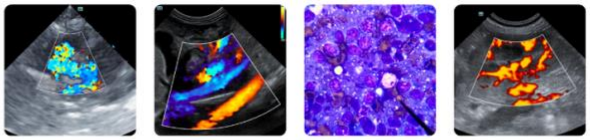


PATIENT

Gonzo Eubanks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.02 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

35913

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting
- Decreased appetite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Left Kidney
The left kidney is normal in shape and size, measuring 4.22 x 1.98 cm, and the cortical thickness is 0.35 cm in the sagittal plane. 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. Color Doppler demonstrates a normal vascular pattern.

Right Kidney
The right kidney is normal in shape and size, measuring 3.99 x 2.01 cm, and the cortical thickness is 0.36 cm in the sagittal plane. 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. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.20 cm at the cranial pole and 0.19 cm at the caudal pole. The right adrenal gland measures 0.21 cm at the cranial pole and 0.20 cm at the caudal pole.

Spleen

Splenic thickness is 0.73 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

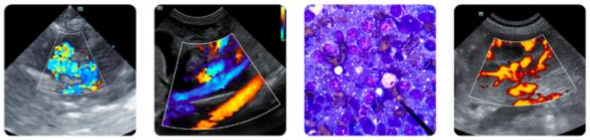
Liver

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 normally distended. The wall is thin, and the contents are primarily anechoic with a very small amount of biliary sludge. The common bile duct measures 2.01–1.77 mm.

Gastrointestinal

The stomach is distended with a moderate amount of ingesta, with mural thickness measuring 0.98 mm. Pylorus: 3.31 mm. Preserved wall layering



PATIENT

Gonzo Eubanks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.02 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

35913

DATE

2/20/26

The duodenum measures 1.53 mm. The jejunum measures 1.79 mm, with mucosa 1.27 mm, submucosa 0.59 mm, and muscularis propria 0.34 mm.

The ileum measures 1.76 mm with preserved wall layering. The ileocecal junction measures 2.69 mm, with muscularis measuring 0.67 mm.

No signs of inflammation, ileus, or foreign material are identified.

The colon measures 1.01 mm. It appears largely empty and contains gas.

Pancreas

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

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not clearly visualized, and the surrounding mesentery appears unremarkable. The ileocecal lymph node measures 1.02 x 0.47 cm, is oval in shape, homogeneous, and mildly hypoechoic, with normal surrounding fat. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mildly enlarged but morphologically normal ileocecal lymph node

SECONDARY FINDINGS

- Mild urinary sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural ultrasonographic abnormality is identified to explain the history of chronic vomiting and decreased appetite.

The stomach is moderately distended with ingesta, which may reflect recent feeding or delayed gastric emptying; however, no obstructive lesion or focal gastric abnormality is identified.

Gastrointestinal wall thicknesses are within accepted feline reference ranges (small intestine generally <2.5–3 mm). The jejunal muscularis-to-mucosa ratio is approximately 0.27, which is within normal limits. The ileocecal muscularis-to-total wall ratio is approximately 25% also within normal limits. Ileal wall layers were thin and difficult to measure with precision; however, there is no ultrasonographic evidence of mural thickening, muscularis expansion, or features suggestive of inflammatory bowel disease or small-cell lymphoma.

The ileocecal lymph node is mildly enlarged but retains normal morphology (oval, homogeneous, preserved perinodal fat), supporting a reactive rather than infiltrative process.

Mild urinary sediment (suspended echoes) is noted and may represent cellular debris, crystalluria, or inflammatory sediment; correlation with urinalysis is recommended.

Overall, this study does not identify a structural gastrointestinal, pancreatic, or hepatobiliary cause for the reported clinical signs. Functional gastric disease, early inflammatory enteropathy

PATIENT

Gonzo Eubanks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.02 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

