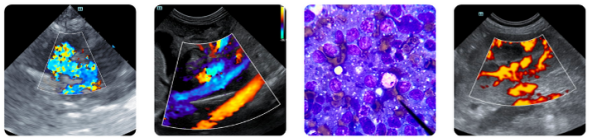


PATIENT

Lovey Roy

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

6 years 9 months

WEIGHT

4.74 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Elizabeth Cumyn

INVOICE

11323

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Lovey, a 6-year-old cat, presented three days ago for vomiting, inappetence, and weight loss, with persistent anorexia.
- Upon presentation, Lovey was evaluated with blood work and abdominal radiographs. The blood work was reported as normal, including a normal T4 and a creatinine of 115, with the only exception being a slightly low chloride level attributed to the vomiting. A urinalysis was also normal with a specific gravity of 1.040 and no bacteria found on review. Initial radiographs showed a mild intestinal gas pattern, which raised concern for a potential obstruction.
- As of this morning, repeat radiographs confirmed that intestinal contents are moving through and less likely an obstruction. The vomiting has also stopped. Lovey is still not eating properly and is described as being an "ADR" (ADR) cat. The primary ongoing concern is to rule out underlying abdominal pathology, such as intestinal lymphoma vs open.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is mildly turbid with scant suspended echoes. The bladder neck and proximal urethra are unremarkable. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney measures 3.65×1.75cm in the sagittal plane. Cortical thickness is 0.27 cm. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney measures 3.24×1.83cm in the sagittal plane. Cortical thickness is 0.23 cm. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland: 0.21cm (cranial pole) and 0.23cm (caudal pole).
- Right adrenal gland: 0.22cm (cranial pole) and 0.24cm (caudal pole).

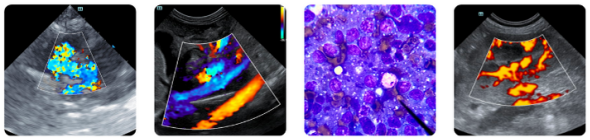
Spleen

Splenic thickness is 0.85cm. The parenchyma is homogeneous with normal echogenicity. The capsule is smooth. Doppler evaluation demonstrates a normal vascular pattern.

Liver

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

The gallbladder is normally distended. The wall is thin. The contents are anechoic.
The common bile duct measures 4.30–2.36 mm along its course.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 2.09 mm and preserved layering.
Pylorus: 3.48 mm.
Duodenum: 1.70 mm.
Jejunum: 2.21 mm.

- Mucosa: 0.99 mm
- Submucosa: 0.59 mm
- Muscularis propria: 0.25 mm

Ileum: 1.82 mm.
Ileocecal junction: 3.0mm, with muscularis measuring 1.01 mm.

Colon: 0.72 mm, containing formed feces.

Small intestinal wall thicknesses are within accepted feline reference ranges (generally ≤2.5–3.0mm depending on segment). Wall layering is preserved throughout.

Pancreas

Pancreatic thickness measures 6.76mm. The parenchyma is isoechoic relative to adjacent mesenteric fat. The pancreatic duct measures 1.50mm. No peripancreatic fat hyperechogenicity, mass effect, or architectural distortion is identified.

Free Abdomen

No abdominal effusion or ultrasonographic evidence of peritonitis is identified. Cranial mesenteric and ileocecal lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation region is normal.

PRIMARY FINDINGS

- Common bile duct measuring up to 4.30mm (upper reference limit).
- Mild pancreatic duct prominence (1.50mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound is largely unremarkable. Small intestinal wall thicknesses and layering are preserved, with a normal muscularis-to-mucosa ratio in the jejunum (0.25), which does not support inflammatory bowel disease or small cell lymphoma at this time. The pancreas appears normal in echogenicity and contour, with no sonographic evidence of active pancreatitis. The common bile duct measures up to 4.30 mm, which is at the upper end of reported reference limits for adult cats; however, there is no gallbladder distention, no mural thickening, and no intrahepatic ductal dilation to support clinically significant extrahepatic biliary obstruction. In the absence of biochemical cholestasis or hyperbilirubinemia, the common bile duct diameter alone does not explain prolonged anorexia

Overall, an ADR cat with normal laboratory findings and resolving vomiting, a functional gastrointestinal disease, early inflammatory enteropathy below sonographic resolution, or

