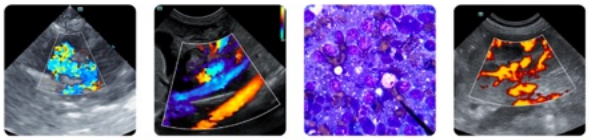


PATIENT

Moo Moo Hunt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

12.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency AH of Crystal Falls

REFERRING VET

Dr. Kirschenbaum

INVOICE

69458

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: diarrhea for a month bloody has tried forti flora, proviable, metronidazole

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 mildly turbid with suspended hyperechoic echoes. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 3.85×2.71 cm, with a cortical thickness of 0.41 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.75×2.69 cm, with a cortical thickness of 0.49 cm in the sagittal plane. In both kidneys, the renal cortex is mildly increased in echogenicity, resulting in increased corticomedullary distinction. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures approximately 0.29 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland is incompletely measured but appears within normal limits.

Spleen

Splenic thickness measures approximately 1.03 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

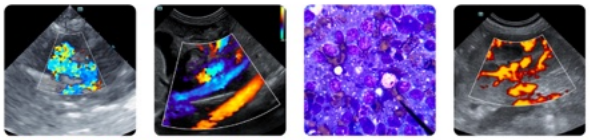
Liver

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

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are primarily anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of approximately 1.84 mm. The duodenum measures approximately 1.59 mm. The jejunum measures approximately 1.81 mm. The ileum measures approximately 1.52 mm. Wall layering is preserved throughout all visualized



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small intestinal segments. The ileocecal junction is not visualized. No evidence of gastrointestinal obstruction, ileus, or intraluminal foreign material is identified. The colon wall measures 0.99-1.10 mm. The colon is empty, with no fecal material or liquid content identified, and contains a small amount of gas.

Pancreas

The pancreas measures approximately 5.82 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 0.62 mm. No ultrasonographic evidence of pancreatitis or pancreatic neoplasia is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mildly increased renal cortical echogenicity bilaterally.
- Mild urinary sediment.

SECONDARY FINDINGS

- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography is largely unremarkable and does not demonstrate structural gastrointestinal disease to explain the patient's history of chronic bloody diarrhea. Intestinal wall thickness and layering are preserved throughout all visualized segments, and no focal masses, or lymphadenopathy are identified.

In the context of a young adult cat with chronic, bloody diarrhea refractory to probiotics and metronidazole, the absence of significant ultrasonographic abnormalities is most consistent with primary colonic disease, such as chronic colitis or inflammatory bowel disease predominantly affecting the colon, which is often poorly evaluated sonographically.

Mild bilateral renal cortical hyperechogenicity, with preserved renal size, architecture, and corticomedullary definition, including a medullary rim sign, is identified. In this young adult cat, these changes are most consistent with a subtle renal parenchymal adaptation or early nephropathy of unclear clinical significance, which may reflect longstanding metabolic, inflammatory, or perfusion-related influences rather than active renal failure.

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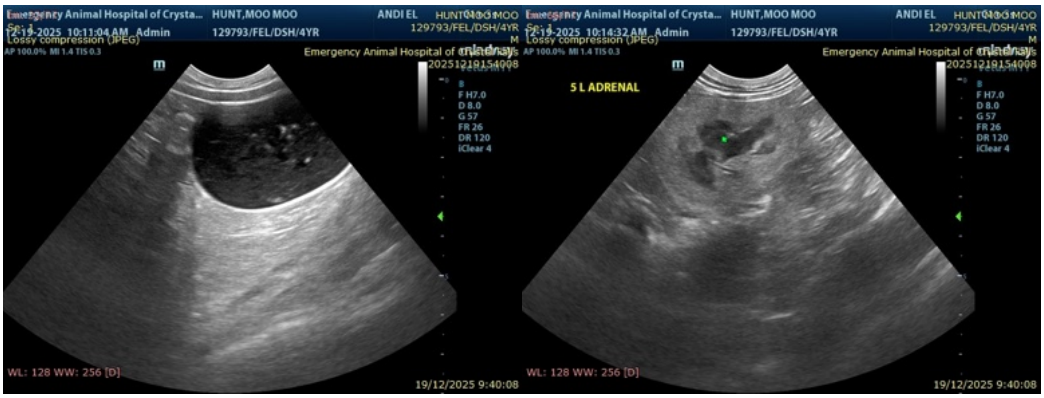
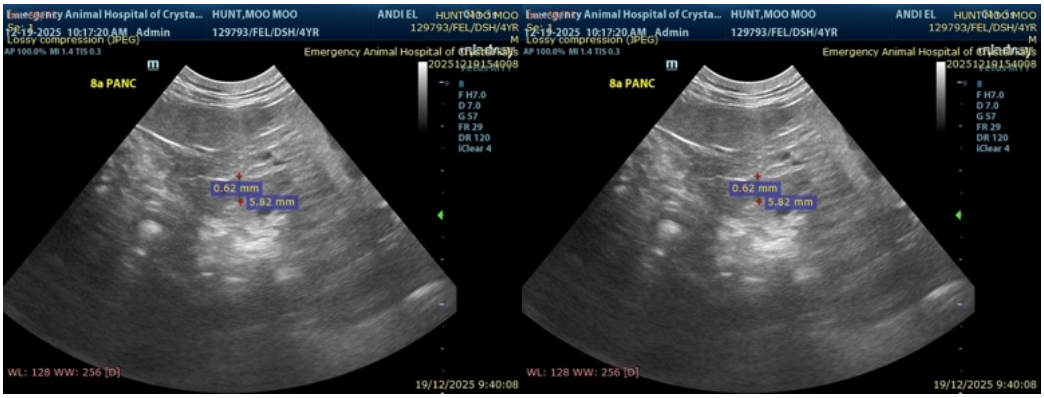
Recommendations

- Further evaluation for causes of chronic colitis is recommended, including fecal testing if not already performed (with particular consideration of *Tritrichomonas foetus* in cats with chronic diarrhea).
- A dietary trial with a novel protein or hydrolyzed diet is strongly recommended, given the lack of response to antimicrobials and probiotics.
- Consider anti-inflammatory therapy (dietary fiber modulation or medical management for colitis) if infectious causes are excluded.
- Urinalysis is also recommended.





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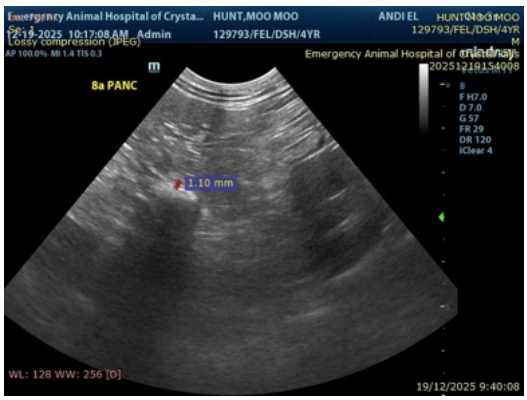

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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