35913

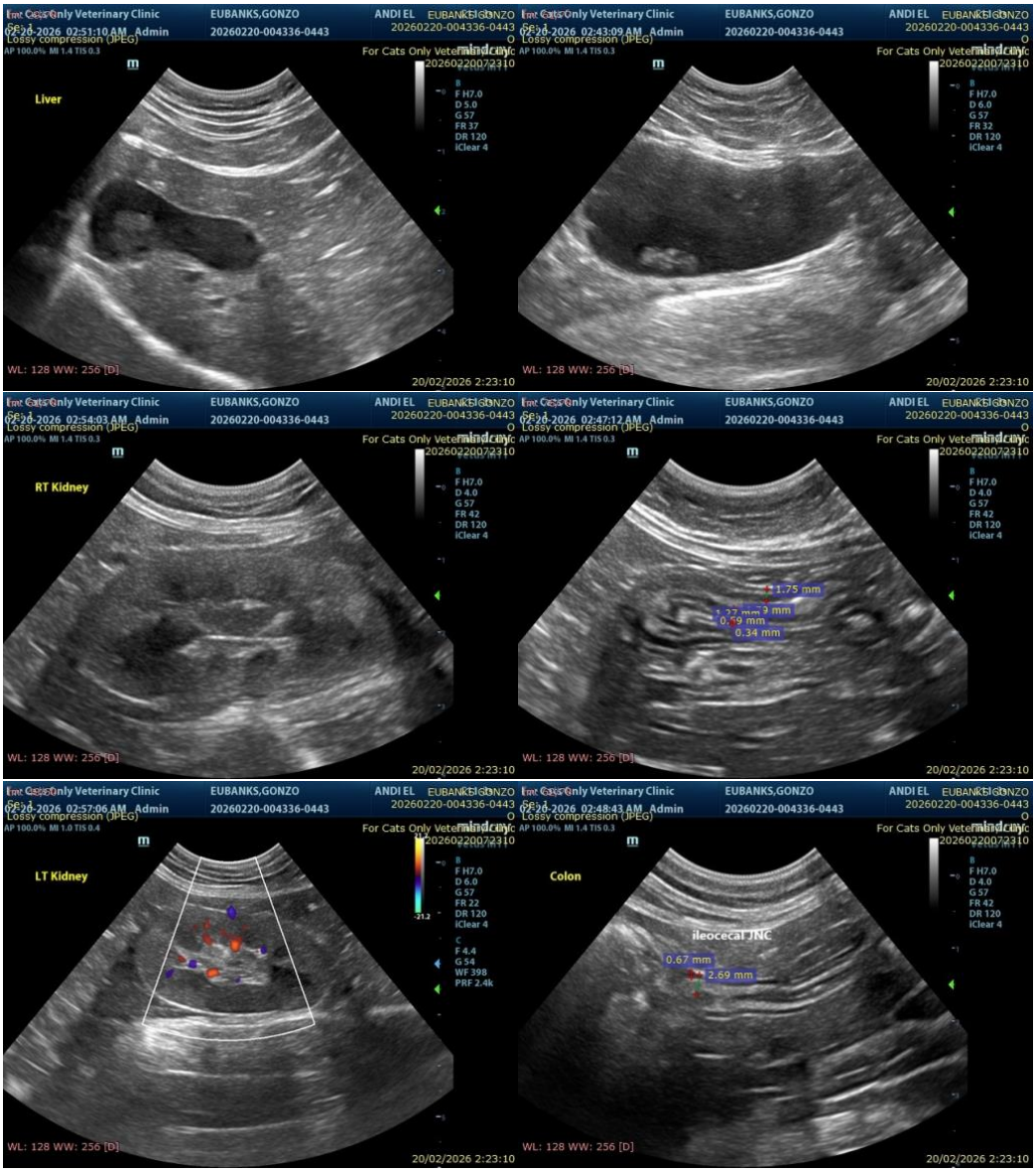
DATE

2/20/26

not yet sonographically apparent, food-responsive disease, or systemic/metabolic causes should be considered.

Recommendations:

- Strict dietary trial with a novel or hydrolyzed protein diet if not already performed.
- Consider a comprehensive gastrointestinal panel (including serum cobalamin, folate, and fPLI) in light of the chronic vomiting and decreased appetite.
- If vomiting persists or worsens, endoscopic evaluation with gastric and small intestinal biopsies may be considered at the discretion of the attending clinician.
- Urinalysis correlation for evaluation of sediment.



PATIENT

Gonzo Eubanks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.02 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

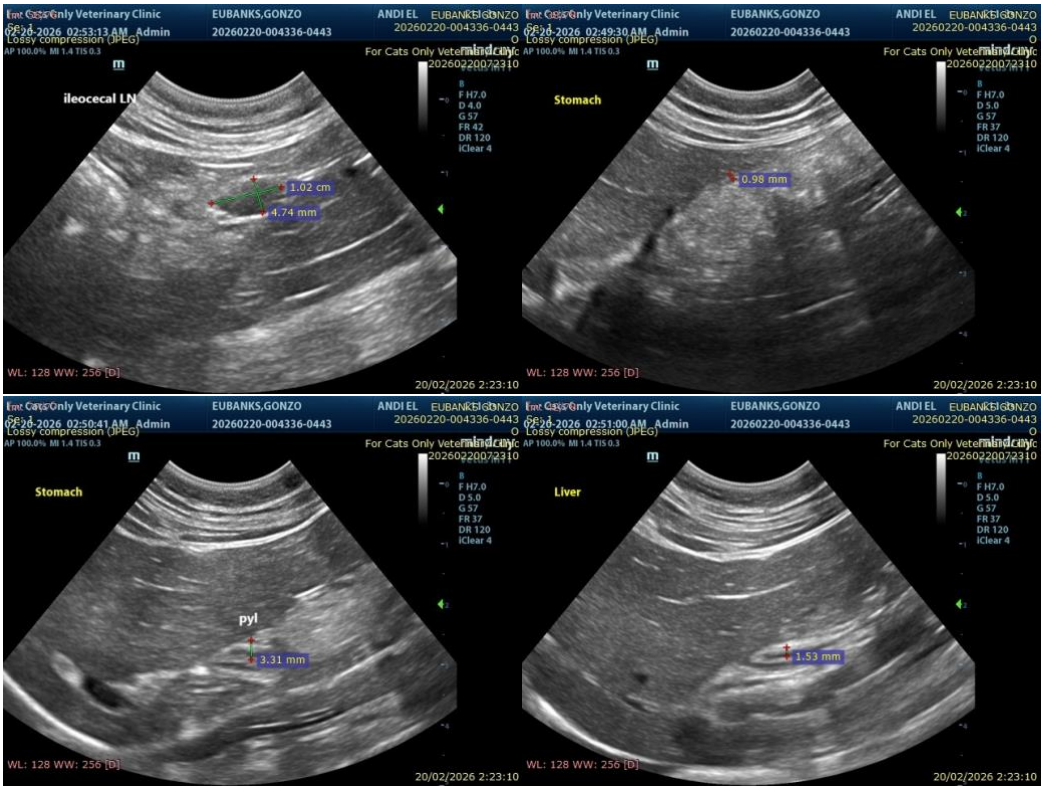
Dr. Renee Ziegler-Post

INVOICE

35913

DATE

2/20/26



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.

info@SonoPath.com