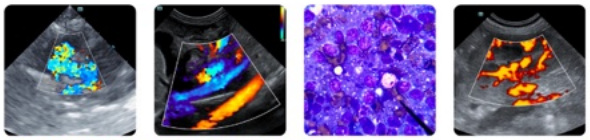


PATIENT

Annabelle C2353
Animals in Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

71236

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Weight loss, history of constipation

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 turbid, with scant 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 2.57×2.15 cm. Cortical thickness measures 0.35 cm in the sagittal plane. The renal cortex is isoechoic 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.

The right kidney is normal in shape and size, measuring 3.63×2.81 cm. Cortical thickness measures 0.44 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

The adrenal glands are not clearly visualized for evaluation.

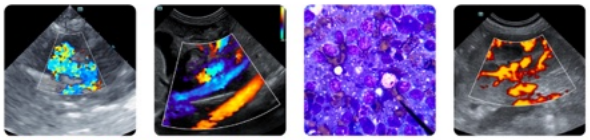
Spleen

Splenic thickness measures 0.77 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 normally distended. The gallbladder wall is thin. The luminal contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is moderately distended with fluid content. Gastric mural thickness measures 1.61 mm, with preserved wall layering. The pyloroduodenal junction is not visualized.

The duodenal wall thickness measures 1.66 mm. The jejunal wall thickness measures 2.48 mm, with the following layer measurements: mucosa 1.77 mm, submucosa 0.49 mm, muscularis propria 0.27 mm. The ileal wall thickness measures 1.75 mm, with preserved wall layering.

The ileocecal junction measures 3.38 mm, with muscularis propria measuring 1.57 mm.

A mild amount of fluid and gas is present within the intestinal tract.

The ascending and transverse colon wall thickness measures 1.14-1.16 mm and contains a moderate amount of fluid fecal material, without evidence of impaction. The descending colon wall thickness measures 1.01 mm and is moderately distended, containing abundant fecal material that remains non-impacted. The colonic diameter is estimated at approximately 1.60–1.80 cm.

Pancreas

The pancreas measures 8.27 mm in thickness. Pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.62 mm in diameter. No hyperechogenicity of the peripancreatic fat 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

PRIMARY FINDINGS

- Moderate gastric fluid distension with mild fluid and gas throughout the intestinal tract.
- Mild thickening of the ileocecal junction with relative muscularis prominence.
- The colon contains a moderate amount of fecal material, without evidence of impaction.
- Mildly hypoechoic pancreatic parenchyma with mildly prominent pancreatic duct

SECONDARY FINDINGS

- Mild right renal cortical hyperechogenicity.
- Mildly turbid urine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is moderately to markedly distended with fluid, despite the absence of a reported recent meal. Gastric wall thickness and layering are preserved, and no focal mural lesions or obstructive masses are identified. While no mechanical outflow obstruction is demonstrated, this degree of gastric fluid retention is not considered normal and may reflect delayed gastric emptying or functional gastric hypomotility.

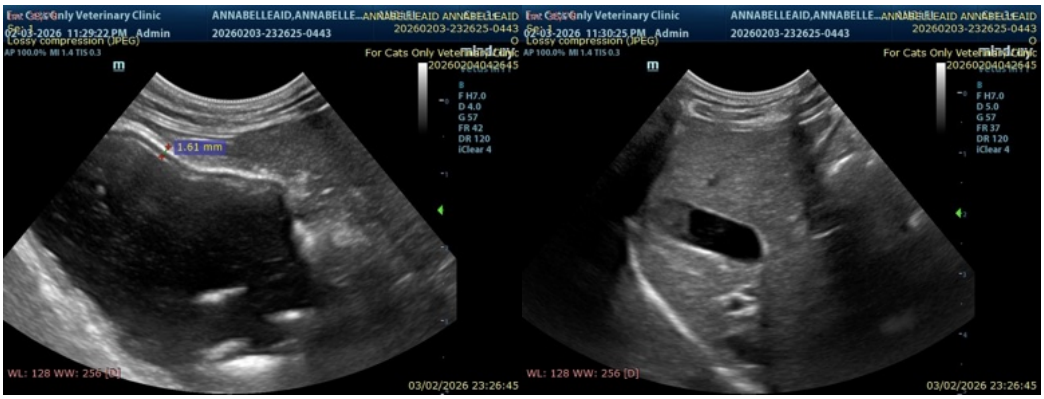
The colon is moderately distended, with a colonic diameter estimated at approximately 1.60–1.80 cm and contains abundant fecal material that remains non-impacted. Colonic wall thickness and layering are preserved. While no colonic impaction is identified at the time of examination, this degree of distension and fecal retention is not considered normal and may be compatible with functional colonic hypomotility. In the appropriate clinical context, including a history of constipation and possible prior or ongoing medical management, these findings may represent an early or mild stage within the spectrum of colonic dysmotility rather than mechanical obstruction or established megacolon.

