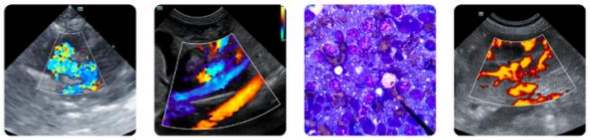


PATIENT

Riley Miller

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

11 Months

WEIGHT

8.46 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville- Cleona Veterinary Associates

REFERRING VET

Dr. Bruce Keck

INVOICE

14189

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Presented to ER 2/27 for V+ - radiographs and bloodwork performed recheck exam 3/2/26
- V+, D+ since 2/25/26
- 3/2/26, Cerenia, SQ fluids administered, Cerenia sent home
- Improving, still wanted an ultrasound to be safe

Abnormal PE/Chem/CBC/UA Results: Bloodwork: slightly elevated proteins attributed to dehydration, otherwise not concerning - Abdominal radiographs: empty stomach, normal small intestines, no foreign material or obstructive pattern identified Elevated temperatre 2/27 (104.0), 3/2 (103.5) 3/10 (102.6)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.10×2.19 cm. Cortical thickness in the sagittal plane is 0.25 cm. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is within expected limits and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.68×2.11 cm. Cortical thickness in the sagittal plane is 0.30 cm. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is within expected limits and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

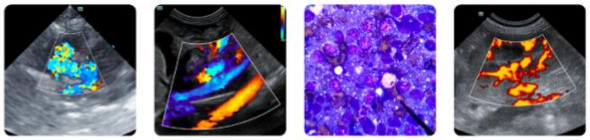
Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.27 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.23 cm at the cranial pole and 0.21 cm at the caudal pole.

Spleen

The spleen measures 0.87 cm in thickness. The splenic parenchyma has normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular, and the splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The wall is thin, and the contents are predominantly anechoic with a 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 a small amount of luminal fluid. Gastric wall thickness measures 1.76 mm and layering is preserved. The pylorus measures 3.68 mm.

The duodenum measures 1.91 mm in wall thickness with preserved layering.
The jejunum measures 2.67 mm. Individual layers are measured as follows: mucosa 1.10 mm, submucosa 0.67 mm, muscularis propria 0.47 mm. Wall layering is preserved.
The ileum measures 1.60 mm with normal wall layering. The ileocecal junction measures 3.14 mm.

No ultrasonographic evidence of ileus, obstructive pattern, inflammatory mural change, or foreign material is identified.

The colon measures 0.77–0.94 mm in wall thickness. Formed feces are present within the transverse and descending colon.

Pancreas

The pancreas is visualized. The body measures 6.40 mm and the left pancreatic limb measures 5.34 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.96 mm in diameter. No increased echogenicity of the surrounding mesenteric fat is observed.

Free Abdomen

No abdominal effusion or ultrasonographic evidence of peritonitis is present.

The cranial mesenteric lymph nodes measure 2.99–3.55 mm and are mildly hypoechoic. One of the ileocecal lymph nodes measures 2.90 mm and the pancreaticoduodenal lymph node measures 3.74×5.51 mm, both mildly hypoechoic. The lymph node at the iliac trifurcation is within normal limits.

PRIMARY FINDINGS

- Mild pancreatic hypoechogenicity relative to adjacent mesenteric fat
- Mildly hypoechoic but small mesenteric and pancreaticoduodenal lymph nodes (up to 3.74×5.51 mm)
- Very small amount of biliary sludge within the gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal wall thickness and layering are preserved throughout. Jejunal measurements yield a muscularis:mucosa ratio of 0.47/1.10 ≈ 0.43, which is within expected limits for cats and does not support chronic enteropathy such as inflammatory bowel disease or small-cell lymphoma. No ultrasonographic evidence of ileus, obstruction, foreign material, or focal inflammatory disease is identified.

The pancreas is mildly hypoechoic relative to the surrounding mesenteric fat without peripancreatic fat inflammation. This finding is nonspecific but may be compatible with mild pancreatic irritation or early/resolving pancreatitis.

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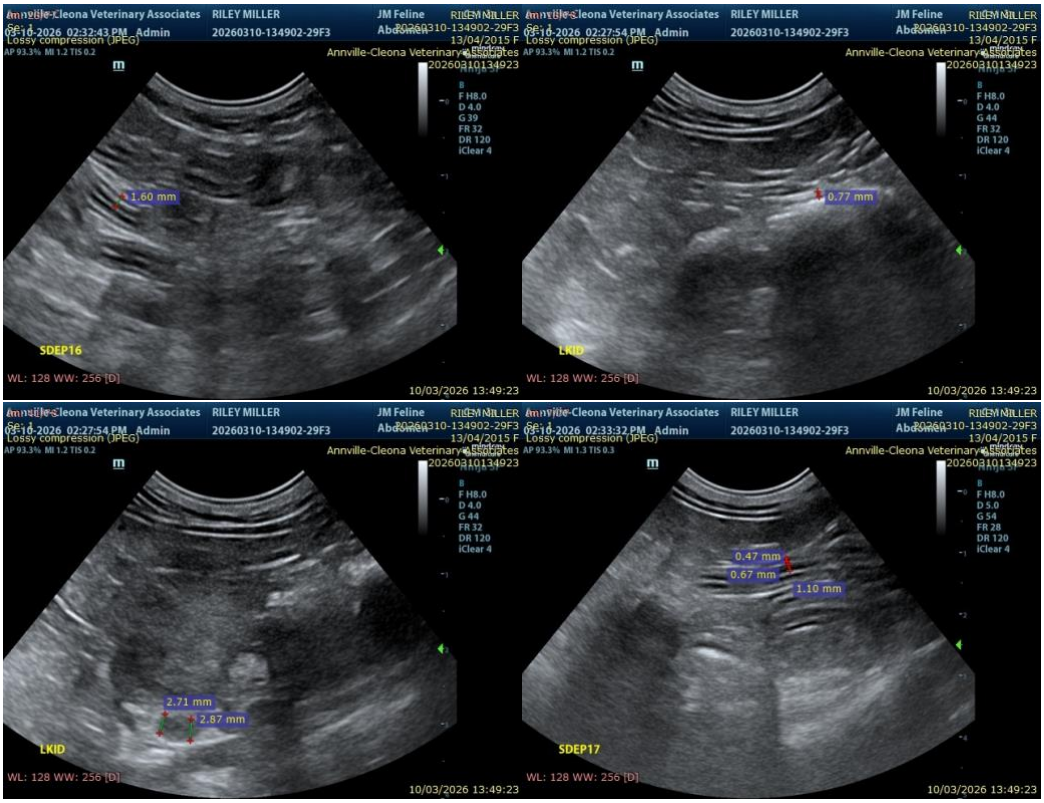
Mesenteric and pancreaticoduodenal lymph nodes are small and mildly hypoechoic, remaining within expected size limits. This appearance is most consistent with mild reactive lymphadenopathy, likely secondary to recent gastrointestinal inflammation.

