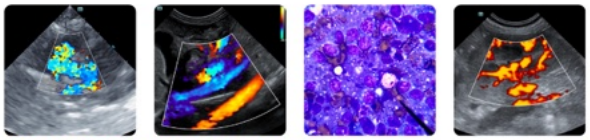


PATIENT

Roger Animals In Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

11.14 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

69695

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Diarrhea

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is turbid, with abundant suspended echoes. 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 4.01×1.91 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex is isoechoic 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 demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.88×1.88 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The renal cortex is isoechoic 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 demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.34 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.33 cm at the caudal pole.

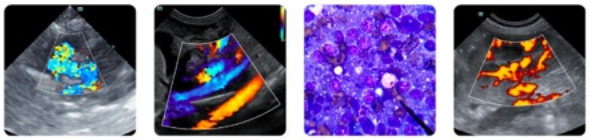
Spleen

Splenic thickness is 0.83 cm. The splenic 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 margins and a regular contour. The hepatic parenchyma appears 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, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



PATIENT

Roger Animals In Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

11.14 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

69695

DATE

12/30/25

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 1.57 mm and preserved wall layering. The pylorus measures 2.71 mm.

The duodenum is not visualized. The jejunum measures 2.39 mm (mucosa: 0.94 mm; submucosa: 0.78 mm; muscularis propria: 0.61 mm). The ileum measures 2.12 mm (mucosa: 0.88 mm; submucosa: 0.49 mm; muscularis propria: 0.52 mm), with preserved wall layering. The ileocecal junction measures 3.24 mm, with a muscularis thickness of 0.91 mm. No evidence of obstruction, ileus, or foreign material is identified.

The colonic wall measures approximately 1.07 mm and contains soft, non-liquid fecal material.

Pancreas

The pancreatic regions evaluated show no ultrasonographic evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. The ileocecal lymph nodes measure approximately 1.0×0.60 cm and 0.82×0.41 cm, with normal shape and echogenicity, and a mildly reactive perinodal fat. Cranial mesenteric lymph nodes are not clearly visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild enlargement of ileocecal lymph nodes with mildly reactive perinodal fat.
- Soft, non-liquid fecal content within the colon, consistent with diarrhea.

SECONDARY FINDINGS

- Turbid urine with abundant suspended echoes, without evidence of urolithiasis or cystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography identifies mild ileocecal lymphadenopathy, with enlarged ileocecal lymph nodes displaying mildly reactive perinodal fat. In a cat presenting with diarrhea, this finding is most consistent with regional lymph node reactivity secondary to gastrointestinal inflammation.

The gastrointestinal tract shows preserved wall layering throughout, with intestinal wall thickness measurements within acceptable limits. The ileocecal junction demonstrates mild prominence of the muscularis layer but maintains normal layering and architecture. No focal masses, loss of wall stratification, or obstructive processes are identified. The colon contains soft fecal material, which is compatible with the reported clinical signs of diarrhea.

PATIENT

Roger Animals In Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

11.14 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

69695

DATE

12/30/25

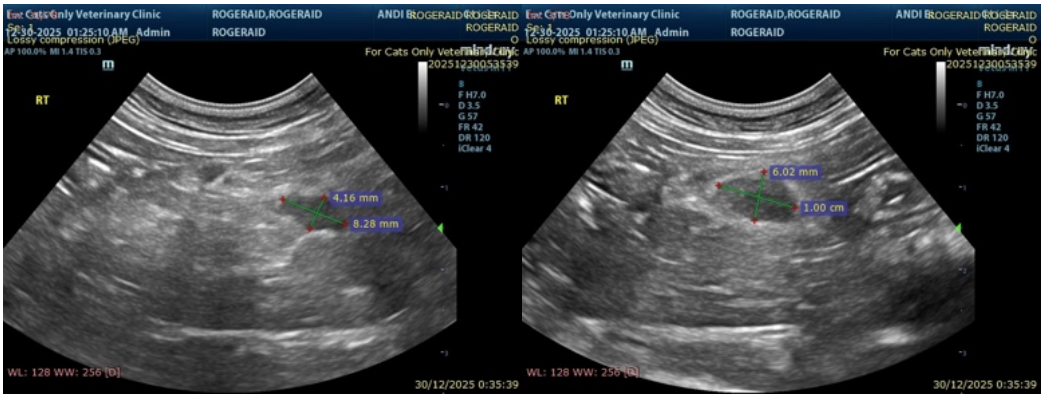
The liver, gallbladder, pancreas, kidneys, spleen, and adrenal glands do not demonstrate clinically significant abnormalities. The presence of a small amount of biliary sludge is considered an incidental finding and is unlikely to be related to the current gastrointestinal signs.

