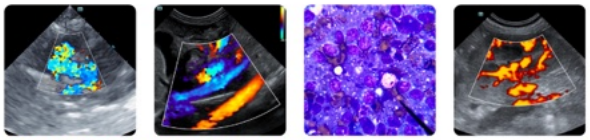


PATIENT

Olive Henderson

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

14 years

WEIGHT

7.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Tavella

INVOICE

71468

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Anorexia and weight loss following introduction of kitten to house several weeks ago. No improvement when pets are isolated form each other. No improvement after subcutaneous fluids and maropitant. No improvement with mirtazapine.
- PE: mild dental disease, weight loss, dehydration Chem: wnl - no abnormalities CBC: wnl - no abnormalities T4: wnl - no abnormalities UA: wnl - no abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is mildly turbid with suspended echogenic debris. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 3.04×1.79 cm in the sagittal plane. Cortical thickness measures 0.27 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis. Doppler perfusion appears normal.

Right kidney: Normal in shape and size, measuring 3.31×1.90 cm in the sagittal plane. Cortical thickness measures 0.32 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis. Doppler perfusion appears normal.

Adrenal Glands

The left adrenal gland measures 0.32 cm (cranial pole) and 0.34 cm (caudal pole), within normal limits for a cat. The right adrenal gland was not visualized due to positioning and gastrointestinal gas artifact.

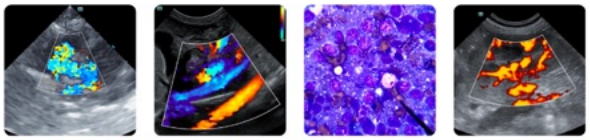
Spleen

Splenic thickness measures 0.78 cm. The splenic parenchyma demonstrates normal echogenicity and homogeneous echotexture without focal abnormalities.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat. No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder lumen is normally distended. The wall is thin. Contents are anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 1.32 mm with preserved wall layering. The pylorus measures 2.28 mm. The duodenum measures 1.41 mm.

The jejunum measures 2.31 mm. Layer measurements: Mucosa: 1.12 mm. Submucosa: 0.68 mm. Muscularis propria: 0.27 mm. The muscularis-to-mucosa ratio is approximately 0.24, which is within normal limits for a cat.

The ileum measures 1.62 mm with preserved wall layering.

The ileocecal junction measures 2.41 mm, with muscularis thickness of 0.69 mm. No loss of layering, focal mass, obstruction, or segmental thickening is identified.

The transverse colon measures 1.14 mm and contains soft fecal material. The descending colon measures 0.93 mm with more formed feces.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of inflammation, enlargement, or peripancreatic fat changes.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- No clinically significant structural abnormalities identified.

SECONDARY FINDINGS

- Mild urinary sediment (nonspecific).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is unremarkable. No structural abnormalities are identified in the spleen, kidneys, pancreas, or mesenteric lymph nodes that would explain the patient's anorexia and weight loss. Given the temporal association with introduction of a new household cat, environmental stress should be considered as a potential contributing factor to anorexia.

There is no ultrasonographic evidence of intestinal thickening, muscularis hypertrophy, mass lesions, lymphadenopathy, biliary obstruction, or hepatic architectural change. However, the absence of mural thickening, muscularis hypertrophy, or regional lymphadenopathy does not exclude early inflammatory

