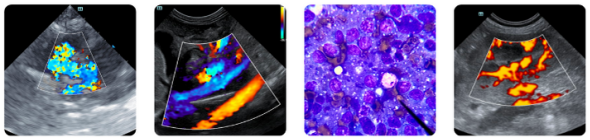


PATIENT

Cody C2199 Animals in Distress

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

15.5 years

WEIGHT

17.07 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

11779

DATE

4/23/2026

PRESENTING CLINICAL SIGNS

Small intestine and lymph node biopsy 2024, diagnosed with FIP and treated with Bova, seemed to respond favorably. Diet- Dry DM and regular non-dye. Medications- Lantus five units BID., cerenia 1/2 of 16 milligram every three days p.m. 4/23, miralax 1/4 teaspoon daily a.m., probiotic one noon daily.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall is thin and smooth, and the luminal contents are anechoic. The bladder neck and proximal urethra appear unremarkable. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 4.25×2.14 cm, with a cortical thickness of 0.31 cm in the sagittal plane.

The right kidney measures 4.11×2.25 cm, with a cortical thickness of 0.30 cm in the sagittal plane. Both kidneys are normal in shape and size for a cat (typical length ~3.0–4.5 cm). The cortex is isoechoic relative to the liver. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is marked dilation of the renal pelvis bilaterally (approximately 13.4 mm on the left and 12 mm on the right), consistent with severe pyelectasia/hydronephrosis (normal renal pelvic diameter in cats is typically <2–3 mm).
The ureters are not clearly visualized, and their course and degree of dilation cannot be assessed.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland was not confidently visualized.

Spleen

Splenic thickness is 0.85 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

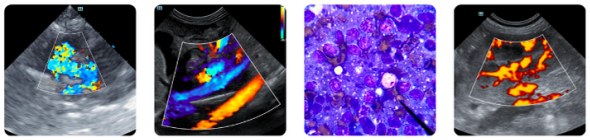
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. The diameter of the common bile duct is 2.52-1.91 mm, within normal limits for a cat.

Gastrointestinal

The stomach is empty and folded with a gas pattern, with a mural thickness of 1.33 mm and preserved wall layering (within normal limits).
Duodenum: 1.94 mm.
Jejunum: 2.91 mm total thickness (mucosa 1.31 mm, submucosa 0.37 mm, muscularis 0.42 mm). The muscularis-to-mucosa ratio is approximately 0.32, within normal limits (<0.5–0.6).



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A focal jejunal segment measures up to 4.41 mm, with muscularis thickness of 2.13 mm, resulting in a muscularis-to-mucosa ratio >1, which is increased. Wall layering remains preserved.
Ileum: 1.70 mm total thickness (mucosa 0.65 mm, submucosa 0.69 mm, muscularis 0.30 mm), with preserved layering.
Ileocecal junction measures 2.73 mm, with muscularis thickness of 1.07 mm (increased relative to mucosa).
Colon wall thickness is 1.24 mm, within normal limits, with formed feces present.

Pancreas

Pancreatic thickness is 5.19 mm, within normal limits. The parenchyma is isoechoic relative to surrounding fat. The pancreatic duct is not dilated. No hyperechoic peripancreatic fat or free fluid is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Severe bilateral pyelectasia/hydronephrosis
- Focal jejunal wall thickening with marked muscularis thickening (muscularis-to-mucosa ratio >1)
- Very mild increased muscularis thickness at the ileocecal junction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is severe bilateral renal pelvic dilation, consistent with hydronephrosis. Given the magnitude of dilation (>12 mm bilaterally) this pattern strongly suggests impaired urinary outflow or functional urinary retention, resulting in back-pressure changes affecting both kidneys. Differential considerations include partial or intermittent lower urinary tract obstruction (urethral or trigonal disease) and functional bladder dysfunction, including possible neurogenic bladder. Bilateral primary ureteral obstruction is considered unlikely given the distribution and concurrent bladder distension, although it cannot be completely excluded as the ureters were not visualized.

Given the degree of dilation, clinically significant renal compromise, including post-renal azotemia, should be considered.

