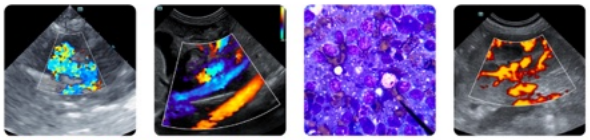


PATIENT

Sam Zwibel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

12.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Devon Papa, CVT

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Zayas

INVOICE

71927

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Presented for exam 1/14/26. Owner reported straining while having BM, hard stools, and vomiting. Increased appetite and thirst. Rec. adding in Miralax for constipation. Owner reports no change w/ Miralax.
- Weight loss, some intentional. Weighed 17.8# in June 2024. Weighed 13.2# January 2026 and 12.9# this month.
- WBC 19.43 (2.87-17.02) NEU 15.55 (2.30-10.29) GLU 162 (71-159)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is predominantly anechoic with a 5.4 mm small calculus. The bladder neck and proximal urethra appear normal. No evidence of inflammatory or neoplastic changes is identified.

The left kidney is normal in shape and size: 3.14 x 2.41 cm, and the cortical thickness is 0.37 cm in the sagittal plane. The cortex is hyperechoic 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.

The right kidney is normal in shape and size: 3.58 x 2.45 cm, and the cortical thickness is 0.40 cm in the sagittal plane. The cortex is hyperechoic 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

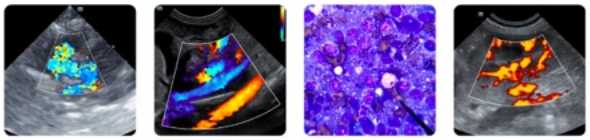
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.38 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 0.61 cm. The parenchyma demonstrates normal echogenicity and a 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 parenchyma appears uniform and isoechoic compared to the falciform fat, with normal echotexture. A 5.80x7.83 mm cyst is present at the caudal margin of the left lateral lobe. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.08 mm and preserved wall layering. Pylorus: 3.59 mm. Duodenum: 2.12 mm.

Jejunum: 2.00 mm. Mucosa: 0.98 mm, Submucosa: 0.43 mm, Muscularis propria: 0.29 mm

Ileum: 1.90 mm. Mucosa: 0.54 mm, Submucosa: 0.92 mm, Muscularis propria: 0.24 mm

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

Colon: Transverse colon: 0.76 mm. Descending colon: 0.97 mm, with a small amount of formed fecal material in the lumen.

Pancreas

Thickness: 5.73 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.06 mm in diameter. No sonographic evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- 5.4 mm urinary bladder calculus.
- Bilateral renal cortical hyperechogenicity.
- Small hepatic cyst (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon is not distended and contains only small amounts of formed fecal material. There is no evidence of megacolon, constipation, mural thickening, or structural abnormality.

The small intestine demonstrates normal wall thickness and preserved layering. Muscularis-to-mucosa ratios are: Jejunum: 0.30 and ileum: 0.44. These values are within normal limits for a cat. There is no ultrasonographic evidence supporting inflammatory bowel disease or small-cell lymphoma at this time.

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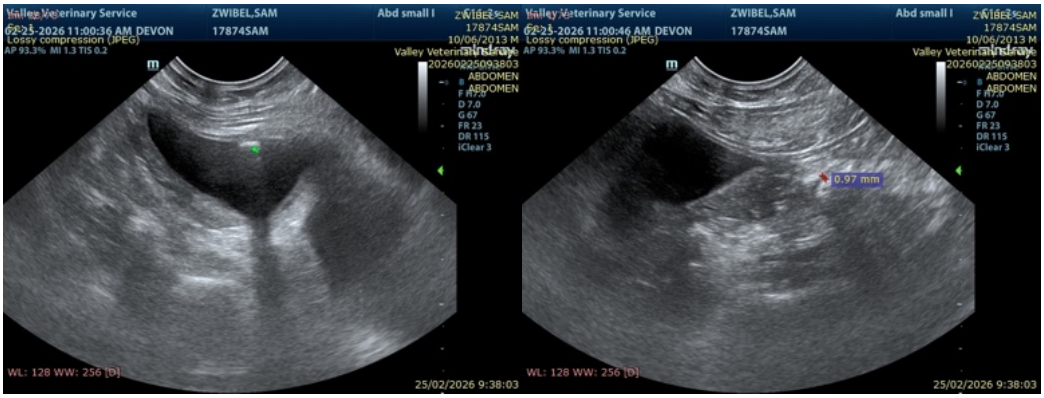
Both kidneys are normal in size but show bilateral cortical hyperechogenicity, which may reflect early chronic renal change or age-related changes.

