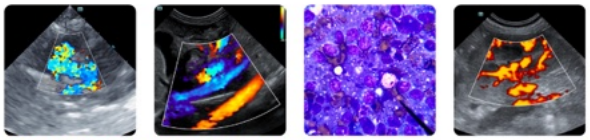


PATIENT

Jax Randall

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

9 years

WEIGHT

13.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

Dr. Janjusevic

INVOICE

71812

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- History of chronic vomiting, eats fast then vomits, no weight loss, good appetite, mild periodontal disease on PE. Food trial attempted with hydrolyzed protein with temporary improvement then relapsed (o fed other food)
- 2 days ago Jax vomited bile some frank blood in it. Non-obstructive abd rads
- All labs -WNL spec fPL - negative

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 moderately turbid with multiple bright suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.82x2.03 cm, and the thickness of the cortex is 0.33 cm in the sagittal plane. The right kidney is normal in shape and size: 4.01x2.69 cm, and the thickness of the cortex is 0.47 cm in the sagittal plane. The cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland was not reliably identified. The right adrenal gland measures 0.24 cm at the cranial pole and 0.22 cm at the caudal pole.

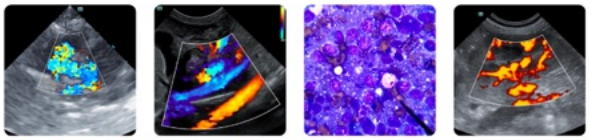
Spleen

Splenic thickness is 0.74 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 liver parenchyma appears 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 (0.67 mm), and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is nearly empty, although small amounts of residual ingesta are present toward the distal body and proximal pyloric region. No focal mucosal defects or sonographically detectable gastric ulcerations are identified, recognizing the inherent limitations of ultrasonography for subtle mucosal erosions. Mural thickness measures 1.94–2.02 mm with preserved wall layering. The pylorus measures 2.91 mm. Duodenum: 2.20 mm. Jejunum: 1.83–2.11 mm (mucosa: 1.35 mm; submucosa: 0.35 mm; muscularis propria: 0.25 mm). Ileum: 1.99 mm with normal wall layering. The ileocecal junction is not clearly visualized. No signs of inflammation, ileus, or foreign material are identified. Colon: 0.54 mm, with some formed fecal material in the descending segment.

Pancreas

Pancreatic thickness measures 6.01–7.63 mm, with smooth margins. The pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct is not dilated. No evidence of overt inflammation is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral medullary rim sign (nonspecific).
- Moderately turbid urine with suspended echoes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural gastrointestinal abnormality is identified to explain the history of chronic vomiting. Gastric wall thickness and layering are within normal limits for a cat, and there is no evidence of obstructive disease, mural mass, or inflammatory thickening. The presence of residual ingesta within an otherwise nearly empty stomach may reflect incomplete fasting or mild functional gastric dysmotility rather than structural pathology.

There is no sonographic evidence of inflammatory bowel disease or small-cell lymphoma.

Pancreatic size and echogenicity are within normal limits, and there are no ultrasonographic findings to support pancreatitis, consistent with the negative Spec fPL.

Mild medullary rim sign is present bilaterally; in the absence of azotemia or renal architectural distortion, this finding is nonspecific and may represent incidental change.

Moderate urinary suspended echoes are present without wall thickening or urolithiasis; this may represent crystalluria, cellular debris, or concentrated urine and should be correlated with urinalysis.

