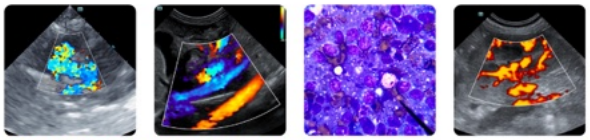


PATIENT

Bridget Lakatos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

7.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Linda Grau

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Walker

INVOICE

71776

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Not eating vomiting, treated for constipation, passed large amount of firm stool but symptoms haven't changed
- PE NSF since resolution of constipation CBC/Chem/T4 all WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 3.26 x 1.99 cm in the sagittal plane. Cortical thickness measures 0.36 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney measures 3.39 x 2.10 cm in the sagittal plane. Cortical thickness measures 0.33 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.25 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.32 cm at the caudal pole.

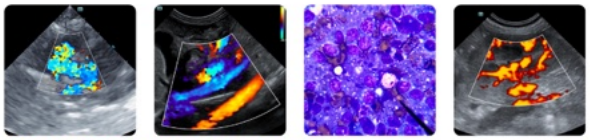
Spleen

Splenic thickness is 0.6 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic. The common bile duct measures 3.18–1.51 mm.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.34 mm and preserved wall layering. The pylorus measures 3.73 mm. Duodenum: 1.36 mm.

Jejunum: 1.85 mm. Mucosa 0.87 mm, submucosa 0.39 mm, muscularis propria 0.14 mm. Ileum: 1.85 mm. 0.61 mm, submucosa 0.43 mm, muscularis propria 0.22 mm. Wall layering is preserved throughout. No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.21 mm, with formed feces in the descending segment. The colon was completely empty at the time of examination, with no evidence of constipation at this time. The colonic wall thickness was within normal limits (0.97–1.02 mm), with normal wall layering preserved.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

No significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal wall thicknesses are within normal feline reference ranges (duodenum generally <2.5 mm; jejunum <2.5–3 mm; ileum up to ~3 mm), with preserved wall layering and no muscularis thickening. Based on the measurements provided, there is no ultrasonographic evidence of inflammatory bowel disease or small-cell lymphoma.

No structural explanation for the persistent vomiting and anorexia is identified on this examination. It should be noted that functional gastrointestinal disorders, early inflammatory enteropathy, pancreatitis (particularly in cats), and metabolic causes may be present despite a normal ultrasonographic appearance.

Recommendations

- Consider feline pancreatic lipase (fPLI) testing if not already performed, as pancreatitis may be present without sonographic changes.
- Gastrointestinal support and empirical medical management may be guided by clinical response.
- Further diagnostics (GI panel including cobalamin/folate, therapeutic trial, or endoscopic evaluation) may be considered at the discretion of the attending clinician if signs fail to improve.

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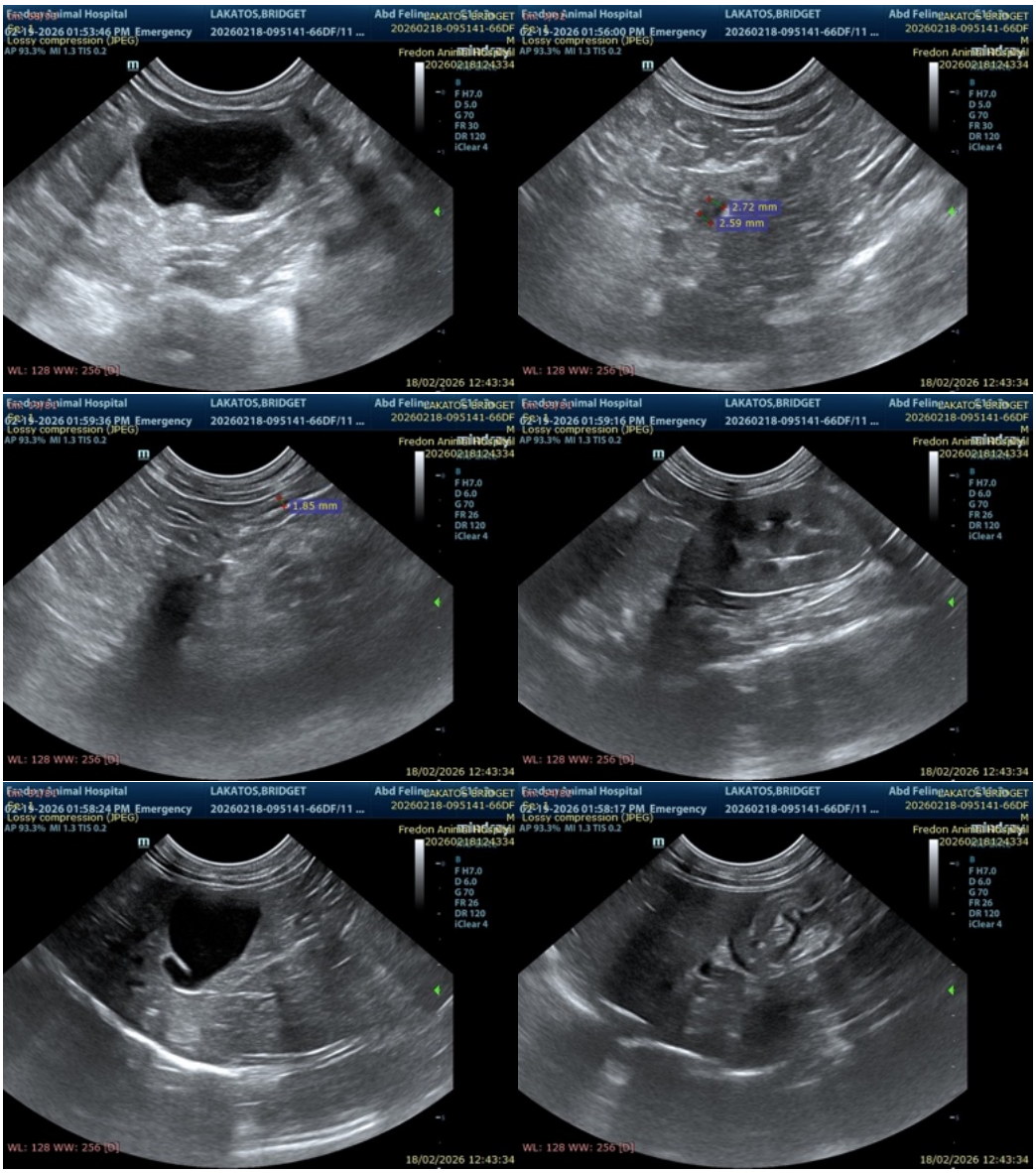

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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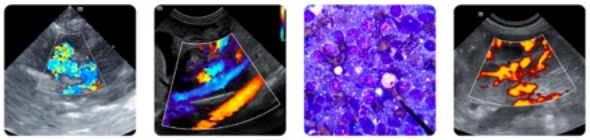

Clinical Sonography & Telecytology
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