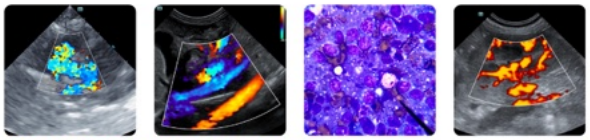


PATIENT

Freddy Kenney

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

11.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

73792

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Acute onset vomiting. Previous history of GI f.b.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.32×2.41 cm. Cortical thickness is 0.26 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.36×2.21 cm. Cortical thickness is 0.30 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

Splenic thickness is 1.08 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

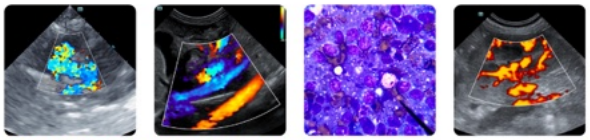
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.95 mm and preserved layering. The pylorus measures 3.90 mm.



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The duodenum measures 2.16–2.36 mm. The jejunum measures 1.54–1.89 mm, and the ileum measures 1.92 mm. Wall layering is preserved throughout. The ileocecal junction appears normal.

There is no sonographic evidence of an obstructive pattern. Some intestinal segments show minimal, focal fluid distension. Occasional small hyperechoic structures with distal acoustic shadowing are observed, which may represent ingested material. No intestinal plication, perforation, or consistent obstructive pattern is identified.

The colon measures 1.35 mm and is empty.

Pancreas

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

Free Abdomen

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes appear mildly reactive, which can be within normal limits in a young dog with mild intestinal reactivity. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Very mild, segmental intestinal fluid distension.
- Small hyperechoic intraluminal structures with subtle acoustic shadowing.

SECONDARY FINDINGS

- Mildly reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minimal segmental fluid distension is noted, possibly reflecting mild enteritis. A few small intraluminal shadowing structures are also identified, raising suspicion for small, non-obstructive foreign material in this clinical context.

Mild lymph node reactivity is likely secondary to intestinal irritation. No evidence of perforation or advanced obstruction is identified at this time.

Overall, findings are most compatible with mild acute gastrointestinal disease (e.g., dietary indiscretion or gastroenteritis), with small, likely non-obstructive intraluminal foreign material remaining a differential diagnosis.

Recommendations

- Close clinical monitoring for progression of vomiting or development of obstructive signs.