A 5.4 mm urinary bladder calculus is present. No obstruction or cystitis is identified.

Overall, there is no ultrasonographic explanation for the marked weight loss, polyphagia, or persistent constipation. The absence of structural gastrointestinal disease shifts concern toward functional, metabolic, or endocrine causes.

Recommendations

- Serum total T4 measurement is strongly recommended if not recently performed, given the history of weight loss with polyphagia and polydipsia. Hyperthyroidism remains a primary differential in this age group and may be present due to unremarkable abdominal ultrasonographic findings.
- Despite the absence of significant ultrasonographic gastrointestinal abnormalities, a complete feline gastrointestinal panel is recommended if not previously performed. Early or functional gastrointestinal disease may not produce detectable sonographic changes, and biochemical assessment may provide clinically relevant information in the context of weight loss and chronic vomiting.
- Constipation appears functional rather than obstructive; medical management and dietary adjustment remain appropriate.
- The urinary bladder calculus should be monitored and managed based on clinical signs and urinalysis results.



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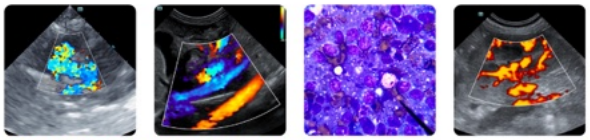

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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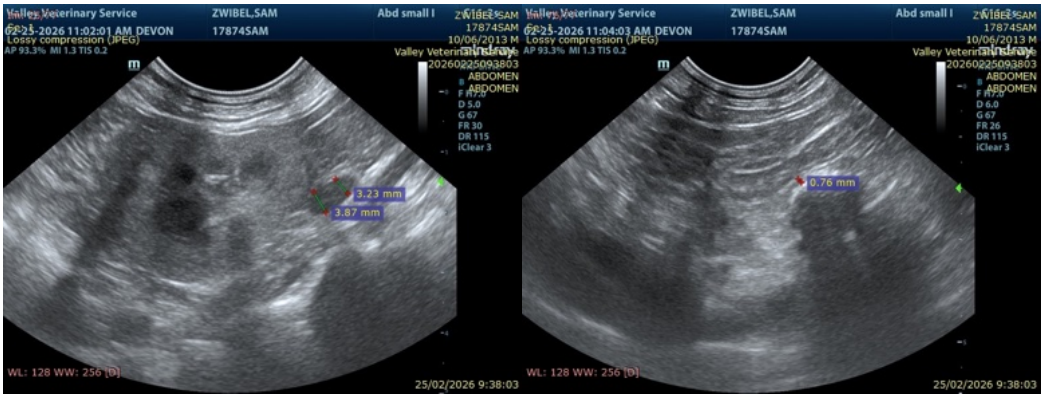

