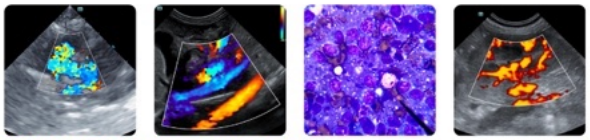


PATIENT

Kiwi Haring

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

15.06 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

72187

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Scooting and overgrooming backend
- Chronic perineum red and inflamed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and 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.

The left kidney is normal in shape and size, measuring 4.08×2.21 cm, with cortical thickness measuring 0.35 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.05×2.23 cm, with cortical thickness measuring 0.34 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

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

- Left adrenal gland: 0.26 cm (cranial pole) and 0.26 cm (caudal pole).
- Right adrenal gland: 0.25 cm (cranial pole) and 0.24 cm (caudal pole).

These measurements are within normal limits for cats.

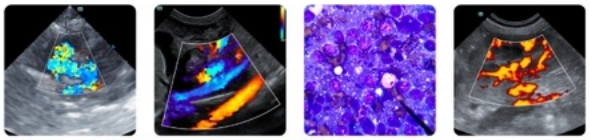
Spleen

Splenic thickness measures 0.94 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 margins and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and the contents are predominantly anechoic. The common bile duct measures 1.56–2.24 mm, which is within normal limits for cats.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (1.96 mm) and preserved wall layering. Duodenum: 1.78 mm.

Jejunum: 2.29–2.39 mm. Mucosa: 1.31 mm. Submucosa: 0.54 mm. Muscularis propria: 0.32 mm.

Ileum: 1.76–1.89 mm. Mucosa: 0.75 mm. Submucosa: 0.60 mm. Muscularis propria: 0.30 mm.

The muscularis-to-mucosa ratios remain within normal limits, and wall layering is preserved throughout the examined small intestinal segments.

The ileocecal junction measures 2.54 mm, with muscularis measuring 0.44 mm, which is within expected limits.

Colon: 0.84 mm, containing fecal material with mildly heterogeneous echogenicity and mild distal acoustic shadowing, consistent with moderately formed feces.

Pancreas

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

Peritoneal Cavity

No sonographic evidence of 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

No clinically significant ultrasonographic abnormalities are identified within the abdomen.

The gastrointestinal tract demonstrates normal mural thickness, preserved layering, and normal muscularis-to-mucosa ratios, without evidence of inflammatory enteropathy, neoplasia, or lymphadenopathy.

No abnormalities are identified in the colon or distal small intestine that would explain the patient's clinical signs of scooting, perianal irritation, or excessive grooming. Thereofore, the patient's clinical signs are more likely related to conditions affecting the perianal region rather than intra-abdominal disease. Common considerations include anal sac disease, perianal dermatitis or hypersensitivity, parasitic infection, or behavioral overgrooming.

Recommendations

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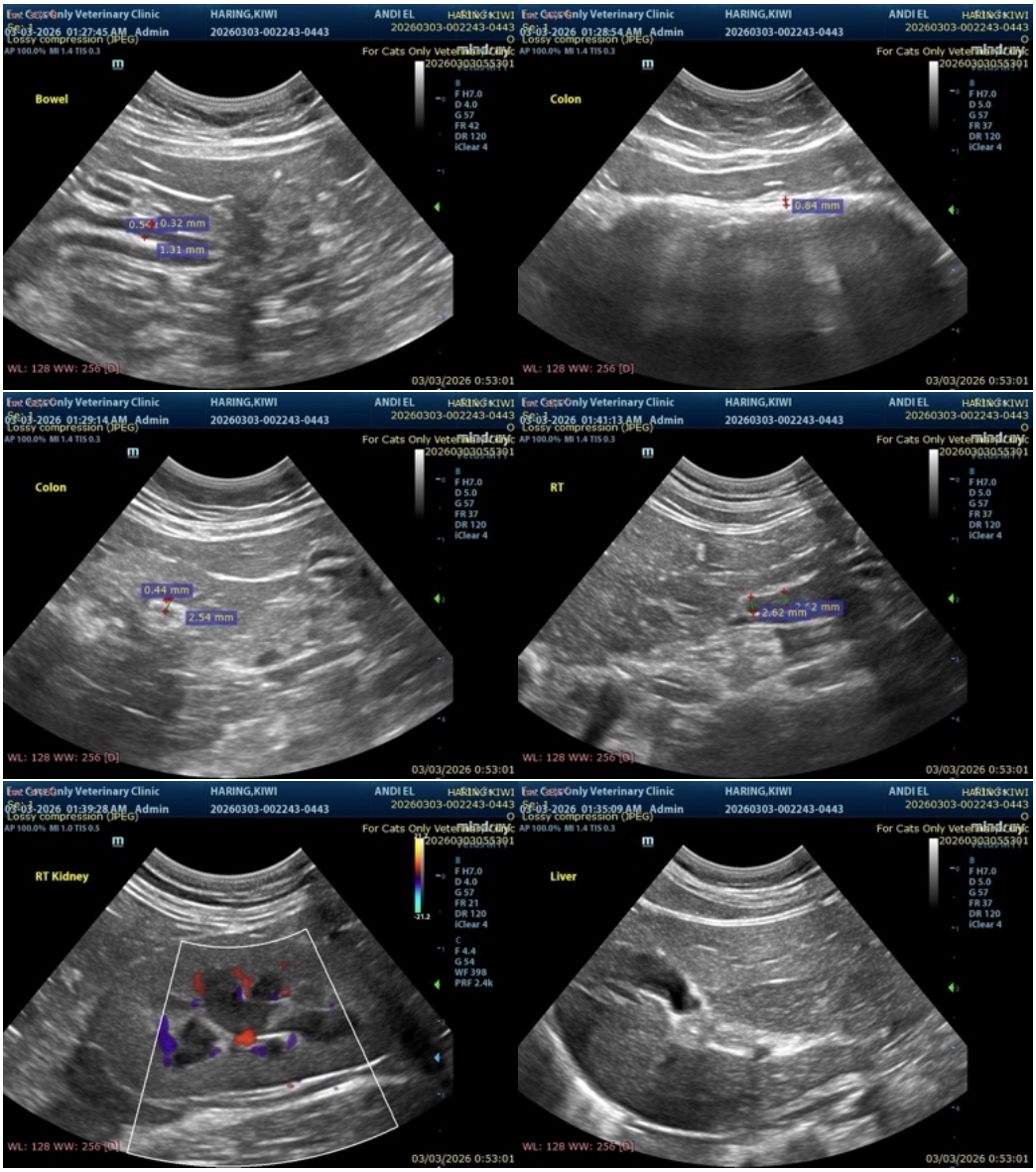
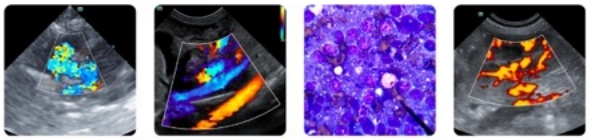
- Fecal parasite testing and empirical deworming may be considered given the patient's clinical signs.
- Assessment for dermatologic or allergic causes of perianal.
- Further diagnostics and management should be guided by the attending clinician based on the patient's clinical findings.



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



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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