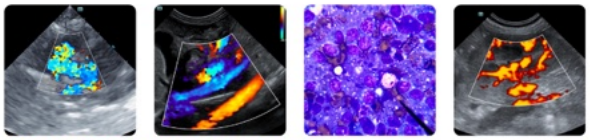




**PATIENT**

Little BopBop Daminger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Jocelyn Smith, CVT

**HOSPITAL NAME**

Annville Cleona Veterinary Associates

**REFERRING VET**

Dr. Pinamonti

**INVOICE**

73467

**DATE**

3/12/26

## PRESENTING CLINICAL SIGNS

- D+ since 3/7/26, V+ intermittently since 3/7/26
- Anorexic, Polydipsia, Lethargic
- Last meal was 1/4c dry food yesterday morning, a few pieces of dry kibble and licked at a tsp of canned food, otherwise has not eaten anything else today. Stomach is full on ultrasound though
- Cerenia & Miratazapin given 3/10 with no response.
- Other cat in house also displaying similar symptoms
- Normal chemistry/CBC 3/3/26 Minimal weight loss since 3/3/26 - was 12.12lb - 11.5 3/10, 11.81 today

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder lumen is moderately 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 3.94×2.37 cm, and the cortical thickness measures 0.38 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 3.94×2.04 cm, and the cortical thickness measures 0.31 cm in the sagittal plane.

The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A mild medullary rim sign is noted. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

### *Adrenal Glands*

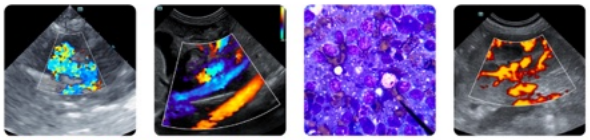
Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.27 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.26 cm at the caudal pole.

### *Spleen*

Splenic thickness measures 0.67 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.





**PATIENT**

Little BopBop Daminger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Jocelyn Smith, CVT

**HOSPITAL NAME**

Annville Cleona Veterinary Associates

**REFERRING VET**

Dr. Pinamonti

**INVOICE**

73467

**DATE**

3/12/26

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

### *Gastrointestinal*

The stomach is distended with a moderate amount of ingesta remaining within the lumen, with mural thickness measuring 2.29 mm and preserved wall layering. The pyloric region measures 2.57 mm and contains ingesta producing mild distal acoustic shadowing. The material appears heterogeneous and most consistent with food content rather than a typical foreign body pattern; this may represent partially dehydrated food material or ingesta mixed with hair.

The pyloroduodenal junction was not confidently visualized.

The duodenum measures 1.61 mm. The jejunum measures 2.08 mm and the ileum measures 1.64 mm, with preserved wall layering. The ileocecal junction measures 2.28 mm. Mild intestinal gas pattern. No sonographic evidence of obstruction, inflammation, or foreign material is identified.

The colon measures 1.11 mm in the transverse segment with soft fecal material present. The descending colon measures 0.75 mm with small amounts of fecal material within the lumen. No liquid fecal pattern is identified. Wall layering is preserved throughout the colon.

### *Pancreas*

The evaluated pancreatic regions do not demonstrate sonographic evidence of overt inflammation or neoplastic disease.

### *Peritoneal Cavity*

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 4.08 mm in thickness and maintain normal shape and echogenicity. The ileocecal lymph nodes are not confidently visualized, although the surrounding regions appear unremarkable. The iliac trifurcation region appears normal

## ULTRASONOGRAPHIC FINDINGS

- Gastric distension with persistent ingesta within the stomach.
- Mild medullary rim sign in both kidneys.

**PATIENT**

Little BopBop Daminger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Jocelyn Smith, CVT

**HOSPITAL NAME**

Annville Cleona Veterinary Associates

**REFERRING VET**

Dr. Pinamonti

**INVOICE**

73467

**DATE**

3/12/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most notable finding is gastric distension with a moderate amount of ingesta remaining within the stomach, despite the reported history of anorexia. The gastric contents appear heterogeneous and are most consistent with food material rather than a typical ultrasonographic pattern of a foreign body. No convincing obstructive lesion is identified, although the pyloroduodenal junction could not be confidently visualized. The small intestinal segments demonstrate normal wall thickness and preserved wall layering, and there is no sonographic evidence of obstruction, or inflammatory enteropathy.