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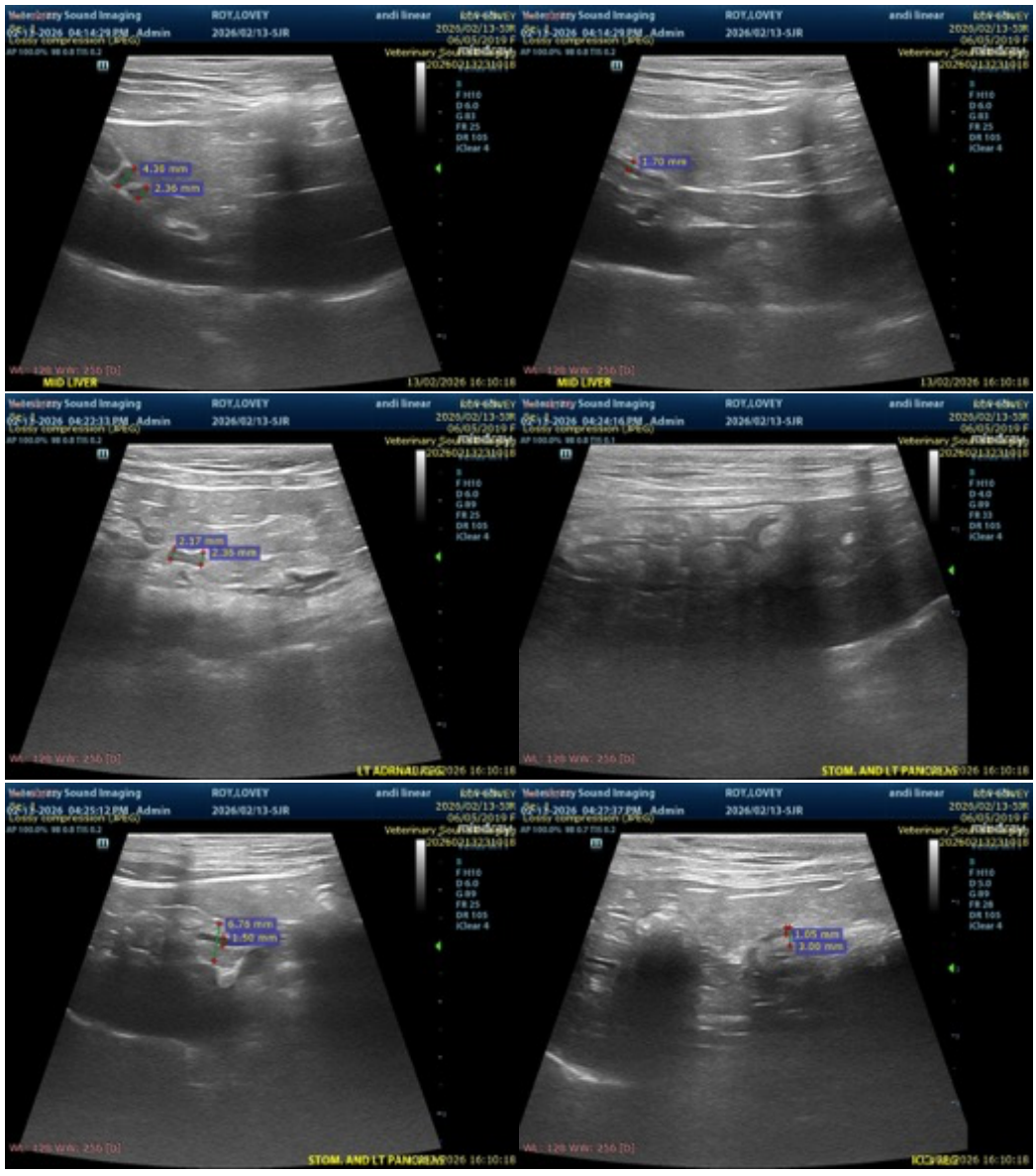
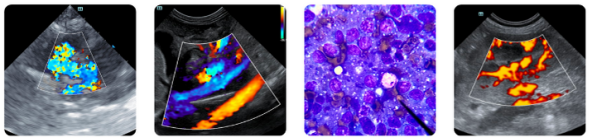
systemic/nausea-mediated anorexia remain more likely than structural abdominal pathology at this time.

Recommendations

- Consider Spec fPL if clinical suspicion for pancreatitis persists despite normal ultrasonography.
- If anorexia persists, consider gastrointestinal panel (cobalamin, folate) and possible empirical anti-nausea and appetite support.



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



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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.

info@SonoPath.com