



PATIENT

Reba English

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Whitesell

INVOICE

69346

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Speciatity Referral Hospital notes: Anorexia, not moving around much, vomiting- BW and rads, recommend AUS Renal mineralization, Hyperbilirubinemia - hepatic lipidosis vs cholangiohepatitis vs pancreatitis, Possible Neoplasia, Discospondylosis L-S, Cerenia 3.5 mg IV, Ondansetron 1 mg IV, LRS 200 mls SQ, Simabdol 0.84 mg SQ Owner said doesn't think was vomiting, just lots of diarrhea, clear yellowish fluid, constant, not going to litter box, will just go where sitting. Presented for Abdominal US

Abnormal PE/Chem/CBC/UA Results: BUN 48.1 CREA 2 Bilirubin 1.9

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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 floating echogenic material. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.52x2.26 cm, and the cortical thickness is 0.35 cm in the sagittal plane. The right kidney is normal in shape and size: 3.49x2.06 cm, and the cortical thickness is 0.34 cm in the sagittal plane. Both kidneys have cortices that are isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. There is no evidence of pyelectasia or hydronephrosis, although several small nephroliths in formation are observed within the renal calyces. Color Doppler is normal.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.38 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.69 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

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.

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

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.06 mm and preserved wall layering. The pylorus measures 2.90 mm.

Duodenum: 1.35 mm. Ileum: 1.81 mm (Mucosa: 0.45 mm, Submucosa: 0.41 mm, Muscularis propria: 0.86 mm). Jejunum: 2.20 mm (Mucosa: 0.50 mm, Submucosa: 0.61 mm, Muscularis propria: 0.48 mm). Most small intestinal segments display a fluid pattern and a spastic appearance, and one segment measures up to 3.42 mm in thickness. Wall layering is preserved. The ileocecal junction was not visualized. No signs of obstruction are identified.

Colon wall thickness is 2.92 mm, and the colon is distended and fluid-filled.

Pancreas

The pancreas itself could not be directly visualized, although the surveyed regions did not show obvious signs of inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized. The iliac trifurcation is normal.

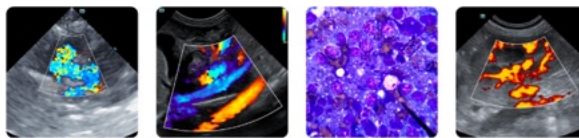
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Colon is fluid-filled and colonic wall thickening is present (2.92 mm).
- Small intestinal segments show a fluid-filled, spastic pattern, with segmental thickening up to 3.42 mm, though wall layering is preserved.

SECONDARY FINDINGS

- Turbid urine with abundant floating echogenic material (sediment/debris), no calculi.
- Small nephroliths forming within the renal calyces (bilateral), without pyelectasia or hydronephrosis.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is diffuse fluid distension of the small intestine with a spastic, hypercontractile pattern, suggestive of enteritis, malabsorptive disease, or motility dysfunction. Jejunal muscularis:mucosa ratio is approximately 0.96:1 (within normal limits), whereas the ileal muscularis:mucosa ratio is increased at approximately 1.9:1, consistent with segmental muscularis thickening. One segment demonstrates mild mural thickening (up to 3.42 mm). The colon is fluid-filled with mural thickening a pattern consistent with colitis, infectious diarrhea, or secondary inflammatory change due to prolonged altered transit time.

The pancreas was not visualized, creating a significant diagnostic limitation, especially in a cat with anorexia, vomiting/diarrhea, and elevated bilirubin. Therefore, pancreatitis cannot be ruled out.

The liver appears normal in echotexture and size, and the gallbladder contains only minimal biliary sludge. Despite normal imaging, the mild hyperbilirubinemia suggests functional cholestasis, hepatocellular injury, dehydration, or extrahepatic causes such as pancreatitis or severe enteropathy. No signs of lipidosis are observed.

The kidneys maintain normal shape and architecture, though small nephroliths are forming in the renal calyces. No obstruction or pyelectasia is present. Coupled with elevated BUN and creatinine, this likely reflects early chronic kidney disease with mineralization rather than acute obstruction.

Although ultrasound findings are more consistent with diffuse enterocolitis or severe chronic enteropathy, a diffuse neoplastic process—most notably small-cell lymphoma—cannot be excluded. Early or low-grade infiltrative lymphoma may preserve wall layering and produce only subtle mural changes, making sonographic exclusion unreliable.

Recommendations

- Fecal PCR panel (bacterial + protozoal pathogens), especially with severe diarrhea.
- GI panel and Spec fPL.
- Consider GI biopsies (endoscopic or surgical) if weight loss, hyporexia, or biochemical abnormalities progress.
- Urinalysis.





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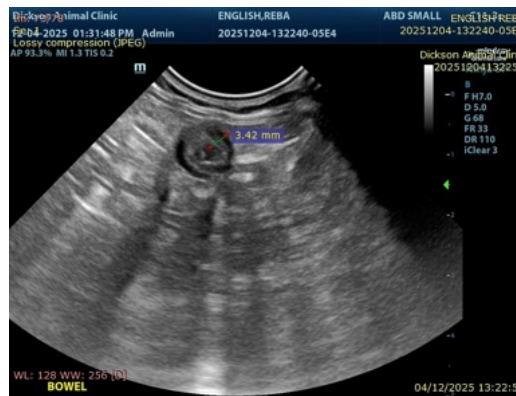
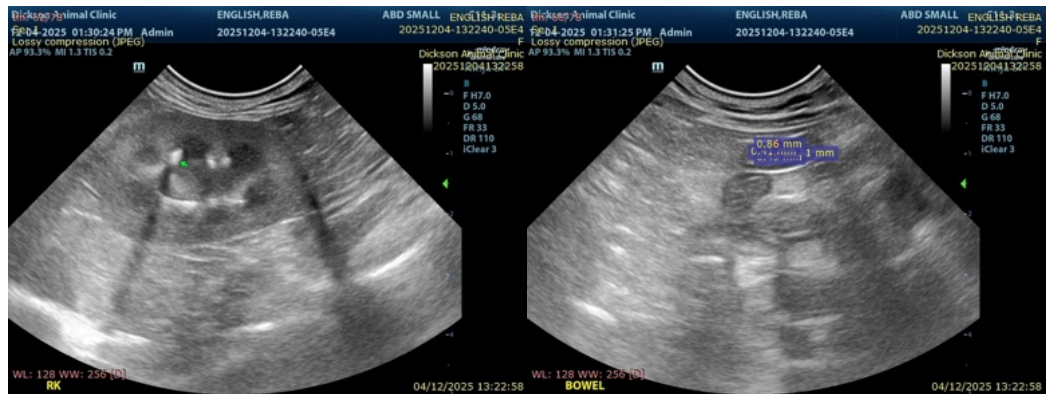
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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