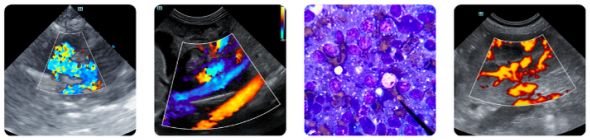


PATIENT

Odin McCroy

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 months

WEIGHT

7.09 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie Animal Hospital

REFERRING VET

Dr. Arpaia

INVOICE

11424

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- P has ongoing history of dietary indiscretion, eating large amounts of fabric. P has on/off vomiting, sometimes vomiting frank blood, blanket pieces, fabric, etc. Diarrhea - Occasional fresh blood in loose stool. Other times normal consistency stool.
- Discussed:
- Concern about Inflammatory Bowel Disease or Allergy
- Try hypo allergenic food - Hydrolyzed protein diet
- Recommend fecal testing to rule out parasites
- Recommend Abdominal Ultrasound
- Discussed biopsy but recommend ultrasound diagnostic first.

Abnormal PE/Chem/CBC/UA Results: Labwork pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is mildly underdistended, 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: 2.60×1.56 cm, and the thickness of the cortex is 0.22 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: 2.83×1.55 cm. 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

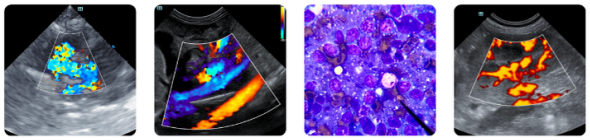
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are within normal limits. The left adrenal gland measures 0.30 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland was not reliably visualized.

Spleen

Splenic thickness measures 1.02 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 appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No focal hepatic lesions are identified. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a very small amount of biliary sludge. The common bile duct measures 1.10–1.78 mm.

Gastrointestinal

The stomach is distended with ingesta producing distal acoustic shadowing, which may represent kibble or ingested material. Gastric wall thickness measures 1.27 mm with preserved wall layering.

The duodenum measures 1.82–1.96 mm.

The jejunum measures 2.27–2.32 mm. Within the jejunal wall, the mucosa measures 1.36 mm, the submucosa 0.67 mm, and the muscularis propria 0.38 mm.

The ileum measures 1.82 mm. Within the ileal wall, the mucosa measures 0.75 mm, the submucosa 0.71 mm, and the muscularis propria 0.28 mm. Wall layering is preserved.

The ileocecal junction measures 2.12 mm, with the muscularis measuring 0.79 mm.

No signs of overt intestinal inflammation or ileus are identified.

Within a segment of the duodenum, a linear intraluminal structure producing acoustic shadowing is identified, measuring approximately 0.7 cm in length and 2.5 mm in width. This may represent a small bezoar or ingested foreign material. No proximal intestinal dilation or obstructive pattern is identified.

The colon measures 0.62 mm in the ascending segment and 1.28 mm in the descending segment, with normal layering and formed fecal material present in the lumen.

Pancreas

Pancreatic thickness measures 4.12–5.45 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.90 mm. No ultrasonographic evidence of peripancreatic inflammation is identified.

Free Abdomen

No abdominal effusion or ultrasonographic evidence of peritonitis is observed.

Cranial mesenteric lymph nodes measure 2.48–3.29 mm and ileocecal lymph nodes measure 1.44–1.55 mm. They maintain normal shape and echogenicity.

A caudal mesenteric lymph node measuring 1.76×0.73 cm is identified. It is oval in shape and mildly heterogeneous.

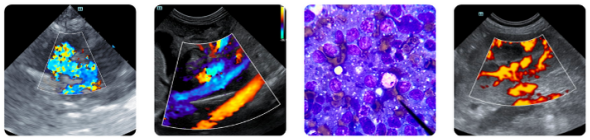
The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Small intraluminal duodenal foreign material or bezoar (~0.7 cm) without evidence of obstruction
- Mild enlargement of a caudal mesenteric lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thickness is within reported reference ranges for cats. The jejunal muscularis-to-mucosa ratio is approximately 0.28 which falls within values described in normal feline intestines. In



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the ileum, the muscularis-to-mucosa ratio is approximately 0.37. Although slightly higher than in the jejunum, this ratio remains within values reported in normal cats and does not indicate muscularis hypertrophy.

