



PATIENT

Bonnie Webber

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

8.8 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Sieger

INVOICE

68457

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Pt presented for recurrent constipation. Upon doing an enema, what felt like a stricture was found on rectal palpation. Sent referral over to surgeon, who requested an abdominal US be performed prior to surgery.

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 anechoic. 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: 2.76 × 1.79 cm, and the cortical thickness is 0.28 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: 3.15 × 1.88 cm, and the cortical thickness is 0.29 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.22 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness is 0.60 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 margins 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. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.92 mm and preserved wall layering. The pylorus measures 2.03 mm.

Duodenum: 2.13 mm. Jejunum: 1.86 mm (Mucosa 1.10 mm, Submucosa 0.38 mm, Muscularis propria 0.25 mm). Ileum: 1.17 mm, with normal wall layering. Ileocecal junction: 2.37 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: ascending 1.06 mm, nearly empty; transverse 1.44 mm with normal fecal content (not dehydrated or impacted); descending colon 1.26 mm, empty with only gas and small amounts of fecal residue.

The final images corresponding to the distal descending colon show a normal wall with preserved layering and no mass effect or nodules. The problem is likely located in the rectum, which cannot be adequately visualized from the abdomen. At this time, there is no fecal retention or regional lymphadenopathy.

Pancreas

The pancreatic region shown in the videos does not demonstrate signs of inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Normal colon and distal descending colon – no ultrasonographic evidence of obstruction, mural disease, or mass.
- Rectum not visualized → lesion suspected clinically is beyond ultrasound reach.
- No regional lymphadenopathy to suggest neoplastic or severe inflammatory disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound reveals no structural abnormality within the colon or abdominal gastrointestinal tract that would explain this patient's recurrent constipation. The colon is of normal thickness, contains no mass, stricture, or mural abnormality, and there is no evidence of proximal bowel dilation or fecal retention. The distal descending colon is normal and given the surgeon's suspicion of a stricture on digital palpation, the obstruction is most likely located at the rectum, which is anatomically inaccessible to abdominal ultrasound.

Overall, the imaging findings do not identify a colonic cause for constipation, and they support the suspicion of a rectal stricture or rectal mural process as the underlying problem. Endoscopic evaluation



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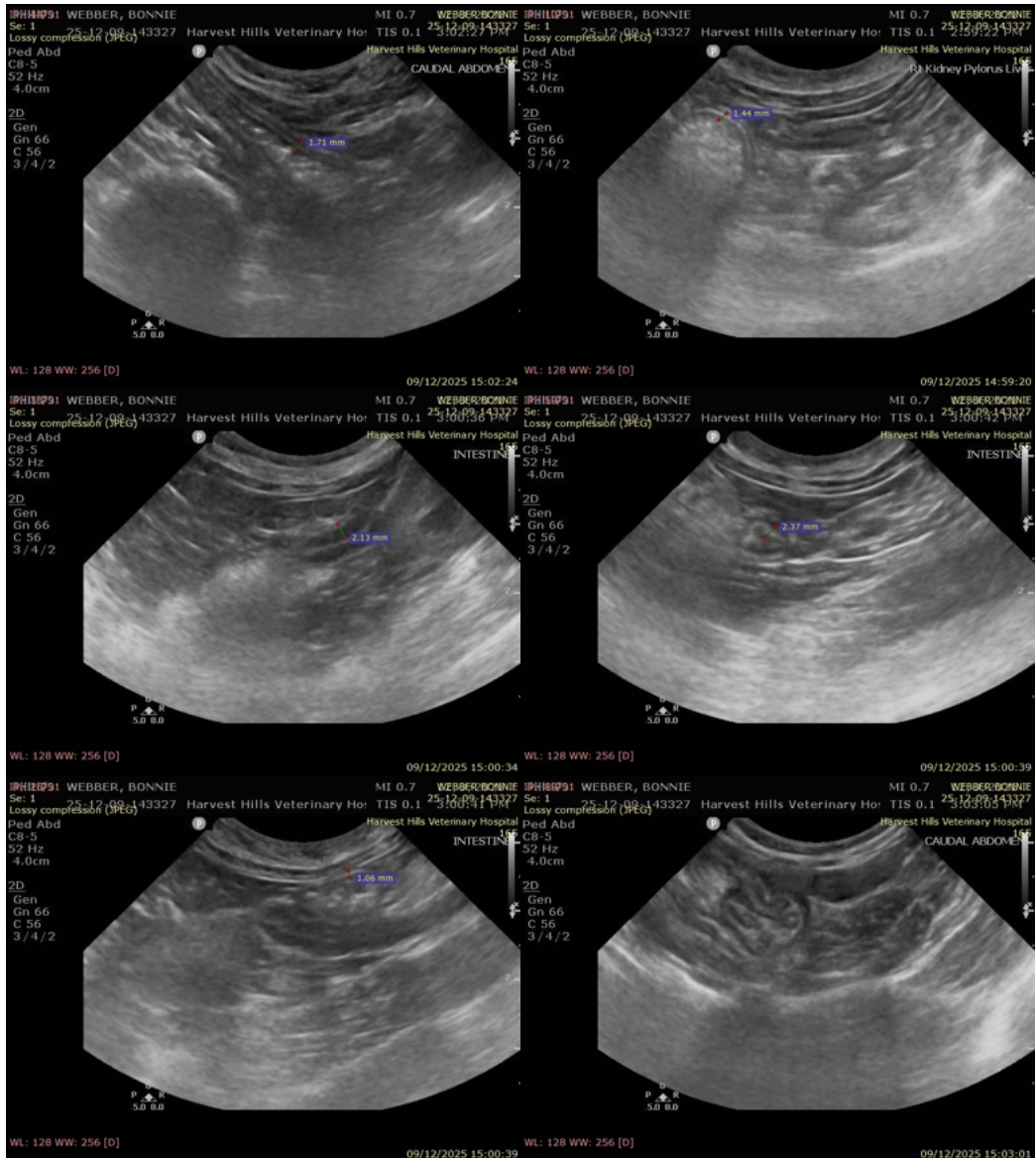
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or contrast radiography (positive-contrast retrograde colonogram) may be required to characterize the lesion prior to surgery.



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

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