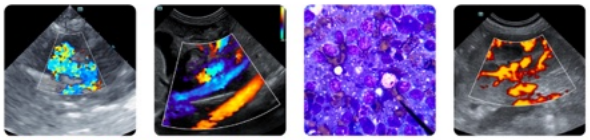


PATIENT

Maple Presseau

SPECIES

Feline

BREED

Sphynx Devon

SEX

Spayed female

AGE

10 years

WEIGHT

8.13 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary Clinic

REFERRING VET

Dr. McNamera

INVOICE

73507

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Maple presents for weight loss despite a good and perhaps even increased appetite, previously a 10# cat, down at last annual, is now 7.8#.
- Stools seem softer with increased frequency, no blood or mucus, very gassy.
- Occasional vomit w/ dietary indiscretion (toilet paper).
- Hx of viral conjunctivitis.
- At admission, owners reported diarrhea stopped Sunday, no vomiting
- CBC/Chem/EP/T4 unremarkable, fecal negative for parasites. GI panel to TX pending, on fortiflora, hydrolyzed diet discussed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is markedly distended, and the wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and the proximal urethra appears normal. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.72×2.29 cm. Cortical thickness is 0.8 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.61×2.02 cm. Cortical thickness is 0.43 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

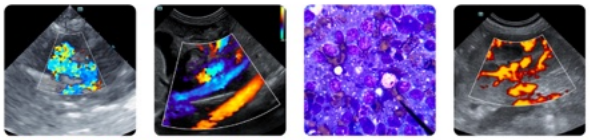
The left adrenal gland is not confidently visualized. The right adrenal gland measures 0.31 cm at the cranial pole and 0.33 cm at the caudal pole, with normal shape and echogenicity.

Spleen

Splenic thickness is 0.72 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 is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen 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 distended, containing ingesta. Gastric wall thickness is 1.26 mm, with preserved layering.

Duodenum: 2.22 mm. Jejunum: 2.19 mm. Mucosa: 1.20 mm. Submucosa: 0.53 mm. Muscularis propria: 0.27 mm Ileum: 1.41–1.74 mm. Mucosa: 0.42 mm. Submucosa: 0.67 mm. Muscularis propria: 0.32 mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.84-0.89 mm, with formed fecal material in the lumen.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or focal lesions.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The region of the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Stomach distended with ingesta despite fasting.
- Marked urinary bladder distension with mild proximal urethral dilation.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach was distended with ingesta despite an appropriate fasting period (since 8 pm), which is abnormal. This finding raises concern for delayed gastric emptying. In the absence of mechanical obstruction or pyloric outflow abnormality on ultrasound, this is most consistent with functional gastric dysmotility.

The gastrointestinal tract is within normal limits in thickness and layering. In cats, small intestinal wall thickness is typically ≤2.5–3.0 mm, and all segments fall within this range.

Muscularis-to-mucosa ratios are within normal limits:

- Jejunum: 0.27/1.20 ≈ 0.22

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- Ileum: 0.32/0.42 ≈ 0.76

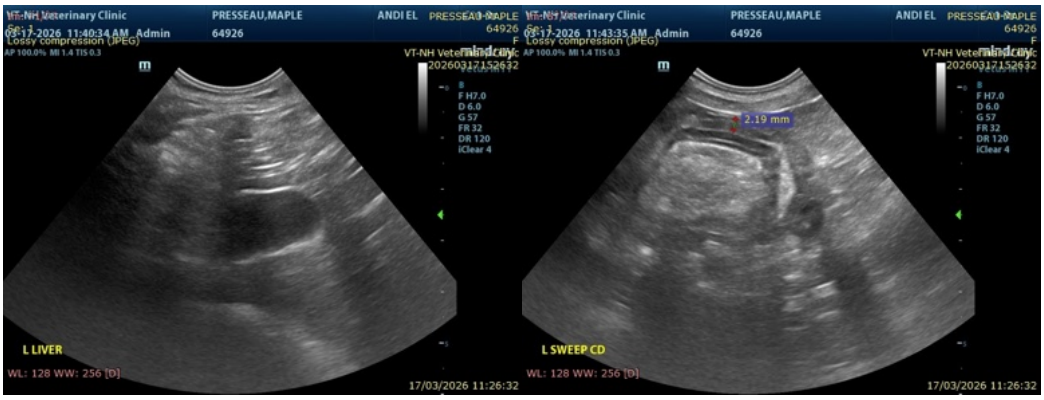
The jejunal ratio is clearly normal (<0.5). The ileal ratio appears relatively increased; however, this must be interpreted cautiously. The feline ileum normally has a proportionally thicker muscularis layer, and mild relative increases can fall within physiologic variation, particularly in the absence of diffuse changes. Importantly, there is no consistent muscularis thickening across segments, wall layering is preserved, and there is no associated lymphadenopathy.