Recommendations

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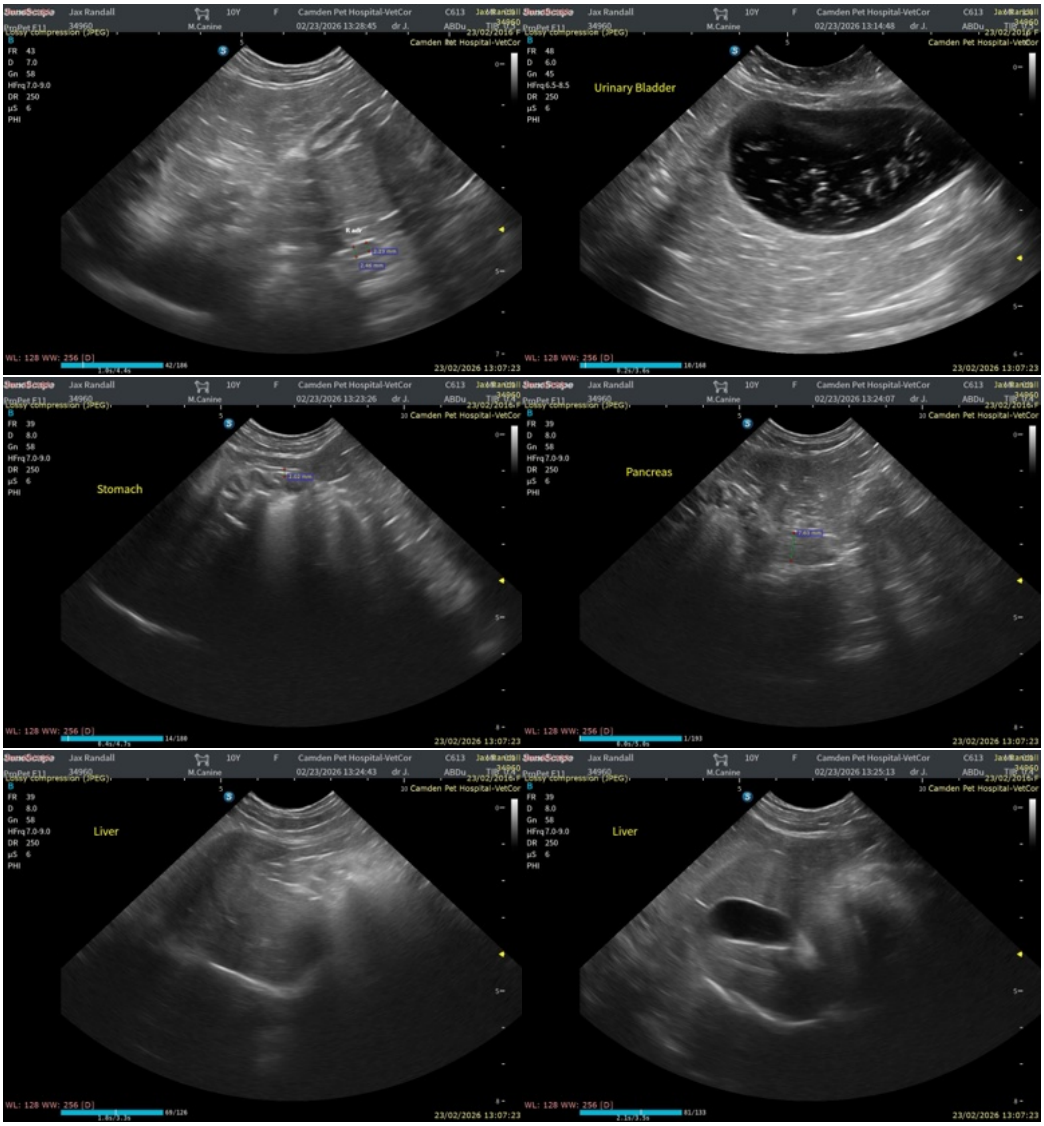
- Measurement of serum cobalamin may be considered in light of the chronic vomiting, as deficiency can occur even in the absence of ultrasonographic abnormalities.
- Reinforcement of a strict and uninterrupted dietary elimination trial is recommended, ensuring complete avoidance of dietary indiscretion.
- Consider prokinetic therapy trial if clinically appropriate.
- Anti-ulcer therapy may be considered given recent episode of hematemesis.
- Upper GI endoscopy may be considered if vomiting persists despite medical management.



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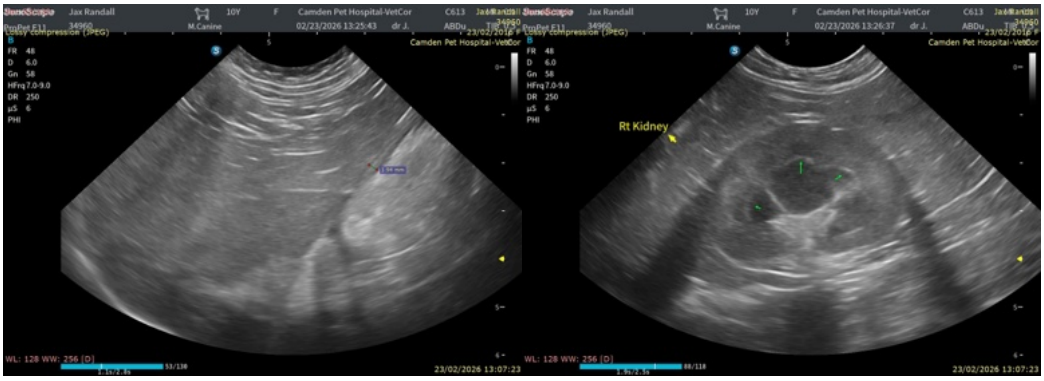

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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