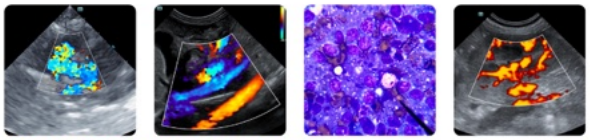


PATIENT

Sami Thomas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

9.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Sophie Lee, DVM

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Lee

INVOICE

71606

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Presented 2/4 for 3 days of anorexia and vomiting any time food or water were consumed. 2/4 rads showed empty GI tract except formed feces in colon woth no overt FB or obstructive pattern. 2/4 Cerenia and miratazadministered and pt ate a little overnight without vomiting.
- 2/5 hospitalized for repeat rads and IV fluids. Continued eating with maropitant and miratazad.
- 2/9 O discontinued medication as pt was responding well. She stopped eating again 2/10 but didn't vomit until 2/12 when she vomited a little foam once.
- 2/11 she was seen for reassessment and possible imaging but she had eaten a little over the weekend so imaging was deferred. Metoclopramide and Cerenia SQ, syringe feeding CN 20 mL. RX metoclopramide tablets which O was unable to give, though he continued maropitant and miratazad.
- 2/13 rechecked and hadn't eaten since 2/11. Given SQ fluids and depo-medrol injection which resulted in her eating a few bites over the weekend but still severely hyporexic and lost a further 0.3 #.
- CBC/CHEM10/qPL 2/4/26 - mild reticulocytosis without anemia, otherwise WNL (PDF attached) FIV/FELV/HW SNAP 2/4/26 - negative 2/11/26 lab work unremarkable Has lost 1 pound of body weight since 2/4 when she weighed 10.3#--today she is 9.3#. Elevated temperature 2/4 (102.9F with no medication) and 2/16 (103F after butorphanol). Visits in between she was 100.8-101F Nonpainful on abdominal palpation Oral cavity normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

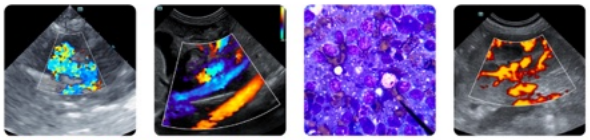
The left kidney is normal in shape and size, measuring 3.67×2.42cm in the sagittal plane. Cortical thickness is 0.32cm. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color flow appears normal.

The right kidney is normal in shape and size, measuring 3.41×2.05cm in the sagittal plane. Cortical thickness is 0.33cm. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color flow appears normal.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Left adrenal gland measures 0.25cm at the cranial pole and 0.24cm at the caudal pole. The right adrenal gland is partially visualized and measures 0.22cm.

In adult cats, adrenal thickness ≤4–4.5mm is considered normal. These measurements (2.2–2.5mm) are within normal limits.



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Spleen

Splenic thickness is 0.91cm. The parenchyma demonstrates normal echogenicity and 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 margins and regular contour. The parenchyma is homogeneous and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin. The contents are predominantly anechoic with a small amount of biliary sludge. The cystic duct measures 4.02mm. The common bile duct measures 2.38mm. No dilation is observed.

Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid. Wall thickness measures 1.77mm with preserved layering.

Pylorus: 2.66mm. Duodenum: 1.89mm. Jejunum: 1.72mm. Mucosa: 1.13mm. Submucosa: 0.67mm. Muscularis propria: 0.27mm. Ileum: 1.25mm. Ileocecal junction: 1.48mm. All segments demonstrate preserved wall layering. No ultrasonographic evidence of obstruction, mural thickening, or infiltrative disease is identified.

Colon measures 0.61mm, relatively empty with gas present.

Pancreas

Pancreatic thickness measures 3.80mm. The parenchyma is isoechoic relative to adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic evidence of active pancreatitis or mass lesion is observed.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Medullary rim sign bilaterally.

SECONDARY FINDINGS

- Mild biliary sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is largely unremarkable. Renal size and architecture are normal bilaterally, although a medullary rim sign is present, which is a nonspecific finding that may be incidental or associated with dehydration or early renal tubular change but does not indicate structural renal disease in the absence of other abnormalities.

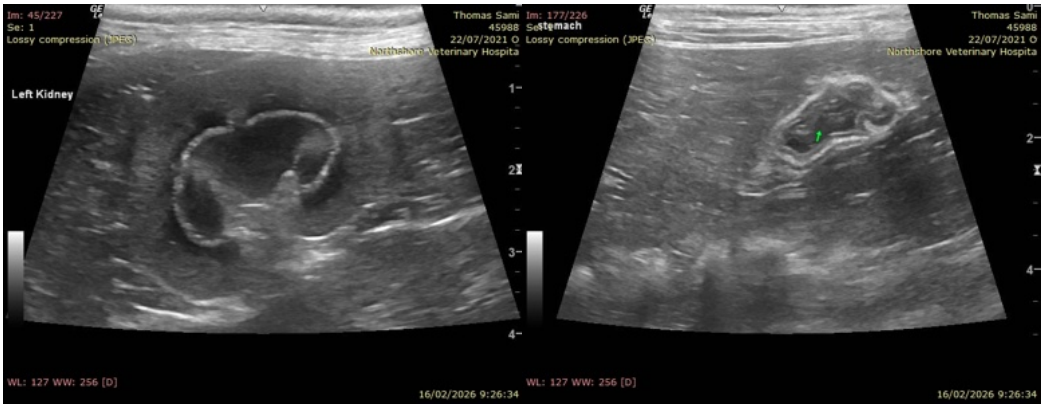
The liver, biliary system, pancreas, spleen, and gastrointestinal tract do not demonstrate ultrasonographic evidence of obstructive, inflammatory, or infiltrative disease. Small intestinal wall thicknesses fall within accepted feline reference ranges, and the muscularis-to-mucosa ratio is normal, which does not support inflammatory bowel disease or small cell lymphoma at this time.