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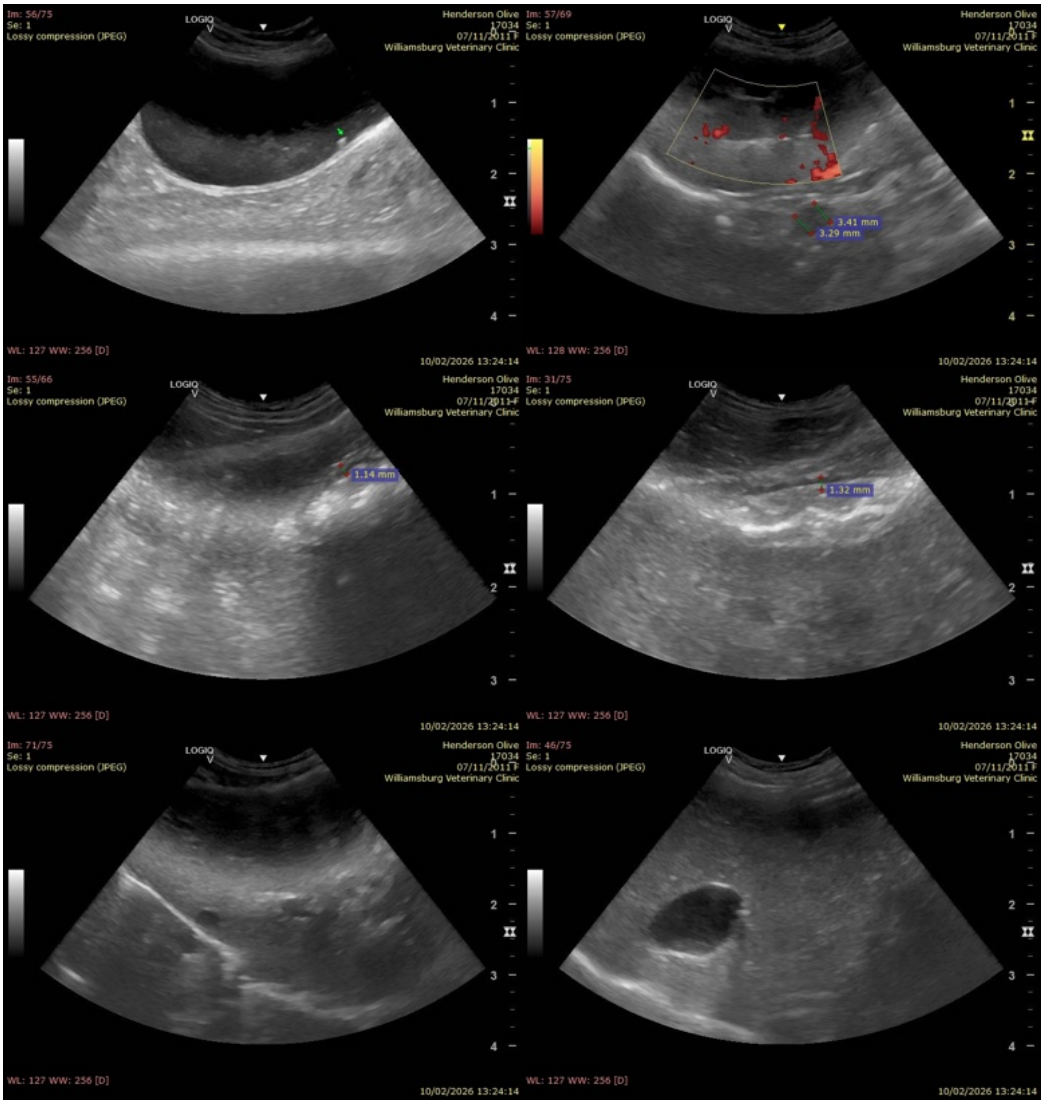
bowel disease, as mild or early mucosal inflammatory changes may not produce measurable ultrasonographic alterations.

Scant urinary sediment is noted without mural thickening or structural bladder abnormality. In the context of dehydration, reduced intake, and previously unremarkable urinalysis, this most likely reflects urine concentration rather than primary lower urinary tract disease.

Recommendations

- Given persistent anorexia and weight loss with normal imaging and laboratory results, consider a complete GI panel.
- Close monitoring of body weight and hydration status.



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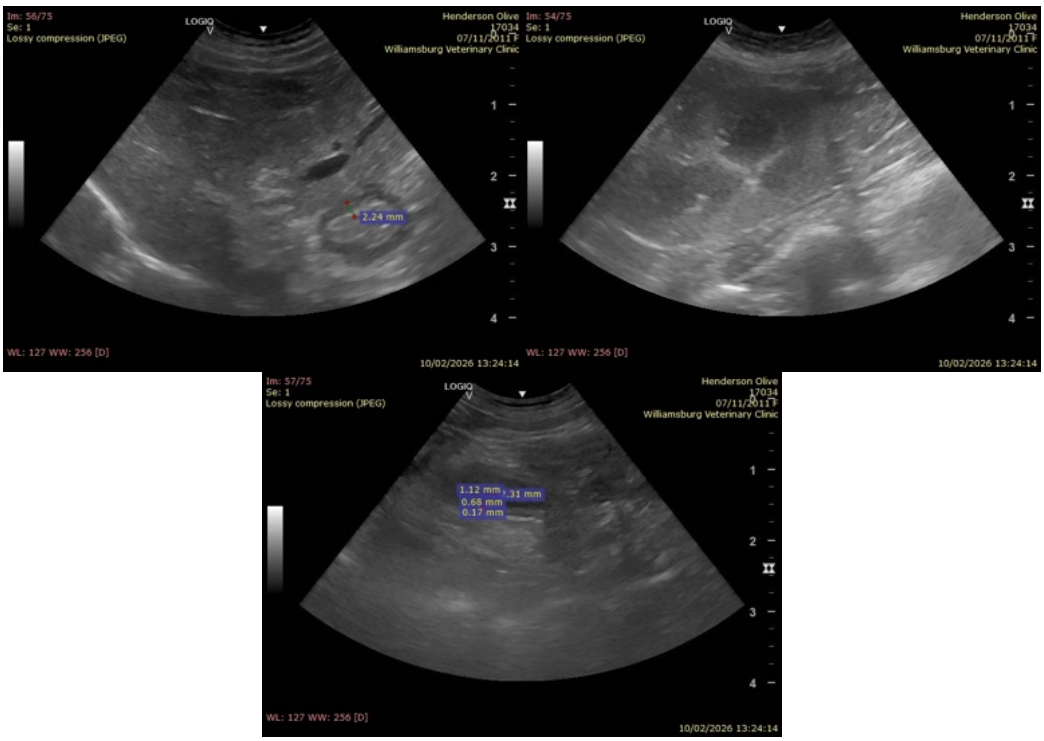

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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