Overall, the ultrasonographic findings support a diagnosis of mild to moderate inflammatory gastrointestinal disease, with reactive ileocecal lymphadenopathy, rather than infiltrative or neoplastic pathology. Early inflammatory bowel disease, dietary intolerance, infectious or parasitic enteropathy, and dysbiosis should be considered primary differentials in this clinical context.

The bladder findings are most consistent with benign urinary sediment (crystalluria or amorphous sediment-particularly in concentrated urine-, mucus, or proteinaceous debris).

Recommendations

- Further gastrointestinal investigation is recommended, including fecal diagnostics (parasite testing, Giardia, and PCR-based fecal panels if not already performed), given the presence of diarrhea and reactive ileocecal lymph nodes.
- Consider dietary management, such as a novel protein or hydrolyzed diet trial, as an initial non-invasive approach for suspected inflammatory or dietary-responsive enteropathy.
- If clinical signs persist, adjunctive gastrointestinal testing (serum cobalamin and folate, feline-specific pancreatic lipase if clinically indicated) may be considered to further characterize the gastrointestinal component.
- Clinical monitoring and re-evaluation are recommended. Repeat abdominal ultrasonography should be considered only if there is progression of clinical signs, development of weight loss, or lack of response to medical management.



PATIENT

Roger Animals In Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

11.14 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

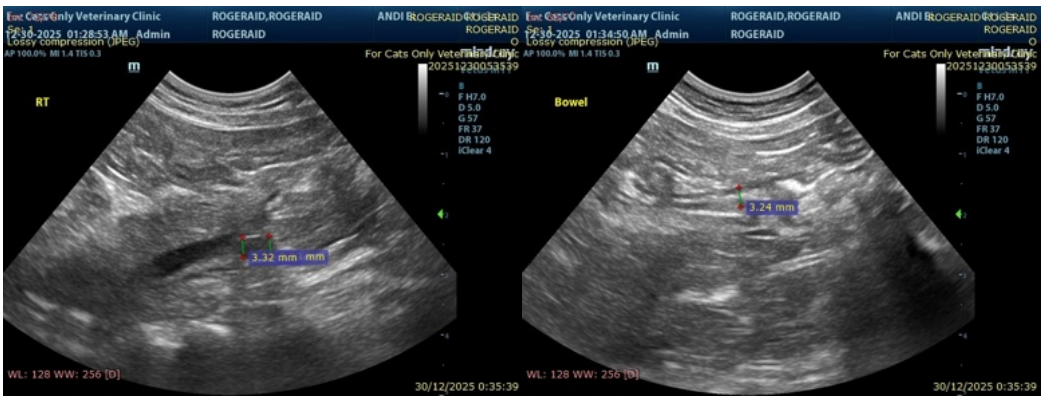
Dr. Ziegler Post

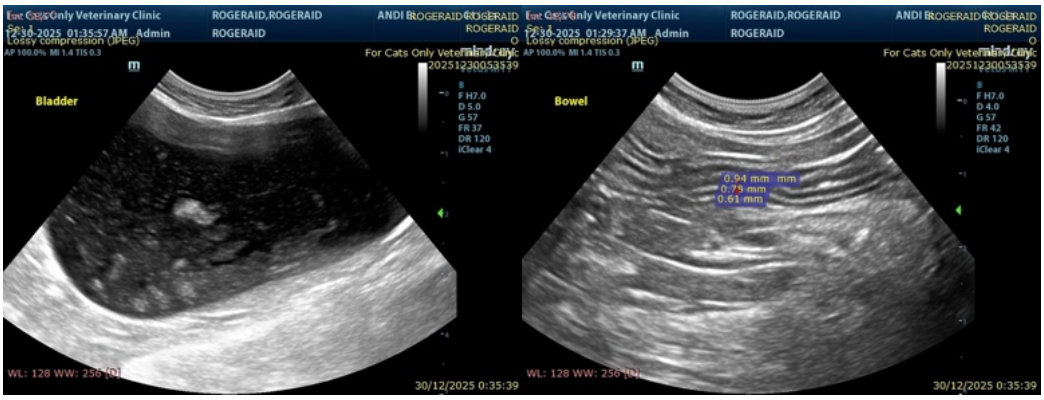
INVOICE

69695

DATE

12/30/25





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