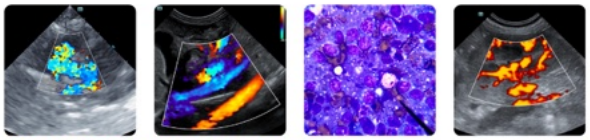


PATIENT

Bella Tuck

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

8.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

69468

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: - Mid-October 2025: Patient was examined for vaccine updates (FVRCP, Rabies) and severe periodontal disease was noted. - December 04, 2025: Presented for a four-day history of vomiting solid food approximately 5-10 minutes post-ingestion. - Diagnostics on 12/04/2025 included bloodwork (CBC, Chemistry), urinalysis, and a thyroid level. - CBC was within normal limits aside from a mild eosinophilia. Chemistry panel and urinalysis showed no significant findings. T4 level was 2.4. - Over the last 5 days, the vomiting has progressed to regurgitation of any food with a thick consistency within 30-60 seconds of eating. - The owner reports the patient continues to act hungry. - A trial of oral Cerenia did not resolve the clinical signs. - The patient is able to retain liquids and pureed food.
Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4/UA-12/5/2025-unremarkable Marked periodontal disease-heavy calculus with gingival recession

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is turbid with some floating echoes. 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: 3.67×1.70 cm, and the cortical thickness is 0.23 cm in the sagittal plane. The 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.

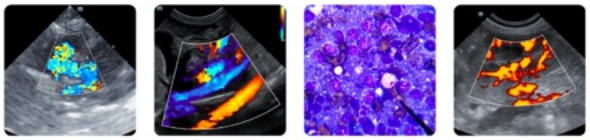
The right kidney is normal in shape and size: 3.57×2.29 cm, and the cortical thickness is 0.25 cm in the sagittal plane. The cortex is echogenic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.30 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.28 cm at the caudal pole.

Spleen

Splenic thickness is 0.71 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



PATIENT

Bella Tuck

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

8.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

69468

DATE

12/9/25

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 very small amount of biliary sludge. The common bile duct measures 1.75 mm.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.03 mm and preserved wall layering. The pylorus measures 2.50 mm (muscularis 1.54 mm). No mucosal ulcerations or perigastric inflammatory changes are observed.

Duodenum (proximal): 2.13 mm. Jejunum: 2.09 mm (Mucosa 1.12 mm, Submucosa 0.63 mm, Muscularis propria 0.39 mm). Ileum: 1.74 mm (Mucosa 0.77 mm, Submucosa 0.55 mm, Muscularis propria 0.59 mm). Wall layering is normal throughout. The ileocecal junction measures 2.46 mm (muscularis 0.69 mm). No signs of obstruction, ileus, or foreign material are identified.

Colon: ascending colon 0.67 mm, dilated and fluid-filled. Transverse (1.39 mm) and descending (1.71 mm) also demonstrate a fluid pattern.

Pancreas

Right limb: 5.52 mm; left limb: 5.59 mm. Pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 0.82 mm. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild pyloric wall thickening.
- Fluid-filled colon.

SECONDARY FINDINGS

- Very small amount of biliary sludge — incidental.

PATIENT

Bella Tuck

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

8.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

69468

DATE

12/9/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

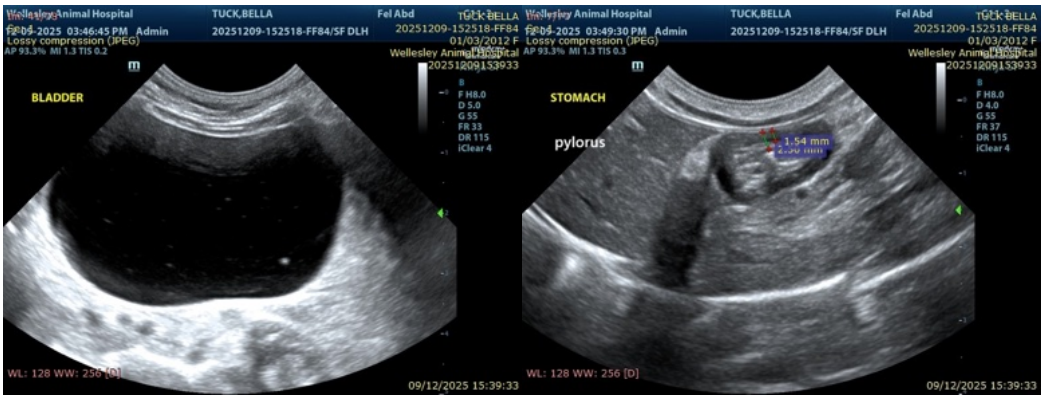
The pylorus shows mild muscular thickening (1.54 mm), a finding that may represent incidental muscular hypertrophy or transient pyloric contraction. However, this feature does not completely correlate with the patient's rapidly progressive post-prandial regurgitation. The clinical history describes immediate or early expulsion of food (30–60 seconds) with tolerance only for liquids, a pattern highly characteristic of esophageal regurgitation rather than vomiting. Because the distal esophagus and the esophagogastric junction are not adequately assessable by abdominal ultrasound, a distal esophageal structural abnormality, focal esophagitis with stenosis, or intraluminal mass, remains a strong differential.

The colon is diffusely fluid-filled, a nonspecific finding that is most likely secondary to the current feeding pattern, as the patient is only able to tolerate liquids and pureed diets. When solid food intake decreases, colonic content becomes more fluid and transit may accelerate, leading to the appearance of liquid-filled colonic segments on ultrasound. Importantly, there is no evidence of mural disease, indicating that the fluid content reflects dietary and motility changes rather than a primary colonic pathology.

