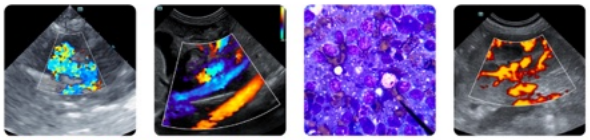


PATIENT

Gracie Gruber

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

6 years

WEIGHT

10.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Holmes

INVOICE

72156

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Chronic GI disease (intermittent vomiting, episodic, every few weeks). History of IMHA and currently taking low-dose prednisolone to prevent relapse (0.2 mg/kg PO SID).
- Patient has been placed on renal diets and Tiki Cat canned food for early renal disease but does not like the Rx renal diets.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths or sonographic evidence of inflammatory or neoplastic changes are identified.

Left kidney: 3.77×1.98 cm. Cortical thickness measures 0.36 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Right kidney: 3.69×2.05 cm. Cortical thickness measures 0.35 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Renal length (approximately 3.7 cm) and cortical thickness are within accepted reference ranges for adult cats (typical renal length 3.0–4.5 cm).

Adrenal Glands

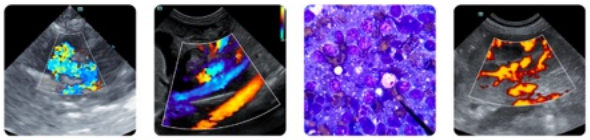
Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland: 0.29 cm (cranial pole) and 0.30 cm (caudal pole)
- Right adrenal gland: 0.30 cm (cranial pole) and 0.33 cm (caudal pole)

These measurements fall within normal limits for cats (typically <0.45 cm).

Spleen

Splenic thickness measures 0.93 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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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 a normal echotexture. No focal lesions or hepatic lymphadenopathy are identified.

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

Gastrointestinal

The stomach is empty and folded, with mural thickness (1.58 mm) and preserved wall layering. The pylorus (mm).

Duodenum: 1.17 mm. Jejunum: 2.13 mm, Mucosa: 1.23 mm. Submucosa: 0.58 mm. Muscularis propria: 0.32 mm, with preserved wall layering. The muscularis-to-mucosa ratio (0.26) is within normal limits for cats.

Ileum: 1.73 mm. Mucosa: 0.65 mm. Submucosa: 0.87 mm. Muscularis propria: 0.37 mm, with preserved wall layering. The muscularis-to-mucosa ratio (0.57) remains within acceptable limits and does not indicate disproportionate muscularis thickening.

The ileocecal junction measures 2.69 mm (mucosa 0.67 mm, muscularis 0.54 mm) with preserved wall layering.

Colon: 1.24–0.97 mm, with abundant formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions show no sonographic evidence of overt inflammation or focal mass lesion.

Peritoneal Cavity

No abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

No significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract demonstrates normal mural thickness and preserved wall layering throughout the stomach, small intestine, and colon. Muscularis-to-mucosa ratios remain within normal limits, and

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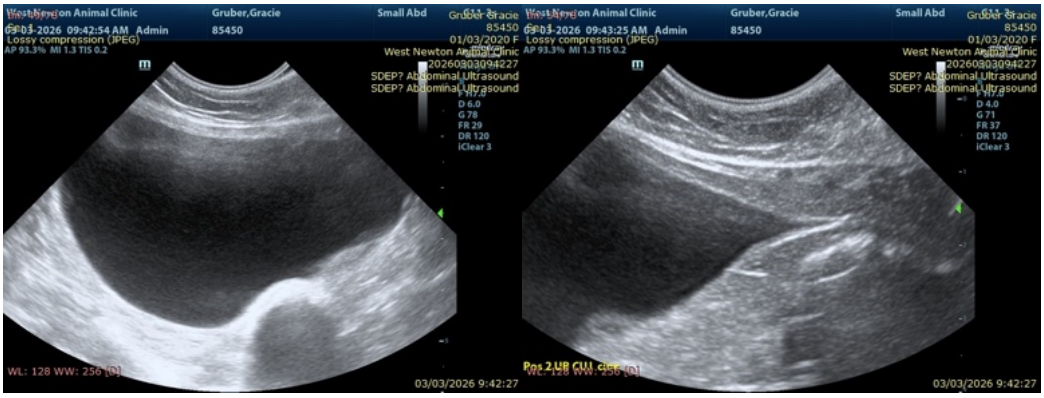
there is no evidence of intestinal wall thickening, loss of layering, focal masses, or mesenteric lymphadenopathy to support inflammatory bowel disease or small cell lymphoma at this time.

