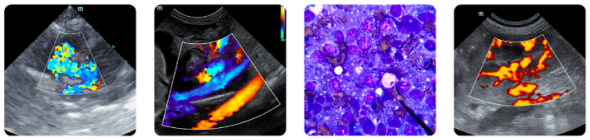


PATIENT

Dash Taylor

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

9 years

WEIGHT

21 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for Animals

REFERRING VET

Dr. Wagner

INVOICE

71477

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Weight loss - 5 lb over last 8 months
- Constipation - several weeks per owner. No improvement with added fiber.
- CBC, chem, T4, UA, GI panel all pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall is thin and smooth. Urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or mural abnormalities are identified.

Left kidney: Normal in shape and size, measuring 4.63×3.00 cm in the sagittal plane. Cortical thickness measures 0.40 cm. Right kidney: Normal in shape and size, measuring 4.59×3.22 cm in the sagittal plane. Cortical thickness measures 0.41 cm. In both kidneys, the renal cortex is mildly hyperechoic relative to the liver parenchyma. Corticomedullary distinction and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

The left adrenal gland measures 0.27 cm at the cranial pole and 0.25 cm at the caudal pole, within normal feline reference ranges.

The right adrenal gland is not visualized.

Spleen

Splenic thickness measures 0.83 cm. Parenchyma is homogeneous with normal echogenicity. No focal lesions are identified.

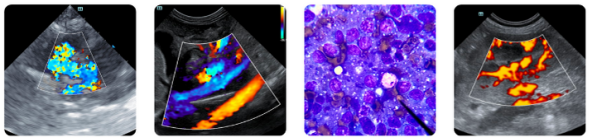
Liver

The liver is subjectively normal in size with sharp margins and regular contour. Parenchyma is uniform and isoechoic relative to falciform fat. No focal lesions or lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin. A mild to moderate amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.91 mm and preserved wall layering. The pylorus measures 4.15 mm and contains a small amount of luminal fluid.



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The duodenum measures 1.98 mm. The jejunum measures between 2.34–2.83 mm, with mucosa measuring 1.35 mm, submucosa 0.37 mm, and muscularis propria 0.51 mm. The ileum measures 1.72 mm in total thickness, with mucosa measuring 0.67 mm, submucosa 0.56 mm, and muscularis propria 0.43 mm. Wall layering is preserved throughout all segments.

The ileocecal junction measures 2.83 mm in total thickness, with muscularis measuring 0.84 mm.

No focal mural thickening, mass lesion, obstruction, or intraluminal foreign material is identified.

The colon measures 0.73 mm (ascending), 0.68 mm (transverse), and 0.76 mm (descending). All segments contain formed fecal material with marked distal acoustic shadowing. No mural thickening or focal lesion is identified.

Pancreas

Pancreatic thickness ranges from 6.24–8.07 mm. The parenchyma is isoechoic relative to adjacent omental fat. The pancreatic duct measures 0.90 mm in diameter. No peripancreatic fat hyperechogenicity or focal mass is identified.

Peritoneal Cavity and Lymph Nodes

No abdominal effusion is observed.

The ileocecal lymph node measures 3.83×5.62 mm and is hypoechoic but maintains normal shape. Cranial mesenteric lymph nodes are not visualized. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Moderate fecal content without colonic dilation.

SECONDARY FINDINGS

- Mild–moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This examination does not identify a structural obstructive lesion to explain constipation. The colon is not dilated and mural thickness remains within normal limits for a cat of this size, arguing against megacolon or neoplasia at this time.

The small intestine demonstrates preserved wall layering. The muscularis-to-mucosa ratios are within expected limits and do not support muscularis-predominant infiltrative disease. The ileocecal lymph node is mildly enlarged and hypoechoic; however, size remains within acceptable feline reference ranges and morphology is preserved, making reactive lymphoid tissue more likely than neoplasia.

