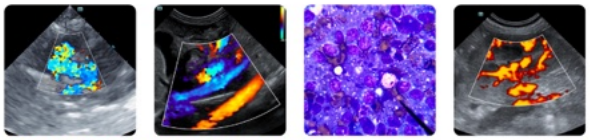


PATIENT

Kiki Doshi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

20 months

WEIGHT

9.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

71152

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Patient presents with periodic vomiting (hairballs and bile) for the last few months. History of pruritus and a white blood count on the lower end of normal.
- Currently on no medications except Revolution Plus.
- R/o: gastrointestinal (IBD vs pancreatitis vs other)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. 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 disease are identified.

The left kidney is normal in shape and size, measuring 3.36×2.01 cm, with a cortical thickness of 0.23 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.44×1.84 cm, with a cortical thickness of 0.29 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. A mild medullary rim sign is present bilaterally. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands are not clearly visualized and are therefore not evaluable.

Spleen

Splenic thickness is 0.55 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. No focal parenchymal abnormalities are identified. The splenic capsule is smooth and regular.

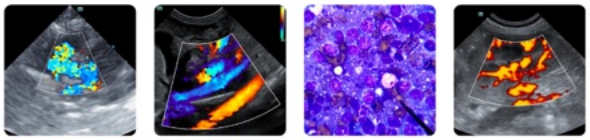
Liver

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

The gallbladder is normally distended. The wall measures 1.54 mm. The lumen is primarily anechoic. The common bile duct measures 2.41 mm proximally, tapering to 1.98 mm and 1.37 mm distally.

Gastrointestinal

The stomach is empty and folded, containing a moderate amount of fluid. Gastric wall thickness measures 1.87 mm, with preserved wall layering. The pyloric wall measures 4.79 mm.



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The duodenum measures 1.76 mm in wall thickness.

The jejunum measures 1.98–2.25 mm, with mural layers as follows:

- Mucosa: 1.34 mm, submucosa: 0.66 mm, muscularis propria: 0.24 mm

Wall layering is preserved. The ileocecal junction is not visualized. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon wall measures 0.52 mm and contains formed fecal material within the descending colon.

Pancreas

The evaluated portions of the pancreas show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Moderate gastric fluid content without associated mural abnormalities.

SECONDARY FINDINGS

- Mild bilateral medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates no structural abnormalities to support significant gastrointestinal, pancreatic, or systemic disease. Measured gastrointestinal wall thickness values are within accepted reference ranges for feline patients, with preserved wall layering throughout the stomach, small intestine, and colon. The jejunal muscularis propria is appropriately thin relative to the mucosa, and there is no ultrasonographic evidence of infiltrative enteropathy, obstructive disease, or intestinal mass lesions.

The presence of moderate gastric fluid in an otherwise empty stomach is a nonspecific finding. In the absence of gastric or pyloric wall thickening, loss of wall layering, or evidence of outflow obstruction, this is most consistent with functional gastric hypersecretion, nausea, or mild gastric dysmotility. In this patient, this finding correlates well with the reported intermittent vomiting of bile and hairballs and does not support primary structural gastric disease.