The gastrointestinal findings consist of focal jejunal thickening with marked muscularis hypertrophy (muscularis-to-mucosa ratio >1) and additional involvement at the ileocecal junction, with preserved wall layering. In cats, this pattern is most consistent with early or mild chronic enteropathy and overlaps between inflammatory bowel disease and low-grade lymphoma. Given the history of previously diagnosed FIP, these findings are not typical of active disease; however, residual or chronic post-inflammatory changes cannot be excluded, and an unrelated chronic enteropathy remains a likely consideration.

The remainder of the abdominal organs, including liver, spleen, and pancreas, do not show clinically significant abnormalities.

Recommendations

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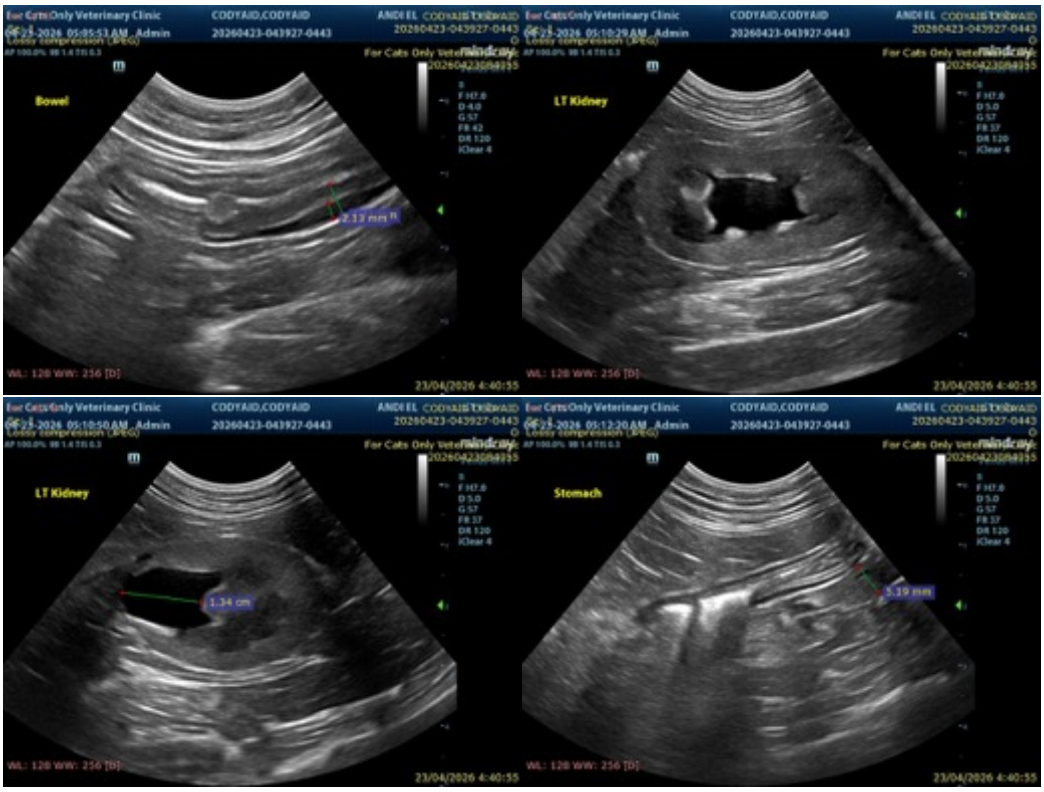
- Urinary catheterization is recommended to allow bladder decompression and to help determine whether lower urinary tract obstruction or functional urinary retention is contributing to the hydronephrosis.
- Further evaluation of the urinary tract is strongly recommended, including assessment for obstruction.
- For the intestinal findings, correlation with current clinical signs is recommended. Measurement of serum cobalamin and folate may be considered if gastrointestinal disease is suspected clinically. At this stage, the ultrasonographic findings are limited and focal, and invasive diagnostics such as intestinal biopsy are not prioritized unless clinical signs are persistent, progressive, or refractory to empirical management.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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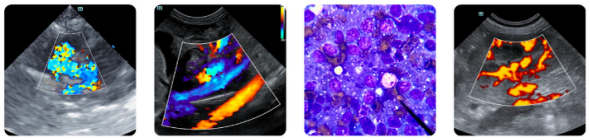