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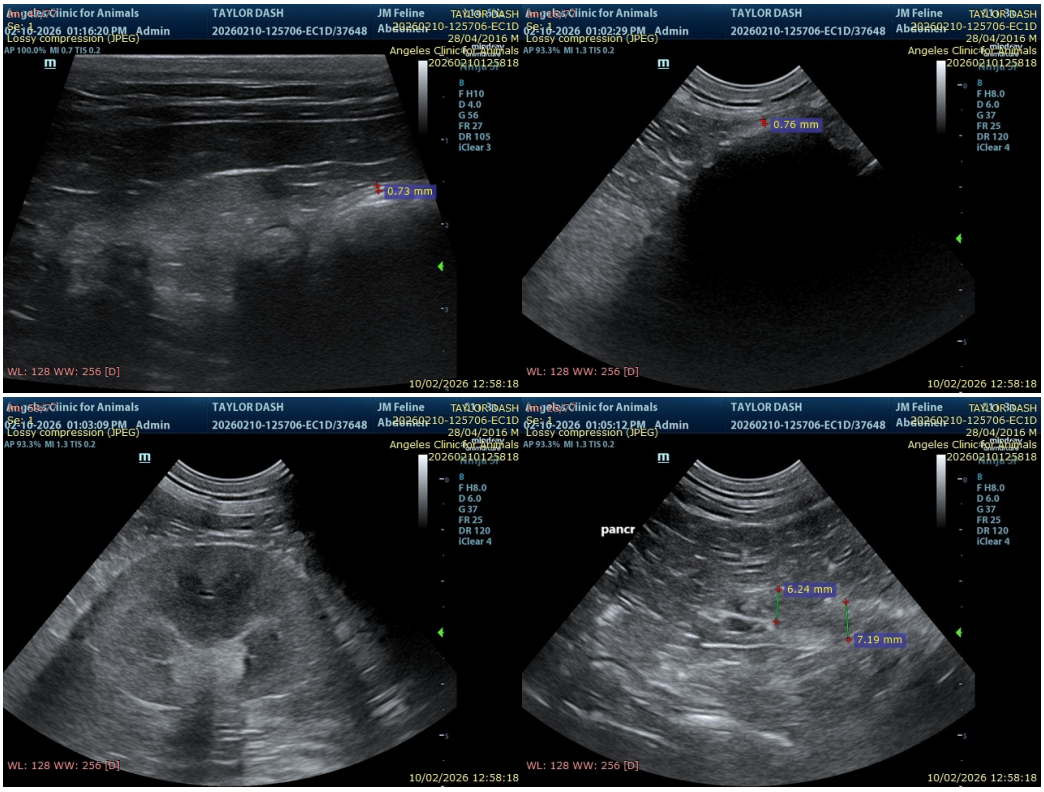
Both kidneys demonstrate mildly increased cortical echogenicity with preserved corticomedullary definition. In a 9-year-old Maine Coon, this may represent early or subclinical chronic kidney disease.

Recommendations

- Correlate with pending laboratory results, particularly renal parameters (creatinine, SDMA, electrolytes) and urine specific gravity, as early chronic kidney disease may contribute to dehydration-associated constipation and weight loss.
- Optimize hydration status. Transition to predominantly canned diet if not already implemented. Consider supplemental subcutaneous fluids if renal insufficiency is identified or if dehydration persists.
- Initiate medical management for constipation with an osmotic laxative titrated to effect. Lactulose is an alternative if PEG is not tolerated.
- If inadequate response to osmotic therapy, consider addition of cisapride to address potential colonic hypomotility.