The gastric distension with persistent ingesta may reflect delayed gastric emptying. Mild functional ileus related to gastrointestinal inflammation or intestinal gas distension cannot be excluded. The colon appears unremarkable.

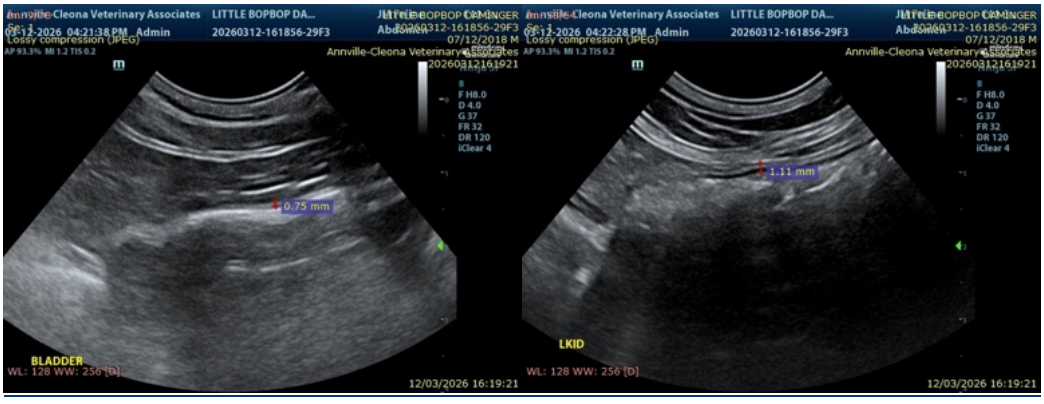
Given the history of acute vomiting and diarrhea affecting more than one cat in the household, the findings may be compatible with acute gastrointestinal disease such as infectious or dietary gastroenteritis, which can be associated with transient delayed gastric emptying.

A mild medullary rim sign is present in the kidneys. This finding is nonspecific and may be incidental or associated with transient physiologic or metabolic changes.

Recommendations

- Supportive management is recommended for the next 24–48 hours, including a highly digestible gastrointestinal diet offered in small, frequent meals, as delayed gastric emptying is suspected. Antiemetic therapy can be administered to control vomiting and nausea. If clinical signs persist or worsen, fecal testing (gastrointestinal PCR panel or Giardia testing) is recommended to evaluate for infectious causes.

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



**PATIENT**

Little BopBop Daminger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Jocelyn Smith, CVT

