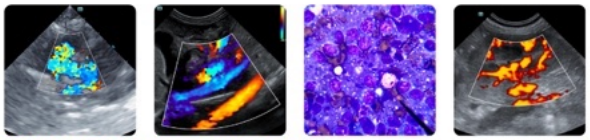


PATIENT

Arabella Tauchert

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

13.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Nikki Wright VMD

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Newman

INVOICE

72248

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- chronic blood on stool, intermittent diarrhea
- WNL CBC/chem/T4/u/a, pcr chronic diarrhea panel pos corona/ clost perf
- planning to start hydrolyzed diet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.37×2.66 cm, and the thickness of the cortex is 0.39 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 3.95×2.09 cm, and the thickness of the cortex is 0.36 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are within normal limits for a feline patient. The left adrenal gland measures 0.36 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.29 cm at the caudal pole.

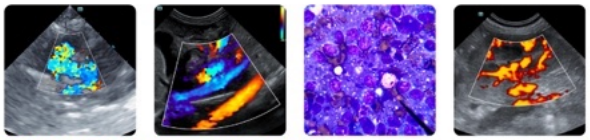
Spleen

Splenic thickness is 0.92 cm. The parenchyma demonstrates normal echogenicity and a 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 hepatic parenchyma is uniform and isoechoic relative to the surrounding falciform fat, with normal echotexture. No focal hepatic lesions are identified. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

The stomach is distended with a moderate amount of ingesta. Gastric mural thickness measures 2.22 mm with preserved wall layering. The pyloric wall measures 2.48 mm.

The duodenum measures 1.53 mm in thickness. The jejunum measures 2.02–2.12 mm. Within the jejunal wall, the mucosa measures 1.20 mm, the submucosa 0.30 mm, and the muscularis propria 0.20 mm.

The ileum measures 1.70 mm in total thickness, with a mucosa measuring 0.72 mm, a submucosa measuring 0.72 mm, and a muscularis propria measuring 0.37 mm. Normal wall layering is preserved throughout the evaluated segments of the small intestine.

The ileocecal junction was not visualized despite repeated evaluation of the region. The adjacent ileocecal lymph nodes were identified; however, the junction itself could not be definitively identified.

All evaluated small intestinal segments demonstrate a mucosal pattern with increased peristaltic activity, compatible with a non-fasted patient undergoing active digestion.

The colon shows normal mural thickness throughout its evaluated segments. The ascending colon measures 1.16 mm, the transverse colon 1.27 mm, and the descending colon 1.24–1.33 mm. Wall layering is preserved throughout all evaluated colonic segments. The intraluminal fecal material appears mildly heterogeneous with faint acoustic shadowing, compatible with moderately formed feces.

Pancreas

Pancreatic thickness measures 5.33 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.97 mm in diameter. No ultrasonographic signs of active pancreatic inflammation or focal pancreatic masses are observed.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed.

Cranial mesenteric lymph nodes measure 2.52–3.18 mm and show normal echogenicity and architecture.

The visualized ileocecal lymph nodes measure 2.82–3.71 mm. They maintain normal shape and are mildly hypoechoic relative to surrounding fat.

The region of the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

No clinically significant structural abnormalities were identified.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

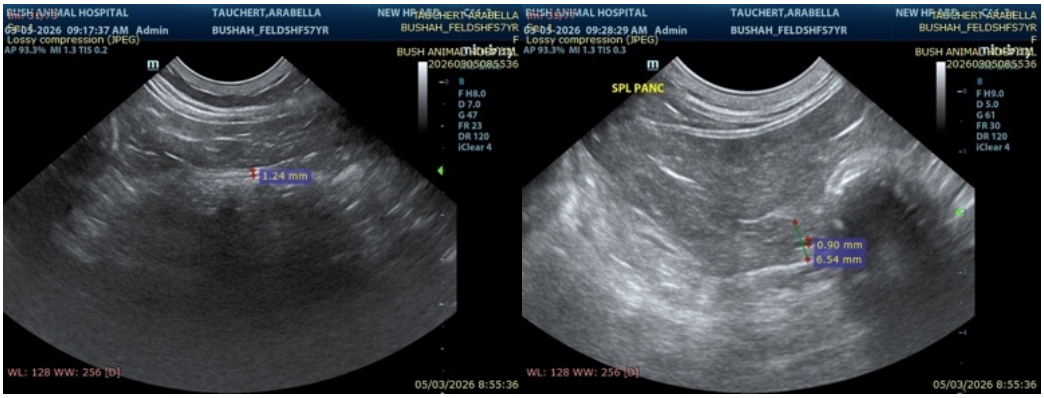
No ultrasonographic abnormalities are identified to explain the patient's history of chronic hematochezia and intermittent diarrhea. Small intestinal wall thickness and muscularis-to-mucosa ratios are within normal limits. The colon also appears within normal limits.

Overall, this examination does not provide imaging evidence of inflammatory bowel disease, alimentary lymphoma, or structural colonic disease. However, mild mucosal inflammatory disease or functional colonic disorders may occur without detectable ultrasonographic abnormalities.

Given the clinical history, the findings remain compatible with diet-responsive colitis or dysbiosis-associated colonic disease, and correlation with the planned hydrolyzed diet trial is appropriate.

Recommendations

- A therapeutic trial with the planned hydrolyzed diet appears reasonable given the clinical history and the absence of structural abnormalities on abdominal ultrasound.
- Supportive management aimed at modulation of the intestinal microbiota (e.g., probiotic supplementation) may also be considered at the discretion of the attending veterinarian, particularly if intestinal dysbiosis is suspected.
- If hematochezia or diarrhea persist despite an adequate dietary trial, further investigation of chronic large intestinal disease could be considered at the clinician's discretion, including additional fecal testing if not previously performed, measurement of serum cobalamin concentration, or colonoscopy with mucosal biopsy.



