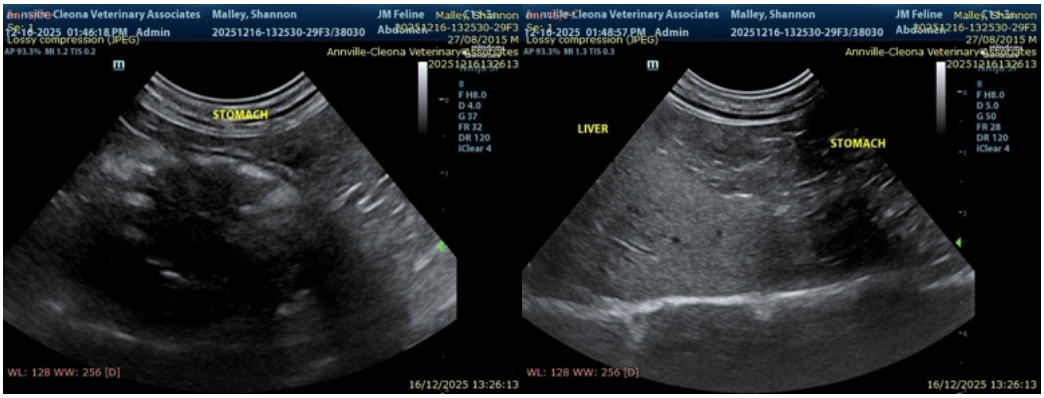

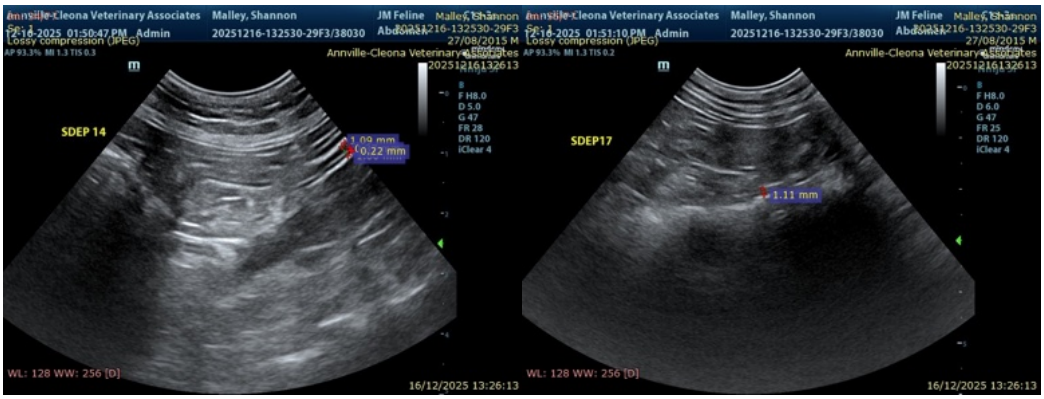

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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