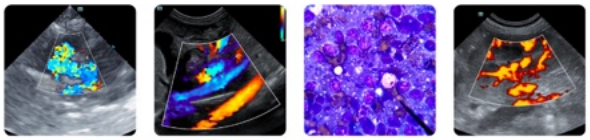


PATIENT

Lennox Moon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

6.13 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Gilchrist

INVOICE

73469

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Vomiting of unknown duration.
- Abdominal ultrasound revealed significant gas and some acoustic shadowing, but was inconclusive for a definitive obstruction. Mild bowel wall thickening may be present.
- History of elevated SDMA from previous bloodwork.
- Differential diagnoses include gastrointestinal obstruction (trichobezoar vs. foreign body), inflammatory bowel disease, and pancreatitis.

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. The bladder neck and proximal urethra have a normal appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.94×2.09 cm, and the cortical thickness measures 0.35 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic 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, measuring 4.30×1.77 cm, and the cortical thickness measures 0.37 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic 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

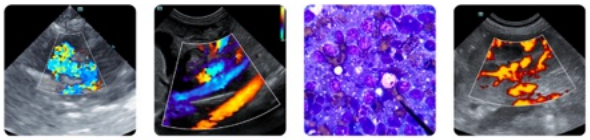
Dorsoventral diameters measured in the sagittal plane: the left adrenal gland was not confidently visualized. The right adrenal gland measures 0.27 cm at the cranial pole and 0.26 cm at the caudal pole.

Spleen

Splenic thickness measures 0.65 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 hepatic parenchyma appears uniform and isoechoic compared with the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is moderately distended. The wall measures 2.01 mm and appears hyperechoic. The contents are primarily 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 measuring 2.13 mm and preserved wall layering. The pylorus measures 3.24 mm. The pyloroduodenal junction measures 2.41 mm and appears empty and unremarkable. The duodenum measures 1.24 mm. The jejunum measures 2.28 mm and the ileum measures 1.78 mm, with preserved wall layering. The ileocecal junction was not visualized. No sonographic evidence of obstructive pattern, inflammation, ileus, or foreign material is identified.

The colon measures 0.80 mm with a small amount of fecal material within the descending segment.

Pancreas

The pancreas was suboptimally visualized.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

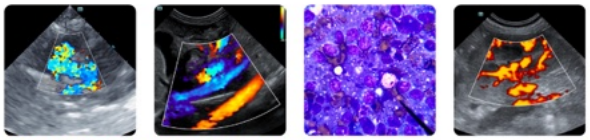
- Mild gallbladder wall thickening (2.01 mm) and hyperechogenicity, with a small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographic evidence of gastrointestinal obstruction is identified. The stomach, pyloric region, and small intestinal segments demonstrate normal wall thickness and preserved wall layering, without dilation, foreign material, or an obstructive pattern. Although previous imaging reportedly suggested possible bowel wall thickening, this finding is not confirmed on the current examination. Further evaluation using a high-frequency linear transducer could provide improved detail of the intestinal wall layering if clinically indicated.

The pancreas was suboptimally visualized, which limits complete evaluation; therefore, pancreatitis cannot be entirely excluded based on ultrasound alone.

The gallbladder wall measures 2.01 mm and appears mildly hyperechoic, with a small amount of biliary sludge. In geriatric cats, these findings may be associated with biliary stasis or mild inflammatory biliary disease, although they are nonspecific and no biliary ductal dilation is identified.



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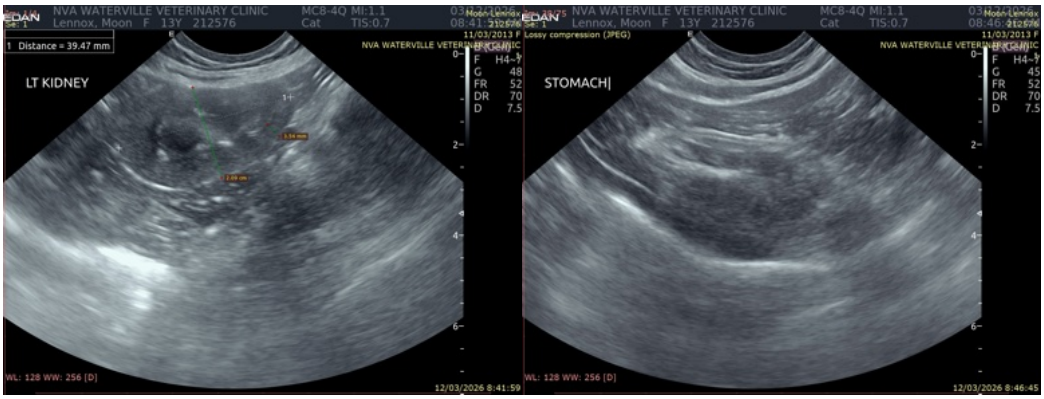
Both kidneys appear normal in size and architecture, with preserved corticomedullary definition. While reassuring, ultrasonographic appearance may remain normal in early renal disease, which should be considered given the patient's history of elevated SDMA.