At the ileocecal junction, the muscularis measures 0.79 mm relative to a total wall thickness of 2.12 mm, resulting in a muscularis-to-total wall ratio of approximately 0.37, which is also within reported physiologic limits for this region in cats. Overall, there is no ultrasonographic evidence of muscularis hypertrophy, and the intestinal measurements do not support inflammatory bowel disease or low-grade alimentary lymphoma.

A small intraluminal linear structure within the duodenum producing acoustic shadowing is identified and may represent ingested foreign material or a small bezoar. Given the patient's history of fabric ingestion and dietary indiscretion, this finding most likely represents ingested material currently passing through the gastrointestinal tract. No ultrasonographic evidence of intestinal obstruction is present, as there is no proximal dilation or ileus.

A mildly enlarged caudal mesenteric lymph node is identified. Given its preserved oval shape and the absence of intestinal mural abnormalities, this most likely represents reactive lymphadenopathy, possibly associated with mild gastrointestinal irritation.

Recommendations

• Clinical monitoring is recommended to ensure progression of the suspected intraluminal material through the gastrointestinal tract.

• If vomiting persists or worsens, repeat abdominal imaging may be considered to reassess for developing gastrointestinal obstruction.

• Given the history of pica and ingestion of fabric, further evaluation to investigate potential underlying causes may be considered. Differential considerations for pica in cats include gastrointestinal disease (chronic enteropathy or malabsorption), nutritional deficiencies, or behavioral disorders.

• If clinically indicated, additional diagnostics such as gastrointestinal panels, fecal testing for parasites, or other laboratory testing may help further evaluate potential medical causes before considering primary behavioral etiologies.

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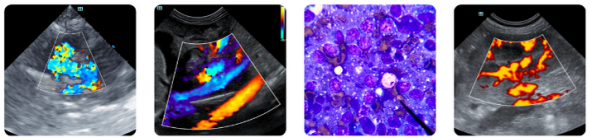

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Educational Teleconsultation Services™

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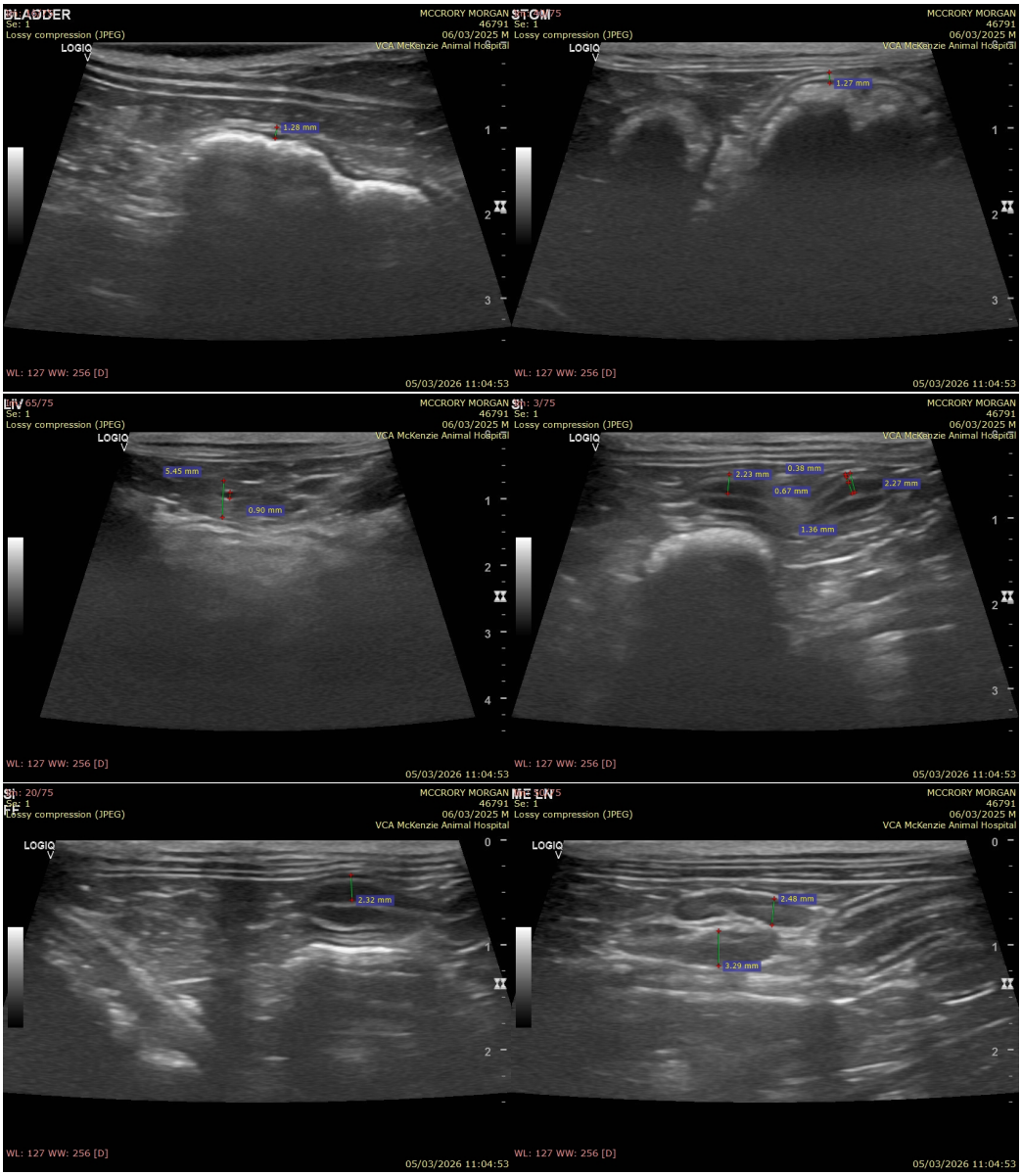

