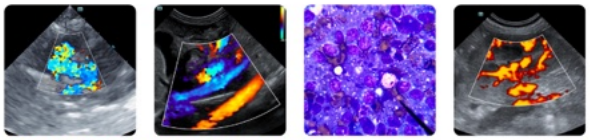


PATIENT

Oli Cena

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

11.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Frint

INVOICE

71505

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Intermittent vomiting for past ~1 year, increasing frequency.
- Recent possible lily ingestion (12/28), hospitalized but no significant lab
- abnormalities at that time.
- Previous fecal negative.
- Previous Purina HA trial unsuccessful but may have had other dietary additions during trial.
- Labs at emergency vet 12/28 WNL, negative fecal, unremarkable PE.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 3.52×2.22 cm in the sagittal plane. The right kidney measures 3.84×2.49 cm in the sagittal plane. Cortical thickness measurements were not provided. In both kidneys, the cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.39 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.38 cm at the caudal pole.

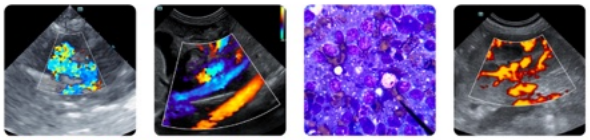
Spleen

Splenic thickness measures 0.99 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is well defined, with a thin and regular wall. The contents are predominantly anechoic and homogeneous, without ultrasonographic evidence of biliary sediment or echogenic material with distal acoustic shadowing.



PATIENT

Oli Cena

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

11.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Frint

INVOICE

71505

DATE

2/10/26

An echogenic linear intraluminal structure is identified, partially dividing the gallbladder lumen and creating a bilobed or septated appearance. This finding is compatible with a septated gallbladder or bilobed anatomic variant. No ultrasonographic signs of cholecystitis (mural thickening, mural edema, organized luminal content) or cholelithiasis are identified. The common bile duct measures 2.90 mm proximally and 1.99 mm distally.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.48 mm and preserved wall layering. The pylorus measures 2.26 mm. The pyloroduodenal junction and proximal duodenum were not visualized.

The jejunum measures 1.10–1.27 mm in thickness. The ileum measures 1.21 mm. Wall layering is preserved throughout the evaluated segments.

The ileocecal junction measures 2.51 mm, with muscularis measuring 0.98 mm.

No obstructive pattern, ileus, or intraluminal foreign material is identified.

The colon measures 0.79 mm (ascending), 0.85 mm (transverse), and 0.88 mm (descending). Formed feces are present with distal acoustic shadowing.

Pancreas

The pancreas measures 5.38–6.5 mm in thickness. The parenchyma is isoechoic relative to adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic evidence of active inflammation or focal mass is identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. The cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Septated/bilobed gallbladder (anatomic variant).
- Mild medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a structurally unremarkable abdominal ultrasound examination. No ultrasonographic evidence of obstructive gastrointestinal disease, inflammatory enteropathy, pancreatitis, or foreign bodies are

PATIENT

Oli Cena

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

11.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Frint

INVOICE

71505

DATE

2/10/26

identified. Small intestinal wall thickness is within accepted feline reference ranges (generally ≤2.7–3.0 mm), and layering is preserved throughout.

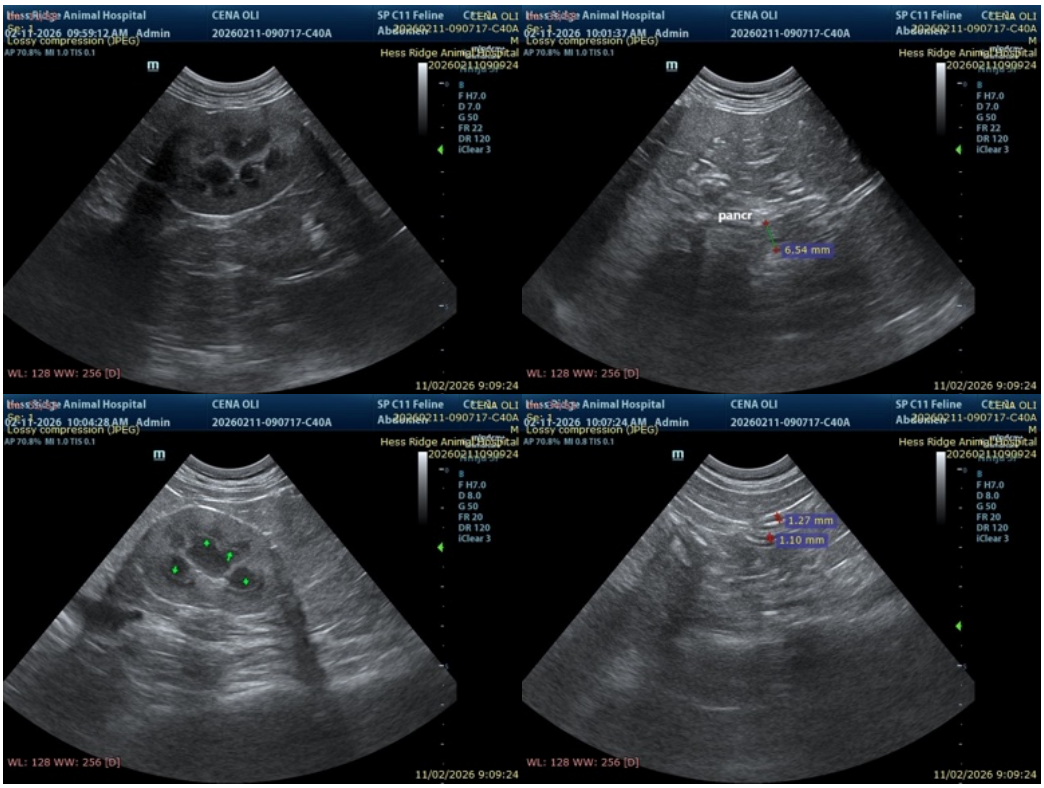
The septated or bilobed appearance of the gallbladder is most consistent with a congenital anatomic variant and is not associated with mural thickening, sludge, or biliary obstruction.

