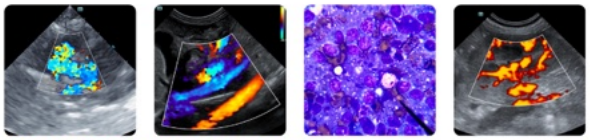


PATIENT

Bella Souther

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

5.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

71206

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Elevated PLI and possible abdominal pain
- PLI 6.2 (0.1-3.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth. The urine is mildly echogenic, with a small amount of suspended echogenic material. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 2.74×1.24 cm. Cortical thickness measures 0.24 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the splenic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 2.80×1.75 cm. Cortical thickness measures 0.22 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.26 cm at the caudal pole.

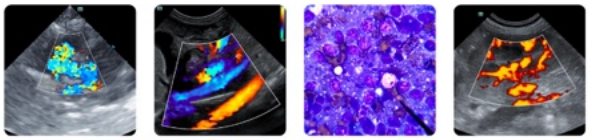
Spleen

Splenic thickness measures 0.54 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. 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 uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is moderately distended. The gallbladder wall is thin, and the luminal contents are predominantly anechoic. The common bile duct measures 2.90 mm.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.65 mm. The pylorus measures 2.25 mm.

The duodenal wall thickness measures 1.51 mm. The jejunal wall thickness measures 1.55 mm, with the following layer measurements: mucosa 1.01 mm, submucosa 0.43 mm, muscularis propria 0.25 mm. The ileal wall thickness measures 1.27 mm. Individual mural layer measurements were not obtained. Wall layering is preserved.

The ileocecal junction measures 2.52 mm, with muscularis propria measuring 0.90 mm. No sonographic evidence of intestinal inflammation, ileus, or foreign material is identified.

The colonic wall thickness measures 0.74 mm. Formed fecal material is present in the descending colon, producing marked distal acoustic shadowing.

Pancreas

The pancreas measures between 4.73–6.15 mm in thickness. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The maximum diameter of the pancreatic duct measures 1.25 mm. No sonographic evidence of active inflammation or focal pancreatic mass lesions is identified.

Peritoneal Cavity

No abdominal effusion or 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

- Mildly echogenic urinary bladder contents with suspended echoes.
- Mild bilateral renal cortical hyperechogenicity.
- Pancreatic parenchyma mildly hypoechoic relative to omental fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is mildly hypoechoic relative to the surrounding omental fat, with thickness measurements at the upper end of the expected range and without peripancreatic fat changes. In cats, ultrasonographic findings of pancreatitis are often subtle and may lack peripancreatic reactivity. In the context of a clearly elevated pancreas-specific lipase and compatible clinical signs, these ultrasonographic findings are considered supportive of pancreatitis.

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Mild hyperechogenicity of the renal cortices represents a nonspecific finding and may be incidental or reflect early or chronic renal change, particularly in an older cat.

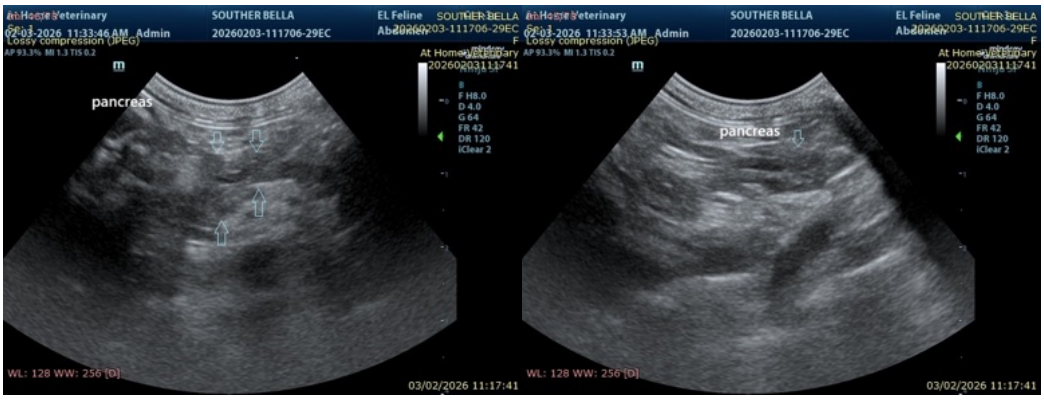
The gallbladder and biliary tree are unremarkable. The common bile duct measures 2.90 mm, which is within expected limits for a cat. Mild biliary distension may be seen in association with fasting or reduced food intake and is not considered clinically significant in the absence of biliary obstruction, cholecystitis, or hepatic parenchymal abnormalities.

The gastrointestinal tract demonstrates preserved wall layering and wall thicknesses within expected limits, with no ultrasonographic evidence of enteritis, infiltrative disease, or obstruction. The presence of abundant, markedly hyperechoic fecal material with pronounced distal acoustic shadowing in the descending colon is compatible with dehydrated feces and suggests reduced colonic transit and fecal accumulation. These findings are consistent with constipation or delayed colonic motility.