The small intestine demonstrates preserved wall layering and wall thickness within expected limits overall. The ileocecal junction is mildly thickened, with relative prominence of the muscularis layer. In cats, this appearance is nonspecific and may overlap with early or mild chronic enteropathy or functional change, particularly in the absence of additional supportive ultrasonographic abnormalities.

The pancreas is mildly hypoechoic relative to the surrounding omental fat, with a mildly prominent pancreatic duct and no peripancreatic fat reactivity. In cats, these changes may be seen with chronic pancreatitis, low-grade pancreatic change, or age-related variation.

Recommendations

- Ongoing medical management of constipation and colonic dysmotility is recommended, recognizing the likelihood of functional hypomotility and the potential for recurrence or progression in a geriatric cat.
- Given the ongoing weight loss despite the absence of overt small intestinal ultrasonographic abnormalities, a comprehensive gastrointestinal panel may be considered. Particular attention should be given to serum cobalamin concentration, as hypocobalaminemia may be present in cats without significant structural intestinal changes on ultrasound and may contribute to weight loss and functional gastrointestinal disturbances, including hypomotility and intermittent anorexia.



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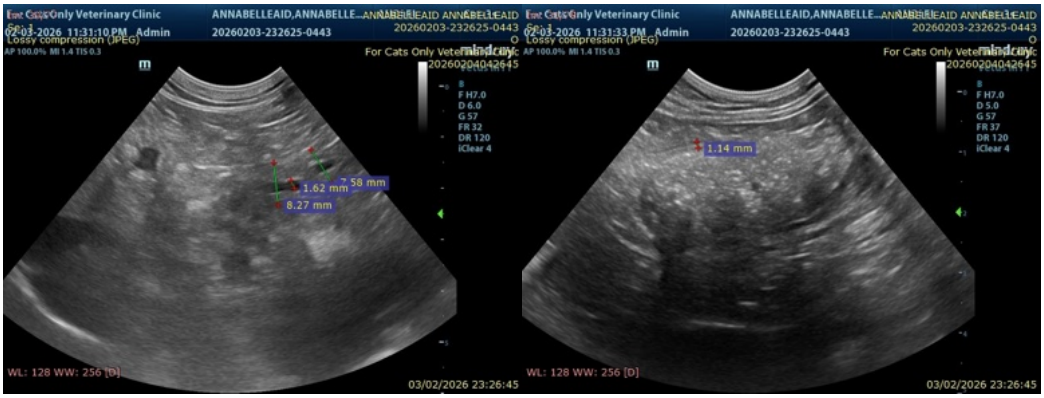

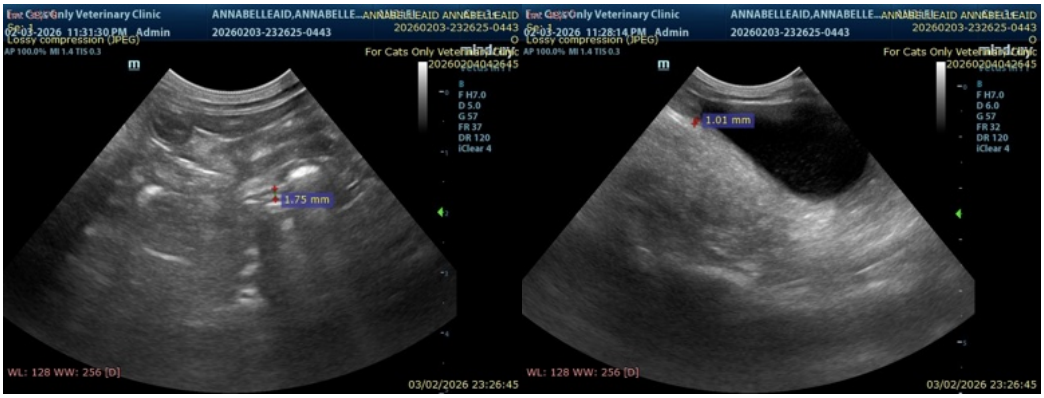

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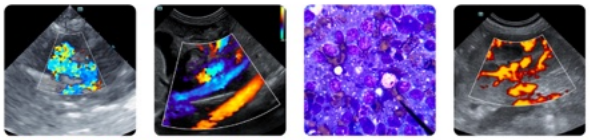

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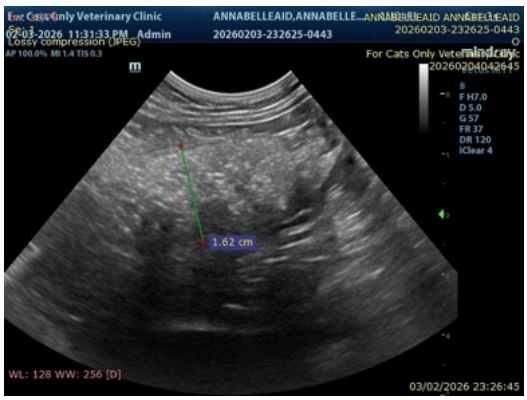

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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