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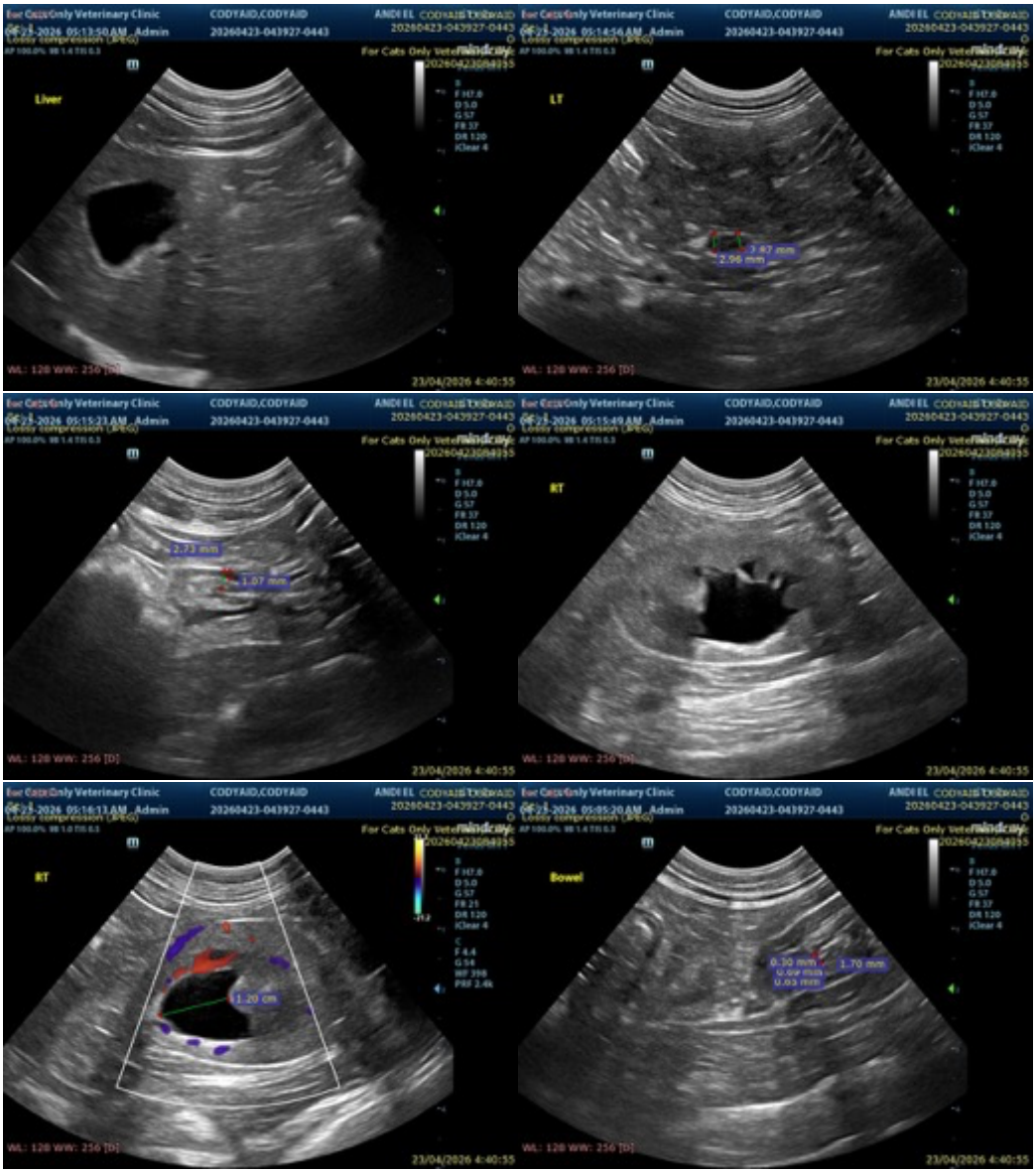

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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