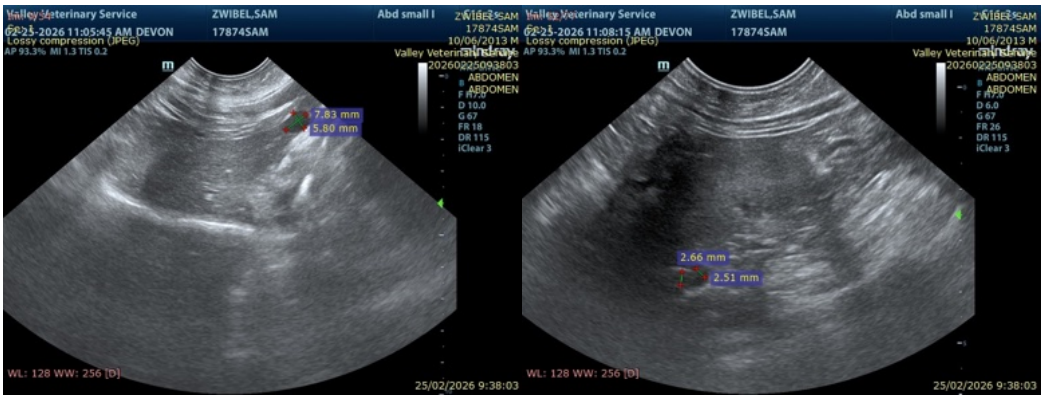

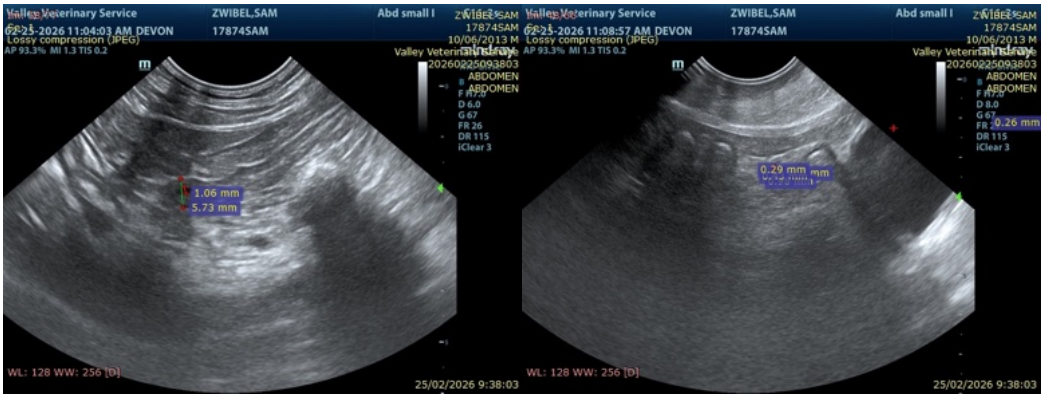

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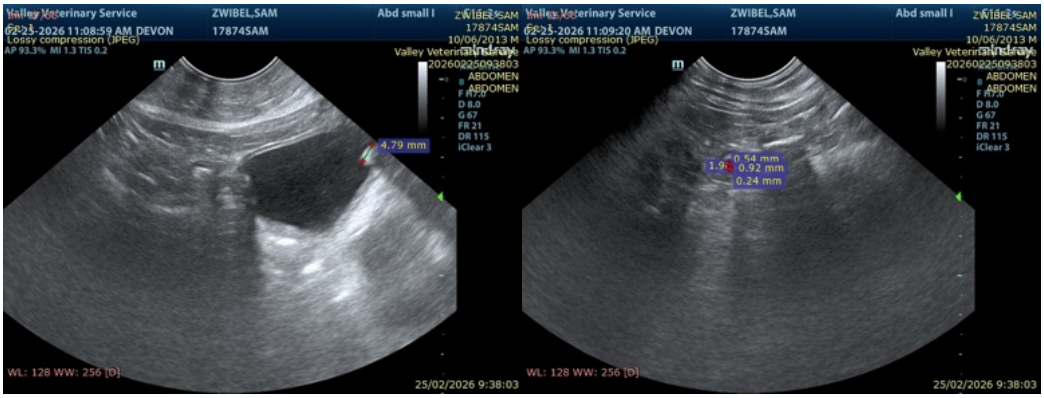

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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