The mildly echogenic urinary bladder contents are most consistent with concentrated urine and urinary stasis in the context of marked bladder distension. Correlation with urinalysis is recommended if lower urinary tract clinical signs are present.

Recommendations

- Provide supportive care for pancreatitis as clinically indicated, including analgesia, hydration, and nutritional support, with particular attention to appetite and gastrointestinal tolerance.
- Address colonic fecal retention and suspected reduced colonic transit, considering hydration status, dietary adjustment, and prokinetic or laxative therapy if clinically warranted.
- Monitor clinical response and body weight closely.



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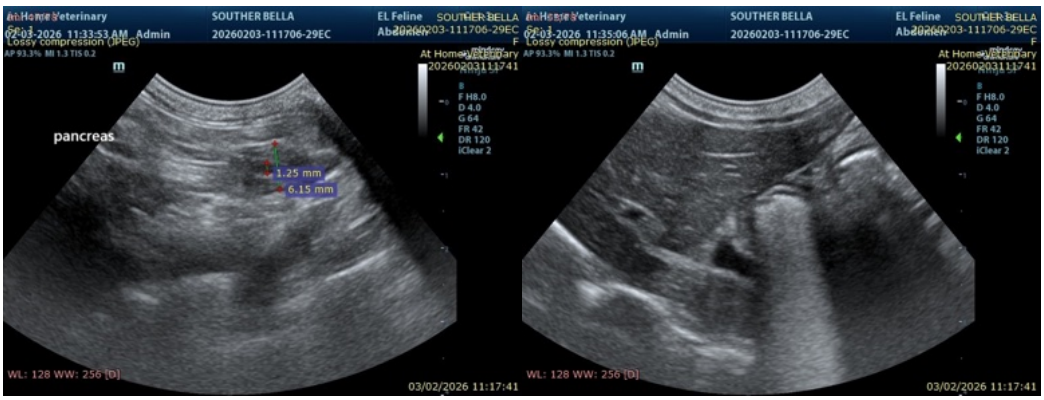

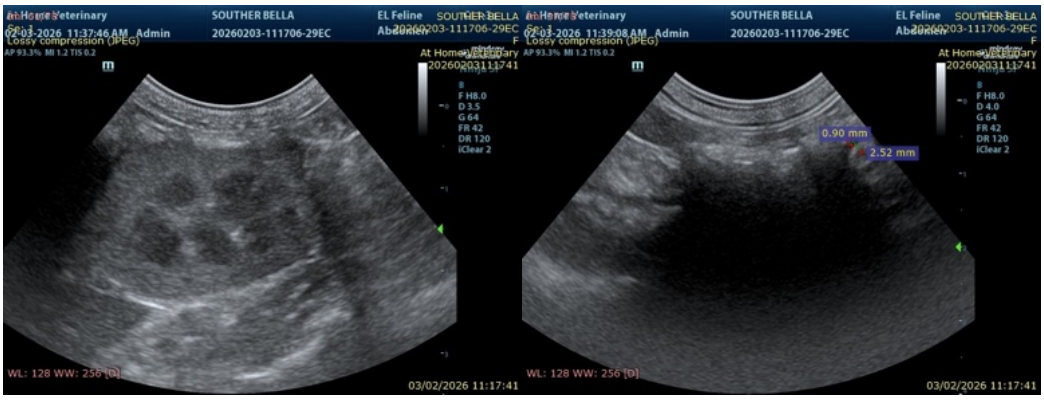

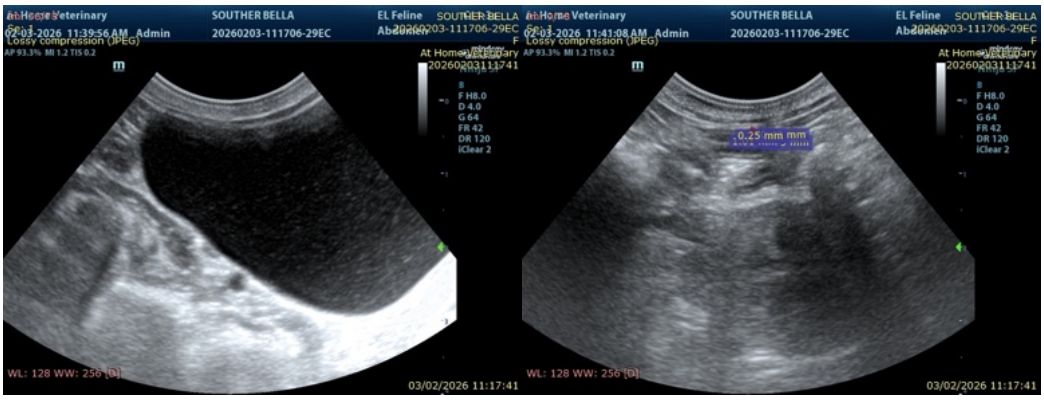

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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