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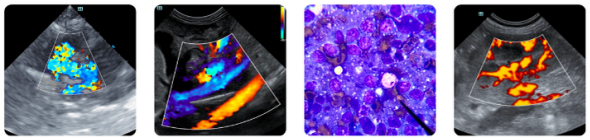

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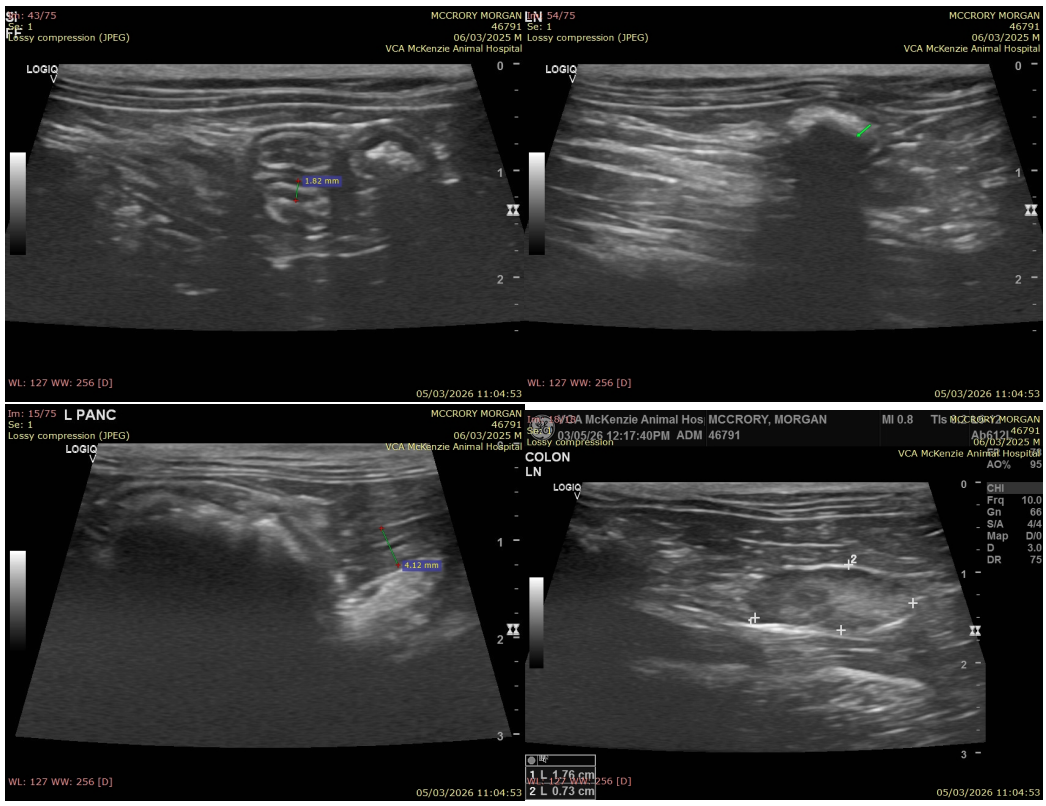

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com