Therefore, there are no convincing ultrasonographic features to support small cell lymphoma or clinically significant inflammatory bowel disease. Chronic enteropathy (food-responsive or dysbiosis-related) remains possible despite normal imaging.

Recommendations

- Proceed with the pending gastrointestinal panel (cobalamin, folate, feline pancreatic lipase immunoreactivity).
- Dietary trial (hydrolyzed or novel protein) remains appropriate.
- At this time, there is no indication for intestinal biopsy based on ultrasonographic findings.
- Although prior T4 is reported *unremarkable*, if clinical signs persist, repeat or extended thyroid testing may be considered, particularly depending on the evolution of clinical signs and gastrointestinal panel results.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.



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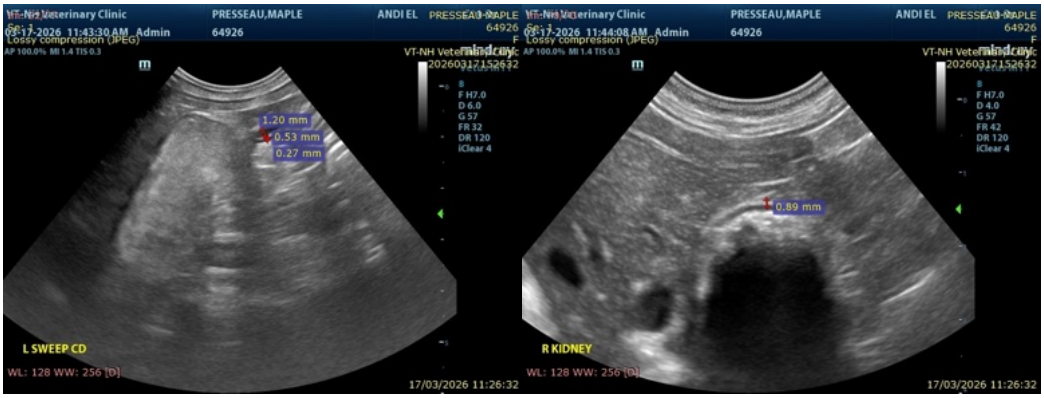

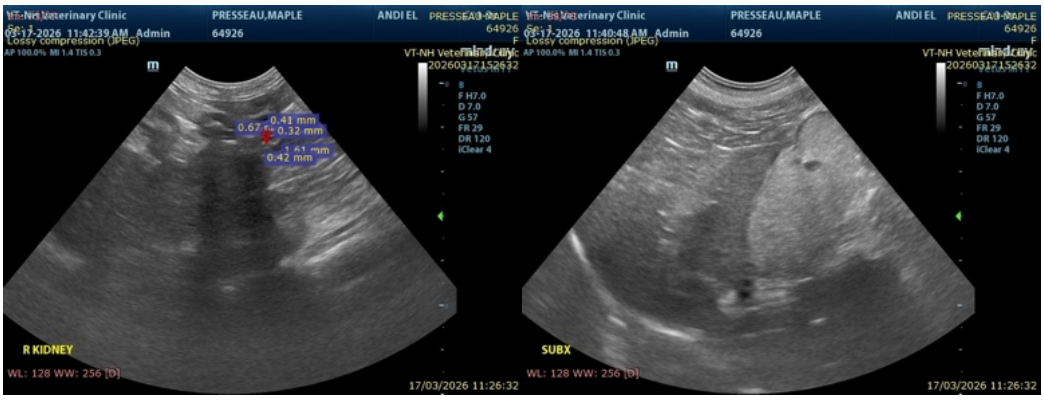

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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