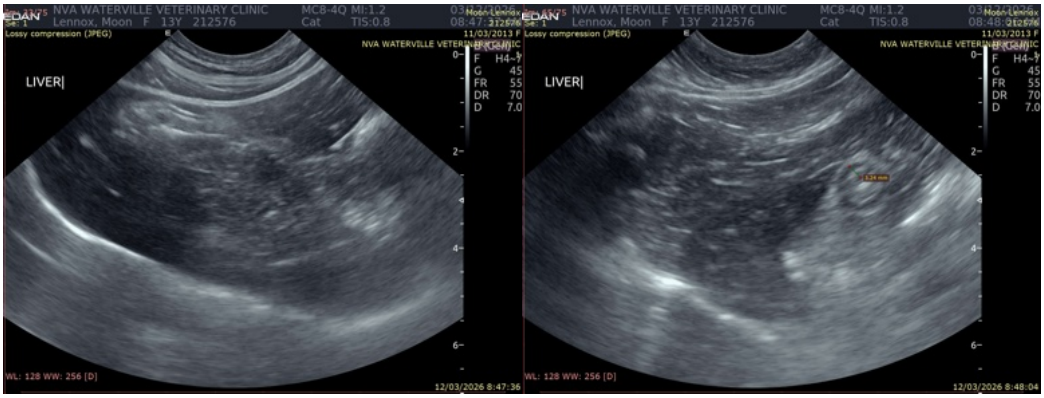
No foreign body, hairballs or obstructive pattern are observed.

Recommendations

- Correlation with hepatobiliary enzymes (ALT, ALP, GGT, and bilirubin) is recommended given the mild gallbladder wall thickening and hyperechogenicity.
- If vomiting persists or clinical suspicion remains, feline pancreatic lipase may be considered, as pancreatitis may occur without definitive ultrasonographic abnormalities.
- Given the history of elevated SDMA, continued renal monitoring (creatinine, SDMA, and urinalysis) is recommended, as early renal disease may be present despite normal renal ultrasonographic appearance.

Further diagnostic and therapeutic decisions should be guided by the attending veterinarian based on the patient's clinical status.





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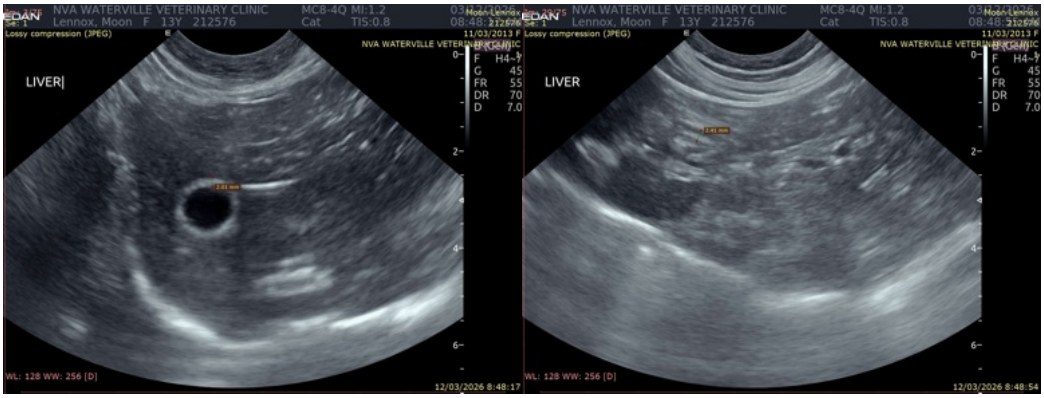

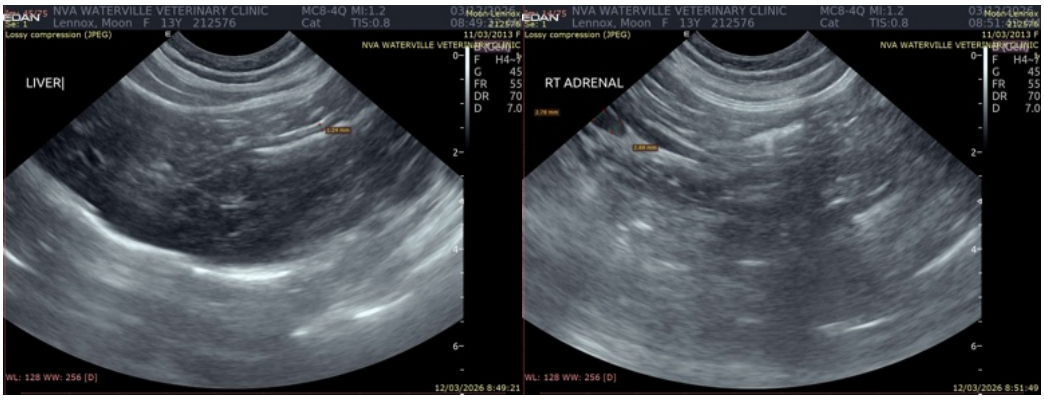

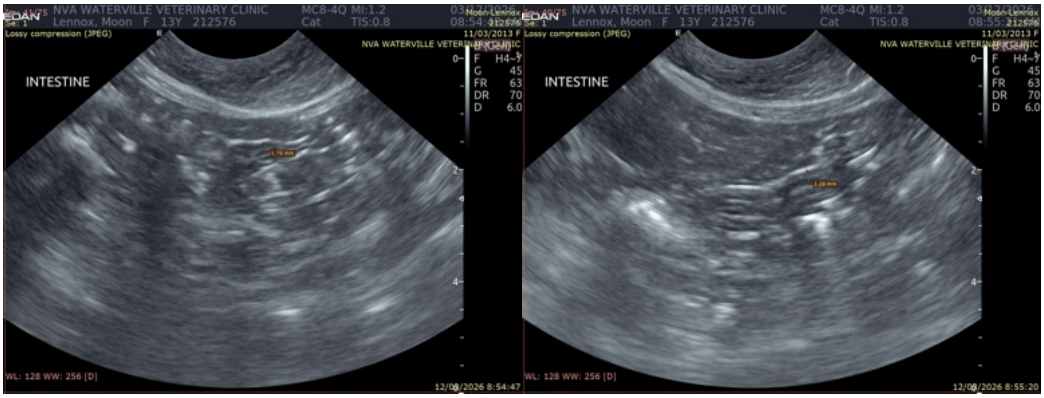

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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