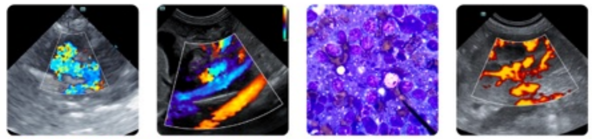


PATIENT
Buddy Jones

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
6 years

WEIGHT
7.2 lbs

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Haley Harasimowicz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Guldbech

INVOICE
74736

DATE
4/22/26

PRESENTING CLINICAL SIGNS

History: Presenting for hx of vomiting routinely. Did have some diarrhea as well but has resolved, continued to vomit.
Abnormal PE/Chem/CBC/UA Results: Has had GI panel (WNL) x-rays (november 2025) Conclusion 1. Diffuse increase in interstitial and bronchial opacity thought the lungs. This is an unexpected finding given that there is no history of respiratory disease. 2. Desiccated/opaque feces in the colon. Rule out constipation as a cause or contributing cause for this patient's clinical signs. 3. Slight fluid and gas distention of the stomach and small intestine. Although this may be a transient gas and fluid accumulation of no significance, in a patient with a history of chronic gastrointestinal disease I am more concerned that this is a significance finding. Rule out inflammatory enteric disease such as gastroenteritis, inflammatory bowel disease, pancreatic disease, etc. 4. A surgical abdominal disorder is not identified

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 3.65×2.24 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.17×1.83 cm, with a cortical thickness of 0.31 cm in the sagittal plane. Both kidneys: The cortex is hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

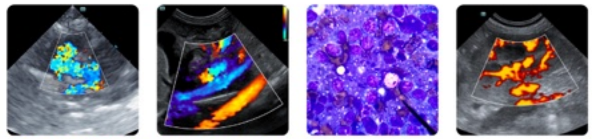
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.23 cm at the cranial pole and 0.22 cm at the caudal pole.

Spleen

Splenic thickness is 0.56 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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.



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

Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.50 mm and preserved wall layering, within normal limits for a feline patient (reference approximately 2–3 mm depending on distension).

The pylorus measures 2.78 mm. The duodenum measures 1.25 mm. The jejunum measures 1.66 mm, with mucosa 0.85 mm, submucosa 0.43 mm, and muscularis propria 0.25 mm. The ileum measures 2.45 mm, with mucosa 0.77 mm, submucosa 0.87 mm, and muscularis propria 0.46 mm. The ileocecal junction measures 3.27 mm, with muscularis 0.92 mm. Wall layering is preserved throughout all segments.

Colon: wall thickness measures 0.83 mm, within normal limits, with few fecal material in the lumen.

No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified.

Pancreas

The pancreas measures 4.15 mm in thickness, within normal limits for a cat. The parenchyma is isoechoic relative to the surrounding omental fat. The pancreatic duct measures 0.80 mm. No peripancreatic fat hyperechogenicity or fluid is observed.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

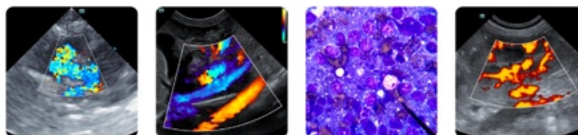
- Very mild muscularis prominence in the ileum and ileocecal junction.

SECONDARY FINDINGS

- Bilateral renal cortical hyperechogenicity with mild medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal findings are mild and localized. Small intestinal wall thicknesses are within normal limits; however, there is a very mild muscularis prominence in the ileum and ileocecal junction. The muscularis-to-mucosa ratio in the ileum is approximately 0.46/0.77 ≈ 0.6, which is mildly increased (normal typically <0.5) but is not considered clinically significant. Mild prominence of the muscularis layer at the ileocecal junction (0.92 mm) is noted. Overall wall thickness (3.27 mm) remains within



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normal limits for a feline patient. In the absence of additional abnormalities, this finding is of uncertain clinical significance; early or mild inflammatory change cannot be excluded.

In this context, the clinical signs are most associated with non-structural or early gastrointestinal disorders that may not be detectable on imaging, including:

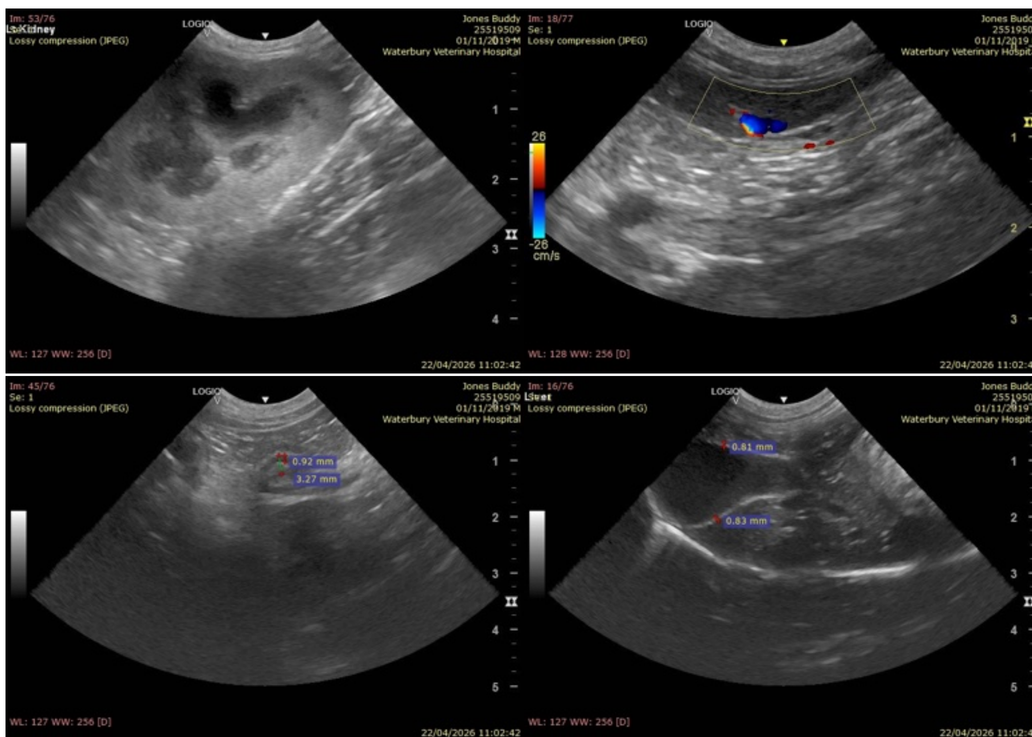
- Functional gastrointestinal disease (gastric dysmotility).
- Food-responsive enteropathy (dietary intolerance or hypersensitivity).
- Mild or early inflammatory enteropathy below the threshold of ultrasonographic detection
- Intermittent hairball-related gastric irritation.