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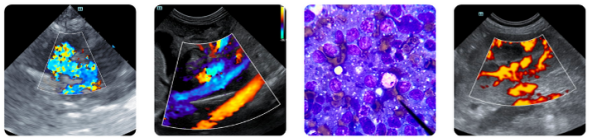

Clinical Sonography & Telecytology
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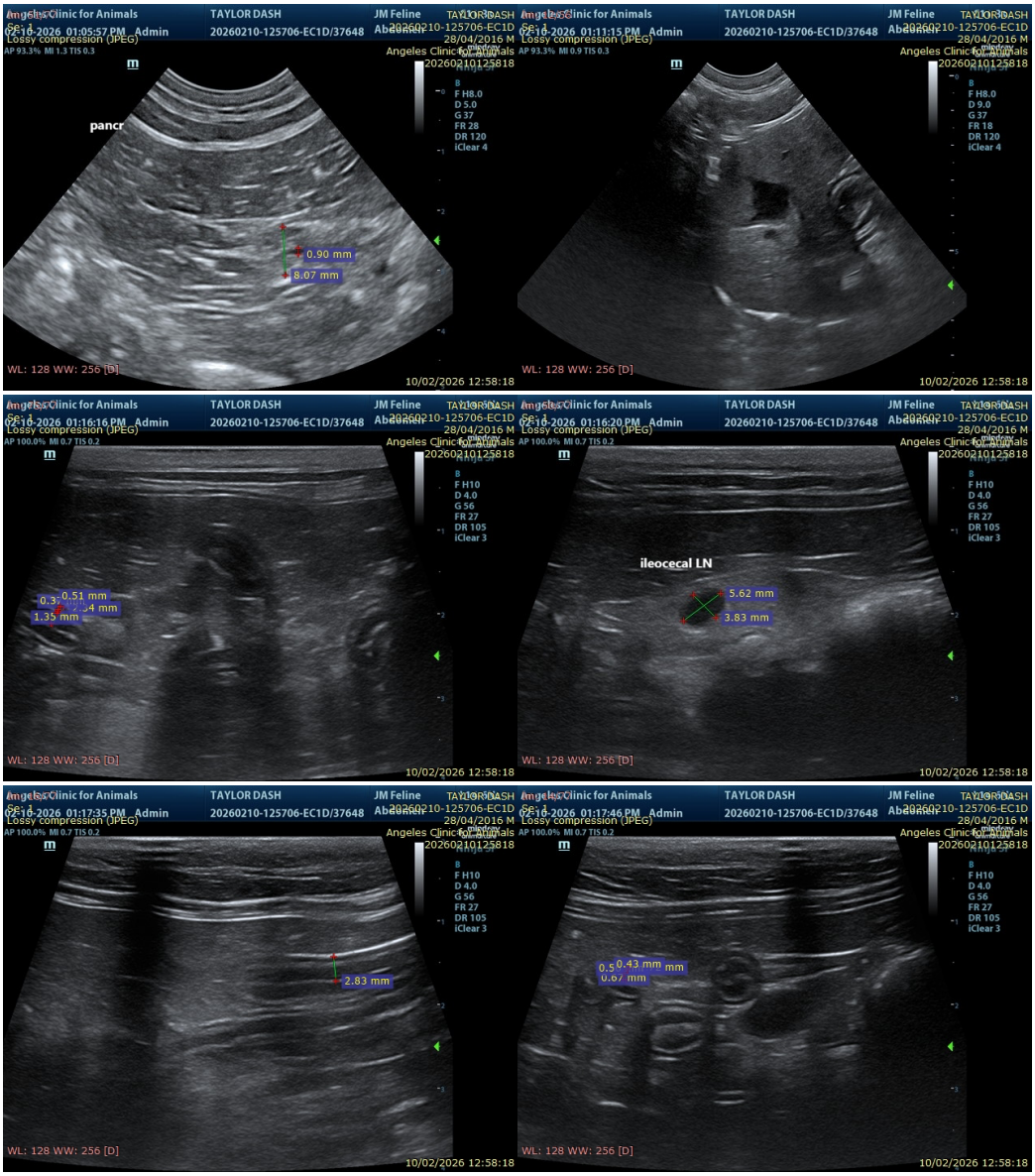

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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