The mild medullary rim sign is a nonspecific finding in cats and may be incidental.

Given the history of chronic intermittent vomiting with increasing frequency and an otherwise normal structural ultrasound examination, functional or microscopic gastrointestinal disease remains possible. Ultrasound cannot exclude early inflammatory enteropathy, food-responsive disease, motility disorder, or mild chronic pancreatopathy in the absence of structural change. Lily exposure is unlikely to be contributing to current clinical signs in the absence of renal biochemical abnormalities, although idiosyncratic individual responses cannot be entirely excluded.

Recommendations

- Consider a strict, well-controlled dietary trial with elimination of all additional food sources if food-responsive disease remains suspected.
- fPLI may be considered if clinical suspicion of pancreatitis increases.
- If vomiting persists or worsens, endoscopic evaluation with biopsy may be required, as ultrasound cannot exclude microscopic inflammatory disease.



PATIENT

Oli Cena

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

11.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

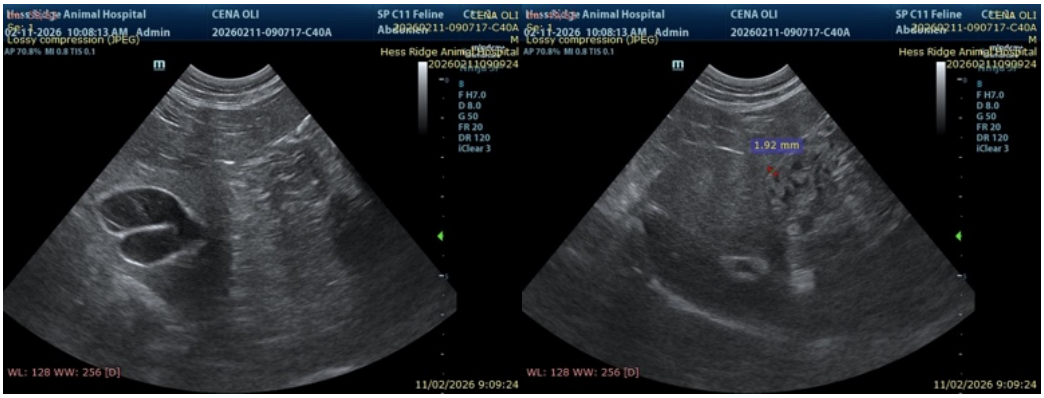
Dr. Frint

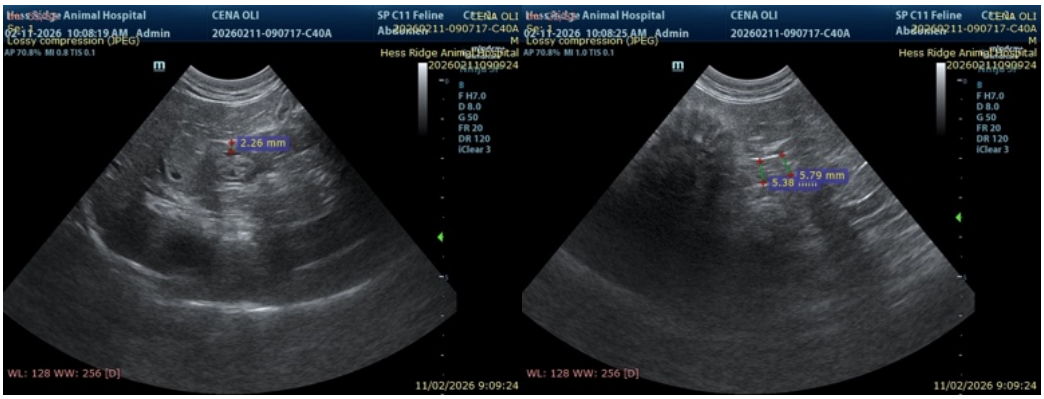
INVOICE

71505

DATE

2/10/26





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