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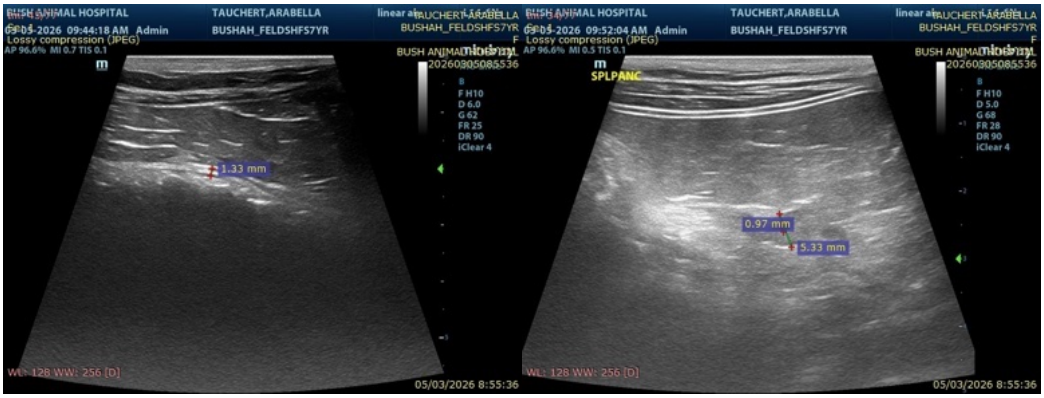

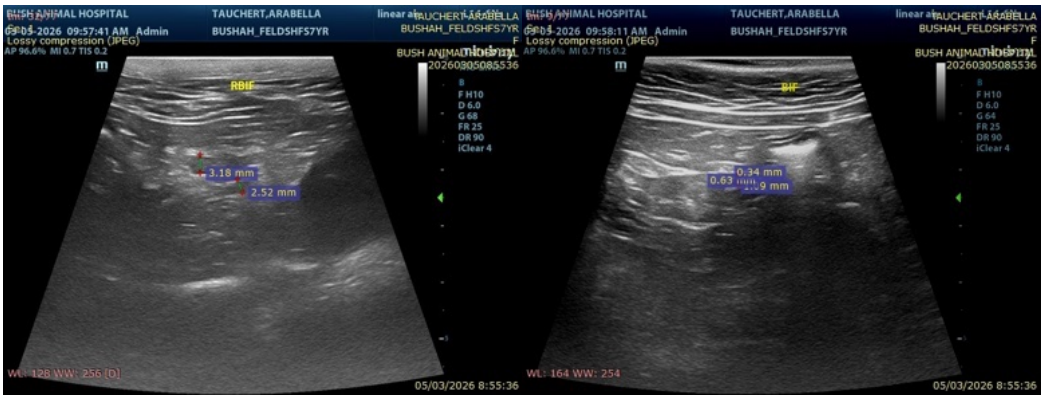

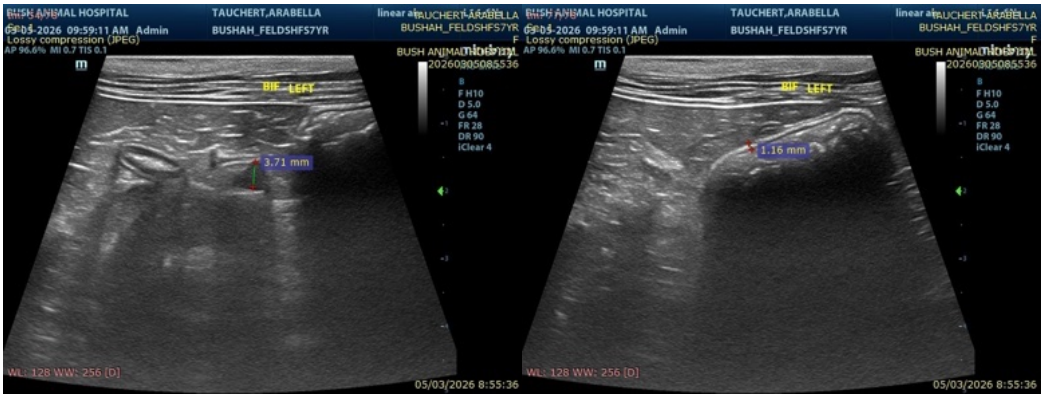

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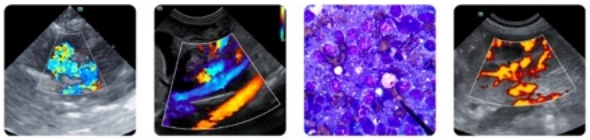

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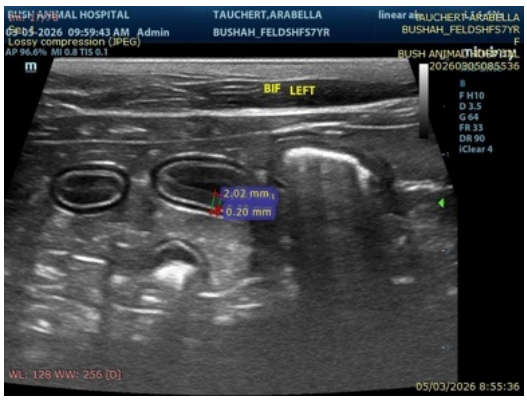

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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