



PATIENT

Rico Osorio

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

4.4 kgs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

73409

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- Recently diagnosed with hyperthyroidism (24 hours ago). patient was given cerenia but still vomiting. he's been losing weight but drooling excessively today and still not doing well
- Abdomen: Tense on palpation. due to temperament unable to fully assess CBC. N/A Chemistry. ALT 116, glucose 231, calcium 8.2, phosphorus 6.4, creatinine 0.7 EPOC. glucose 234, iCa 1.1, potassium 3.5, sodium 142 Radiographs Attached Other: FpLi. negative/normal FIV/FeLV/HWT. negative x3 UA. spg 1.038, rare cocci, occ RBC/WBC

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 anechoic. 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: 4.41×2.87 cm, and the thickness of the cortex is 0.50 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, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 4.44×2.44 cm, and the thickness of the cortex is 0.49 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, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.25 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland was not confidently visualized.

Spleen

Splenic thickness is 0.79 cm. The parenchyma demonstrates 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 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.



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The gallbladder lumen is moderately distended. The wall is thin and the contents consist primarily of anechoic bile. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with fluid and gas in the lumen, mural thickness (2.08 mm) and preserved wall layering. The pylorus measures 2.41 mm.

Duodenum wall thickness measures 1.28 mm. The jejunum measures 2.21 mm in total thickness, with mucosa measuring 1.53 mm, submucosa 0.25 mm, and muscularis propria 0.43 mm. The ileum measures 2.25 mm in total thickness, with mucosa measuring 0.85 mm, submucosa 0.90 mm, and muscularis propria 0.55 mm. The ileocecal junction measures 2.36 mm, with the muscularis layer measuring 0.70 mm. Wall layering is preserved throughout these segments.

Normal wall layering is preserved. No ultrasonographic signs of inflammation, ileus, or foreign material are identified.

Colon: ascending 0.58 mm, transverse 0.70 mm, descending 1.02 mm, with formed feces in the lumen.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Ileocecal lymph nodes measure 1.89–2.89 mm, and maintain a normal shape. Cranial mesenteric lymph nodes were not visualized, but the surrounding regions appeared unremarkable.

ULTRASONOGRAPHIC FINDINGS

The abdominal ultrasound examination is largely unremarkable.

Mild relative prominence of the muscularis layer at the ileum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract demonstrates normal wall thickness and preserved mural layering throughout the evaluated segments. In cats, normal small intestinal wall thickness typically measures ≤ 2.5 mm, therefore the recorded measurements (duodenum 1.28 mm, jejunum 2.21 mm, ileum 2.25 mm) fall within accepted reference ranges. The muscularis-to-mucosa ratio in the jejunum measures approximately 0.28, within normal limits. The ileal muscularis-to-mucosa ratio measures approximately 0.65, representing mild relative prominence of the muscularis layer, a finding that can be seen in normal cats or in early inflammatory enteropathy but is nonspecific in the absence of additional ultrasonographic abnormalities.



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No segmental dilation, foreign material, plication, or signs of obstructive gastrointestinal disease are identified.

Overall, no structural abdominal abnormality is identified that would clearly explain the patient's vomiting and hypersalivation. In the context of recently diagnosed hyperthyroidism, gastrointestinal signs such as vomiting and weight loss may occur secondary to thyrotoxicosis-induced gastrointestinal hypermotility and metabolic effects, and these functional disturbances may occur in the absence of detectable ultrasonographic abnormalities.

Recommendations

- Correlation with the patient's recent diagnosis of hyperthyroidism and clinical progression is recommended.
- Medical management for nausea and gastritis at the discretion of the attending clinician.
- If gastrointestinal signs persist despite stabilization of the hyperthyroid state, additional evaluation may include a gastrointestinal panel, or a serum cobalamin.
- Monitoring of renal parameters, particularly after initiation of treatment for hyperthyroidism, as renal function may change once euthyroidism is achieved.