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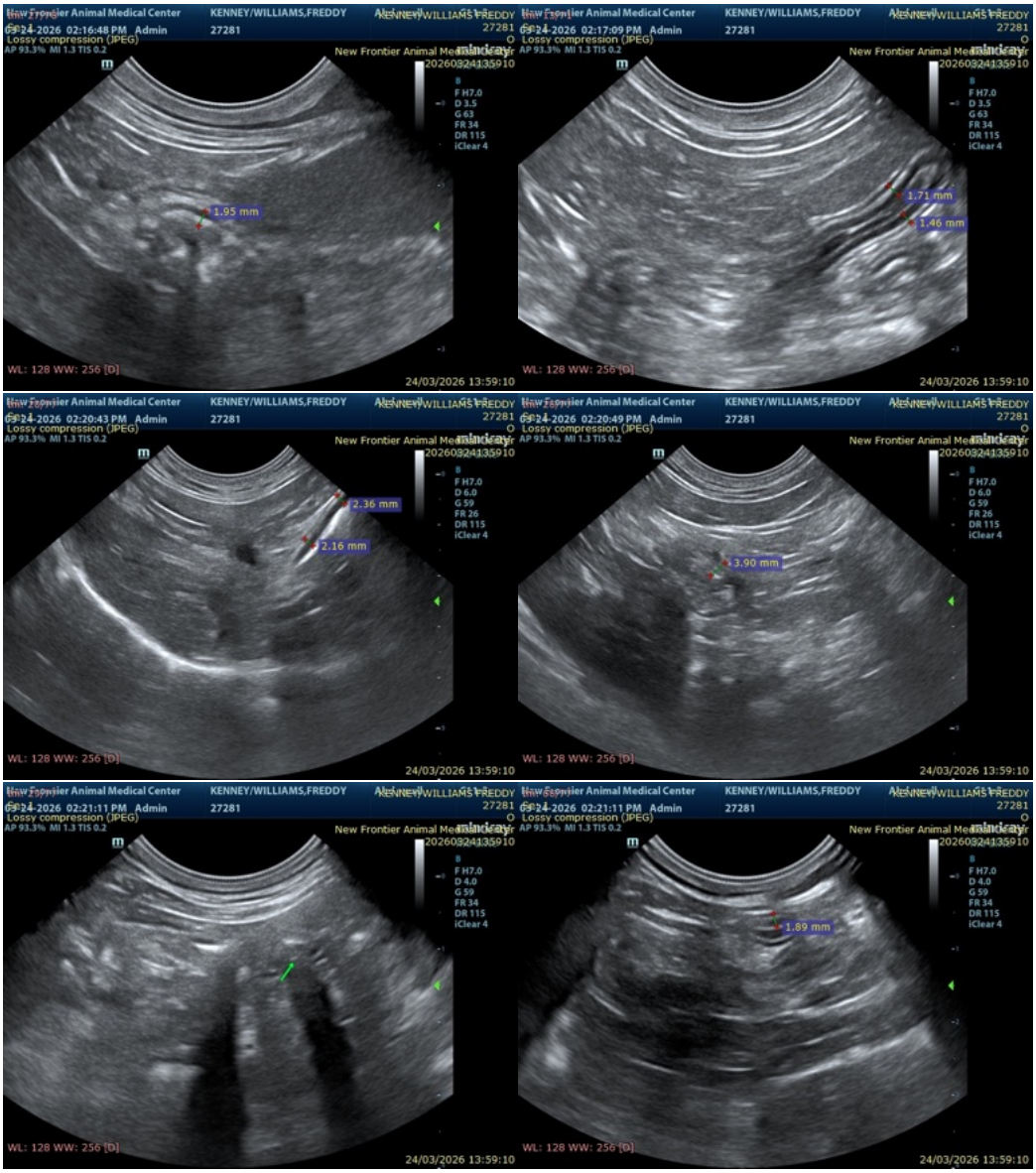
- Repeat ultrasound if clinical signs persist or worsen.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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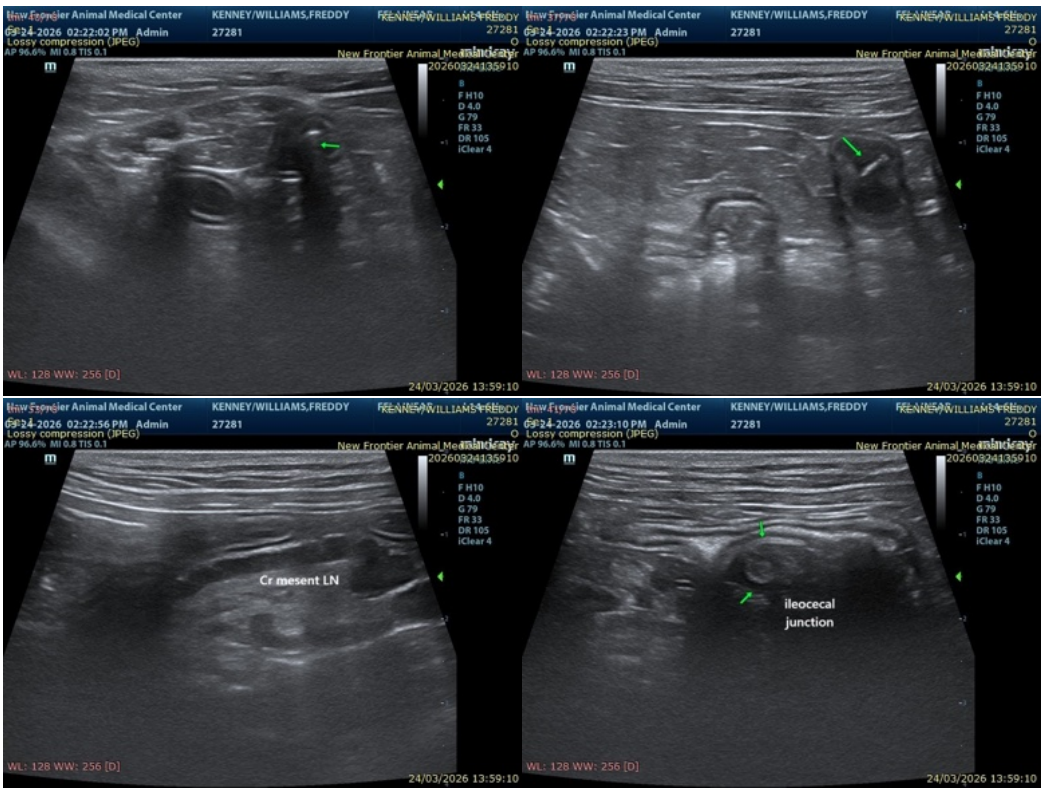

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com