**HOSPITAL NAME**

Annville Cleona Veterinary Associates

**REFERRING VET**

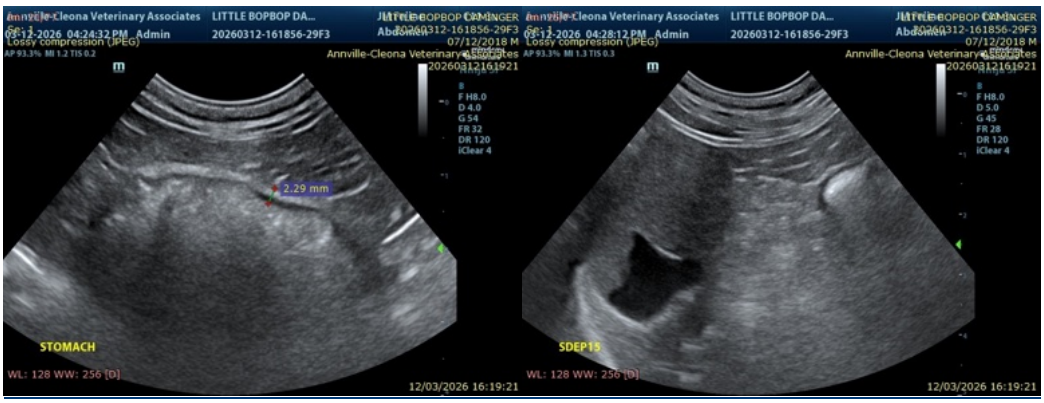
Dr. Pinamonti

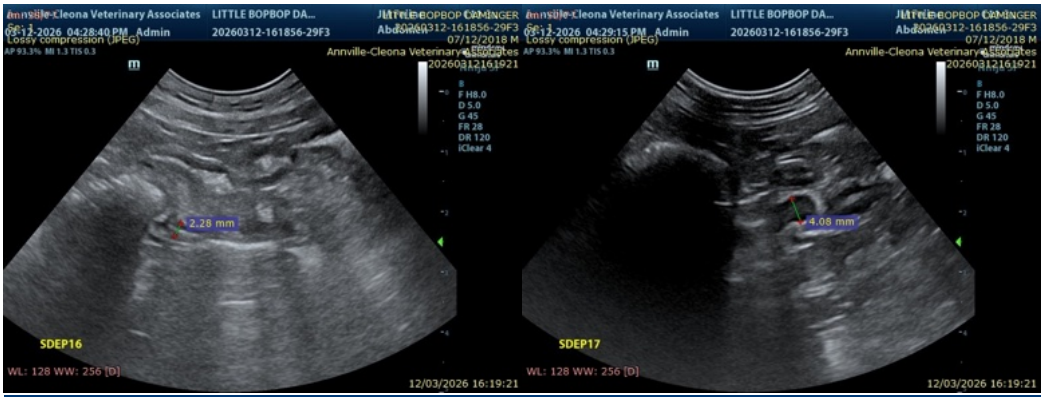
**INVOICE**

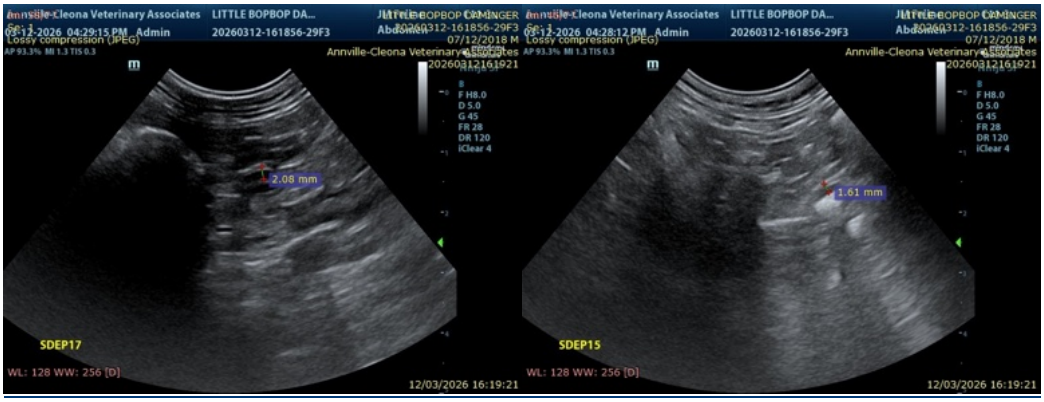
73467

**DATE**

3/12/26



**PATIENT**

Little BopBop Daminger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Jocelyn Smith, CVT

**HOSPITAL NAME**

Annville Cleona Veterinary Associates

**REFERRING VET**

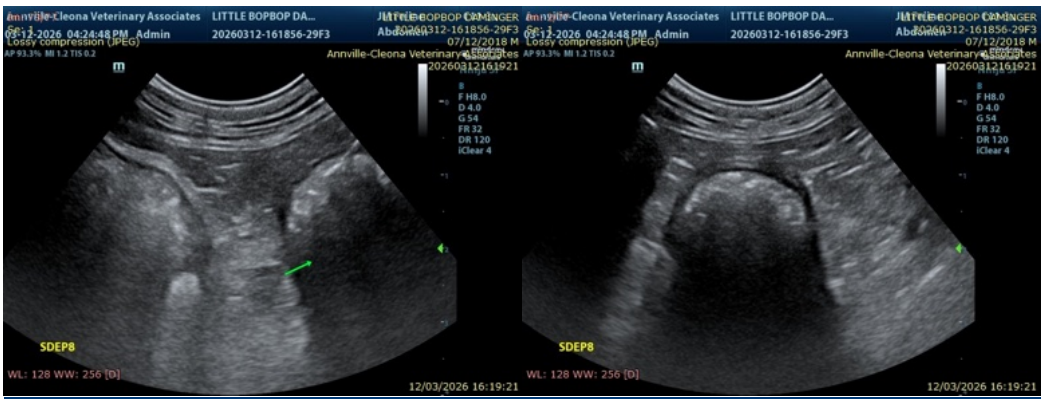
Dr. Pinamonti

**INVOICE**

73467

**DATE**

3/12/26




**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