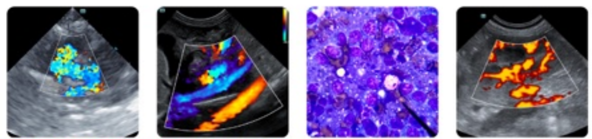
Pancreas is within normal limits.

Mild renal cortical hyperechogenicity with preserved architecture and a medullary rim sign are nonspecific findings, which may be seen with early or subclinical renal change or may represent incidental findings in this patient.

Recommendations

- Strict diet trial (novel or hydrolyzed) and empirical therapy (antiemetic, GI protectant).
- Check cobalamin if not already done.
- Consider Spec fPL if suspicion exist.





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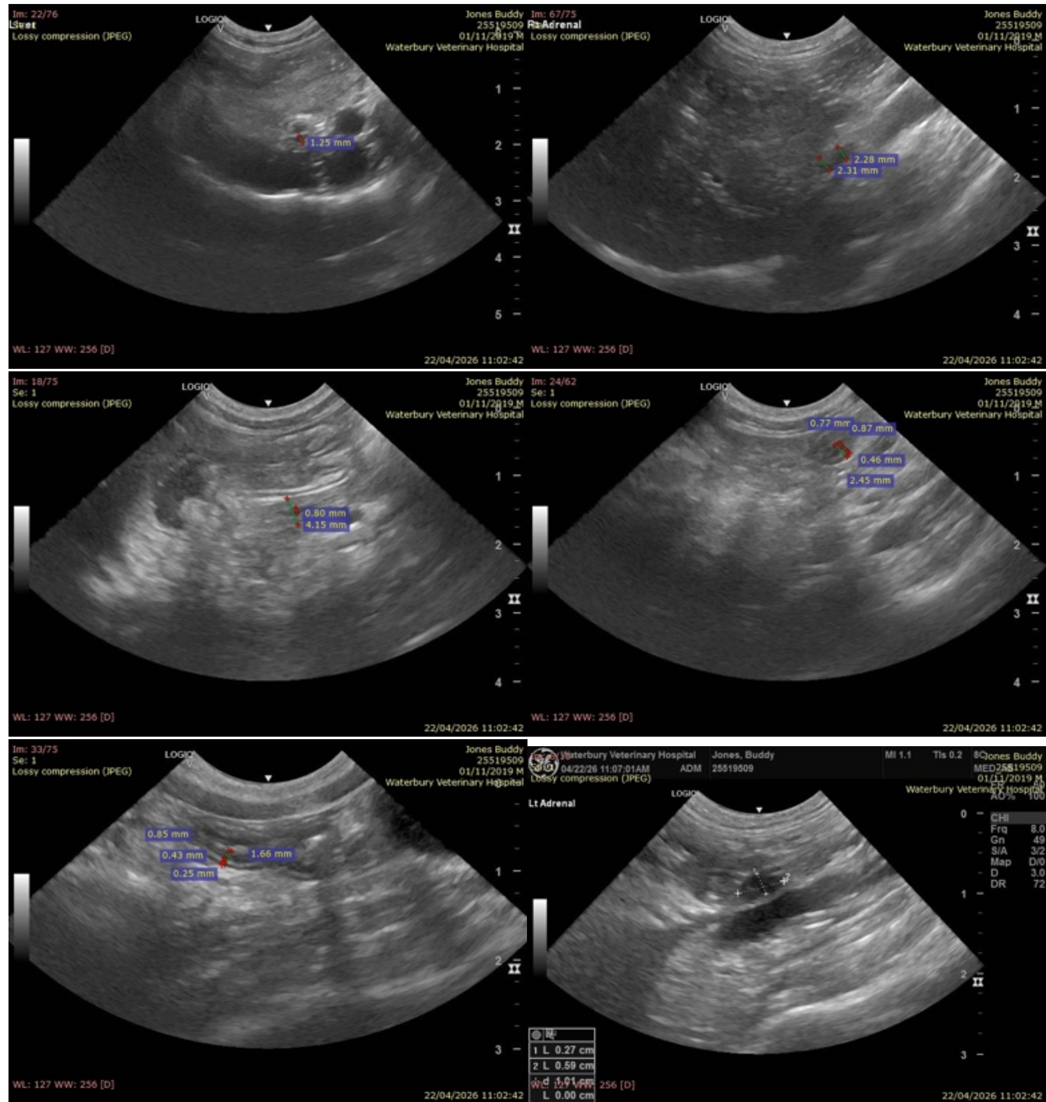

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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