There is no sonographic evidence of foreign body, mechanical obstruction, pancreatitis, or mass effect to explain the patient's persistent anorexia and weight loss. Based on imaging alone, no structural abdominal pathology is identified.

Given the clinical history of episodic fever, hyporexia, and weight loss with largely normal laboratory findings, differentials remain centered on systemic inflammatory processes, functional nausea-associated anorexia, and early inflammatory gastrointestinal disease below ultrasonographic resolution.

Recommendations

- Correlate with renal parameters and hydration status in light of the medullary rim sign.
- Consider gastrointestinal panel (cobalamin, folate) and repeat Spec fPL if clinical suspicion persists.
- Continued medical management for suspected gastritis or functional gastrointestinal inflammation is reasonable, including antiemetic therapy and gastric mucosal support as clinically indicated.



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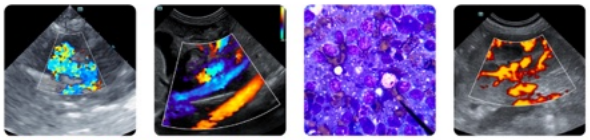

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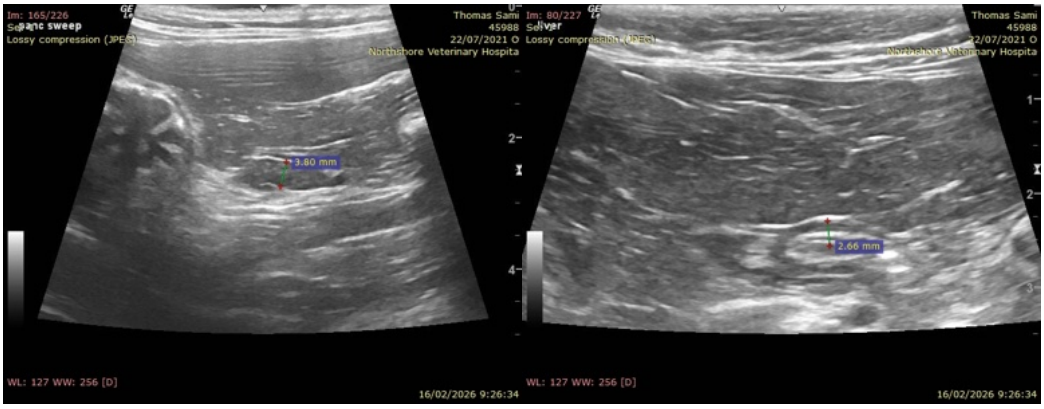

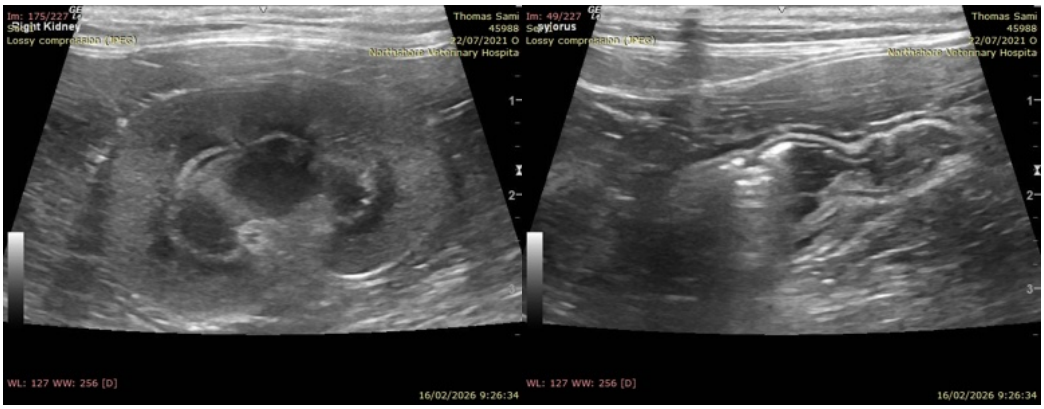

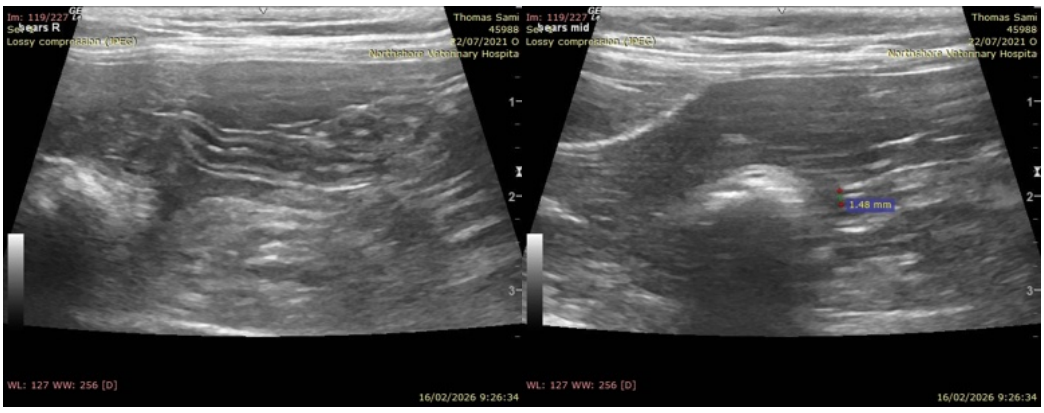

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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