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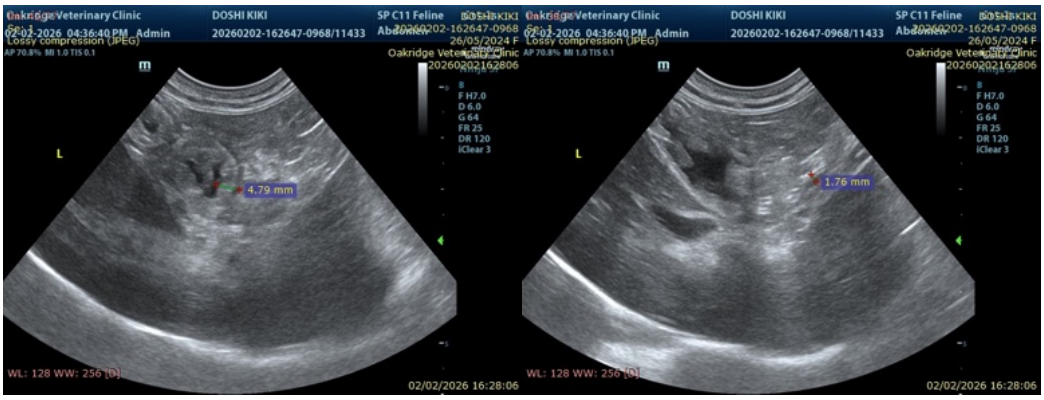
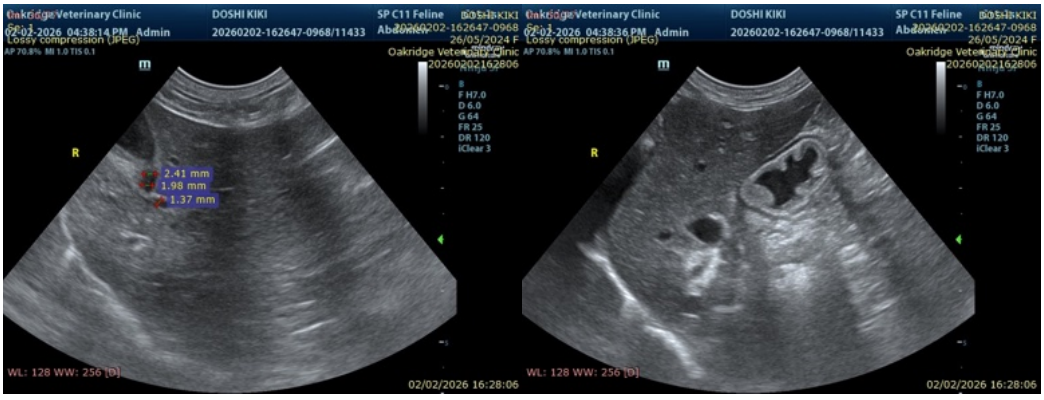
Renal architecture is preserved bilaterally. The presence of a mild medullary rim sign is a common, often incidental finding in cats and is not considered clinically significant in the absence of other renal abnormalities.

Overall, the ultrasonographic findings do not identify a structural cause for the patient's chronic intermittent vomiting. In a young cat with concurrent pruritus and normal imaging, a functional gastrointestinal disorder, dietary sensitivity, or low-grade inflammatory process below the threshold of ultrasonographic detection is considered more likely than primary structural disease.

Recommendations

- Given the absence of significant structural gastrointestinal disease, consider medical and dietary management for functional or inflammatory gastrointestinal disease, including dietary modification and antiemetic or prokinetic therapy as clinically indicated.
- If vomiting persists or worsens, consider laboratory correlation, including gastrointestinal panel testing, to further evaluate for low-grade inflammatory or functional disease not detectable by ultrasound.
- Pancreatic testing may be considered if clinical suspicion remains, recognizing the limitations of ultrasonography in detecting mild pancreatitis.





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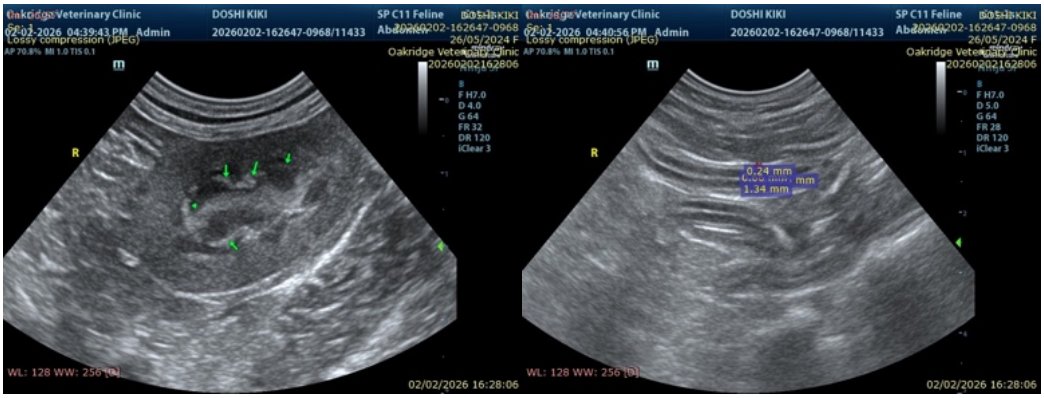

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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