The region initially identified by the operator as a possible "mass versus dilated bowel loop versus obstruction" corresponds to a normal ileocecal junction and ascending colon. Ultrasonographically, the ileocecal junction demonstrates normal wall layering, thickness, and contour, with no mural irregularity, no loss of stratification, and no mass effect. Likewise, the colonic segments are dilated and fluid-filled as an expected consequence of the patient's current liquid diet.

Recommendations

- Thoracic radiographs and/or contrast esophagram to evaluate for esophageal stricture, dilation, mass, or motility disorder.
- Upper GI endoscopy would allow confirmation or exclusion of any esophageal abnormalities that may not be detectable radiographically. In addition, further evaluation of the stomach—particularly the pyloric region—would be warranted. Deep mucosal biopsies could confirm or rule out chronic inflammatory conditions such as lymphoplasmacytic gastritis or pyloric mucosal disease, which can occasionally produce functional outflow abnormalities.



PATIENT

Bella Tuck

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

8.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

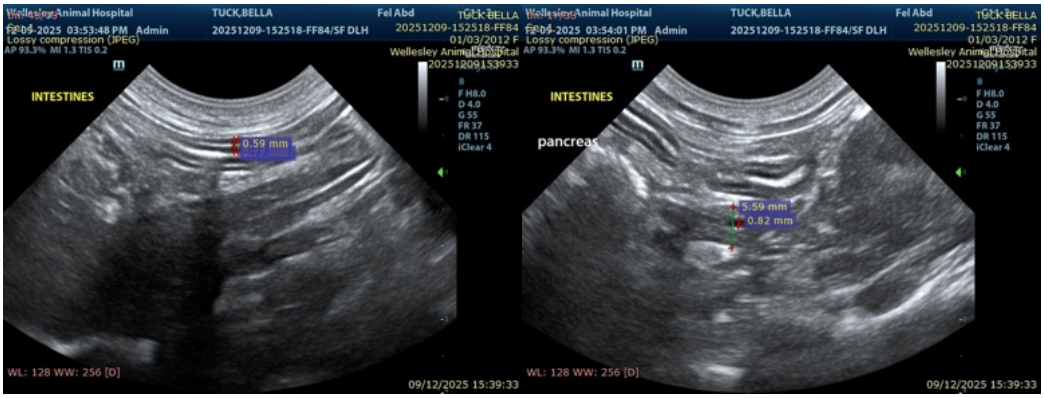
Dr. Leal

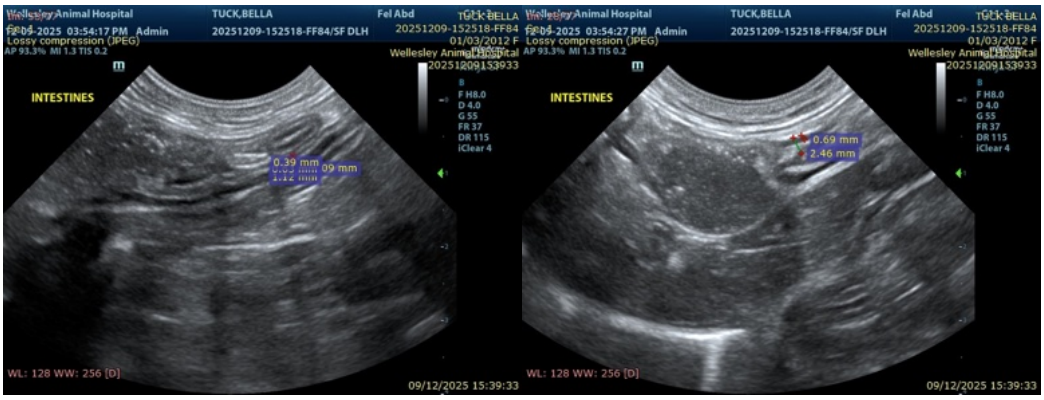
INVOICE

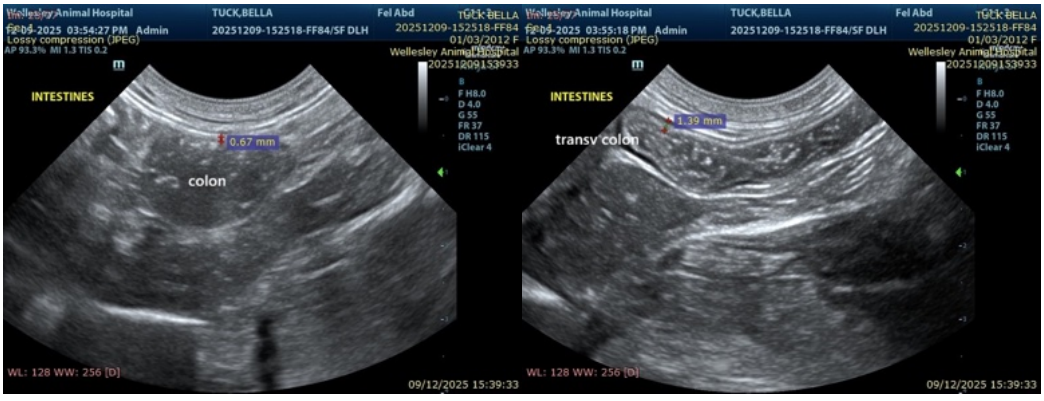
69468

DATE

12/9/25







PATIENT

Bella Tuck

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

8.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

69468

DATE

12/9/25

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