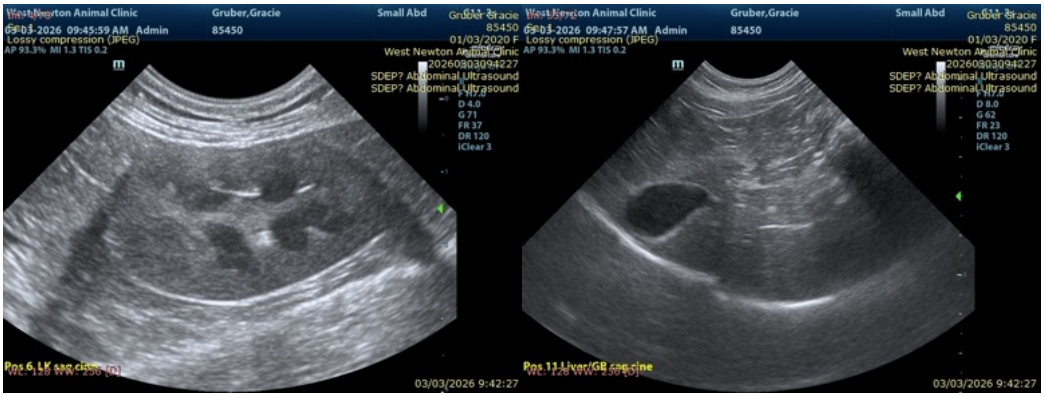
Renal architecture, adrenal glands, hepatobiliary system, pancreas, and spleen are all within normal limits. There are no imaging findings to support structural renal disease despite the previously documented proteinuria.

Despite the normal ultrasonographic appearance of the gastrointestinal tract and pancreas, imaging findings alone do not exclude functional or microscopic gastrointestinal disease. In cats with chronic vomiting, particularly those with a history of suspected inflammatory enteropathy or pancreatitis, clinically significant disease may still be present despite normal ultrasonographic findings.

Recommendations

- Consider a comprehensive feline gastrointestinal panel to further evaluate chronic gastrointestinal disease and assess for concurrent pancreatitis.
- A stepwise medical trial may be considered, including dietary management (novel or hydrolyzed protein diet), cobalamin supplementation if deficiency is identified, and clinical monitoring.
- Additional therapeutic decisions (adjustment of prednisolone for IMHA or other medical management) should be made at the discretion of the attending clinician based on clinical progression and response to therapy.





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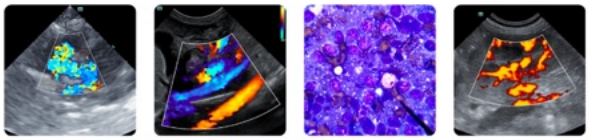

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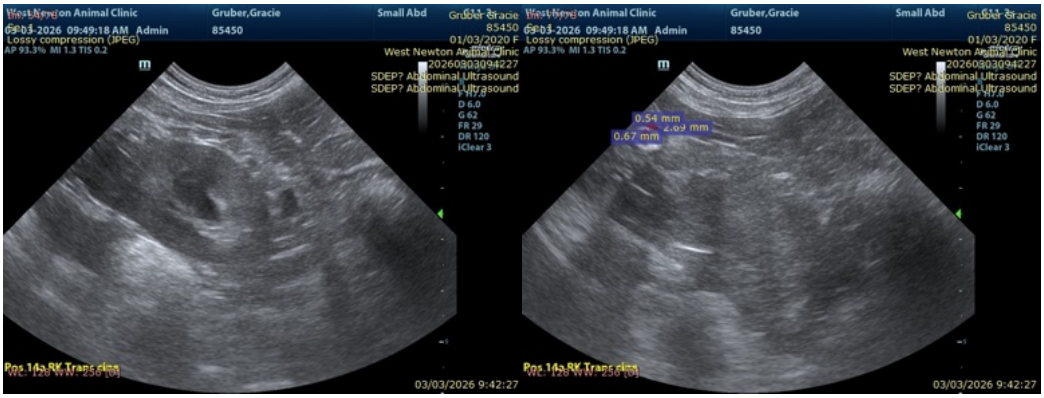

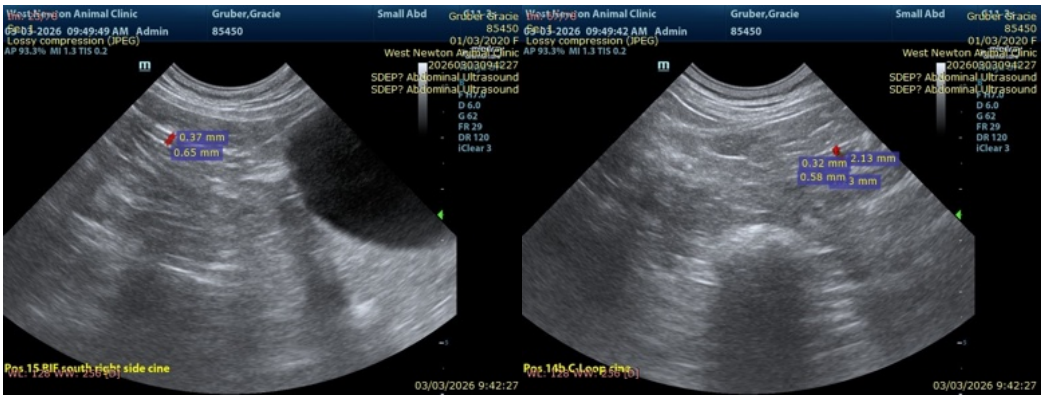

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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