Overall, findings are most compatible with acute gastrointestinal disease, with possible mild pancreatic involvement.

Recommendations

- Supportive management for acute gastrointestinal may be appropriate at the discretion of the attending clinician.
- Clinical monitoring is recommended given the absence of significant structural abnormalities and the patient's reported clinical improvement.
- If gastrointestinal signs persist or recur, Spec fPL testing may be considered, as mild pancreatitis cannot be excluded based on ultrasound findings alone.
- Further diagnostics, including repeat abdominal ultrasound or additional laboratory testing, may be considered if clinical signs worsen or fail to resolve.



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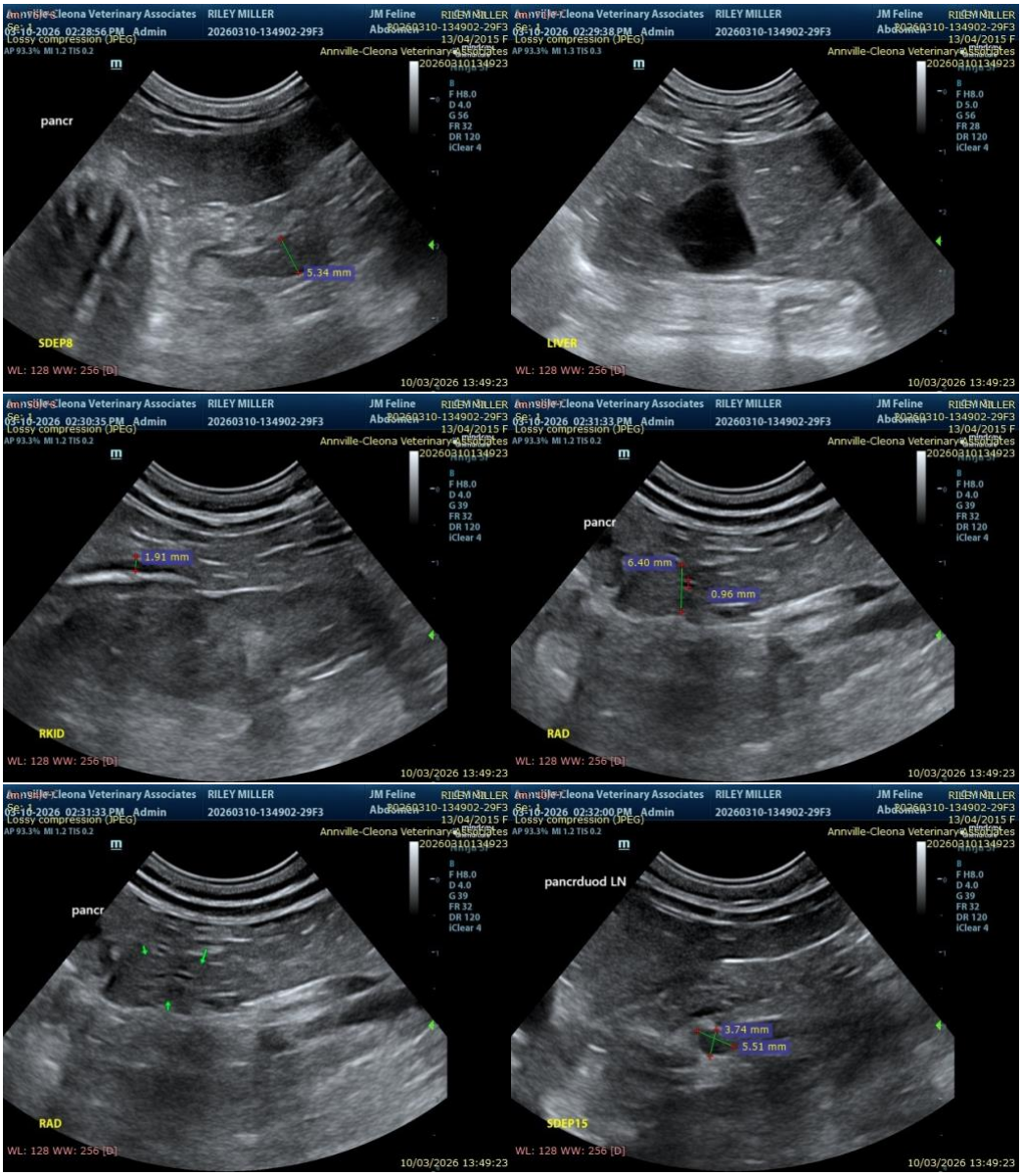

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com