



## PATIENT

Macaroon Kemble

## SPECIES

Feline

## BREED

DSH

## SEX

NM

## AGE

8.5 years

## WEIGHT

10.12 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

11781

## DATE

4/23/2026

## PRESENTING CLINICAL SIGNS

Persistent diarrhea unresolved on Metronidazole and probiotic.

Medications Bonqat 0.4mL ,Metronidazole 50mg 1 tablet AM & PM; Purina Multi-Care Immune+Gut powder 1 packet once daily AM in food - ; Purina Fortiflora 1 packet once daily; VRS Immuno-5 powder 1 scoop PM in food; VRS Osteo TruBenefits 1/4 tablet PM crushed in food  
Diet - Hill's Prescription Diet Biome dry - 1/3 cup daily split into 4 meals via automatic feeder; Hill's Prescription Diet I/D pate - 1/4 can AM and PM; Hill's Prescription Diet Biome stew - 1/6 can AM and PM \*this diet change was started on Monday 4/20 PM\*.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately distended. The bladder wall is thin and smooth. The luminal contents are predominantly turbid, with abundant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 4.45×2.19 cm, with a cortical thickness of 0.39 cm in the sagittal plane.

The right kidney measures 4.04×3.15 cm, with a cortical thickness of 0.34 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. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

### Adrenal Glands

The left adrenal gland measures 0.41 cm (cranial pole) and 0.33 cm (caudal pole), which is within normal limits for a cat (typically ≤0.45 cm). A small focal mineralization is present at the cranial pole. The right adrenal gland is not visualized.

### Spleen

Splenic thickness is 0.70 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 is moderately distended. The wall is thin (within normal limits). The contents are predominantly anechoic. The common bile duct measures 2.72–2.92 mm, within normal limits for a cat.

### Gastrointestinal



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The stomach is empty and folded, with a small amount of luminal fluid. A linear, repetitive echogenic structure is intermittently visualized within the gastric lumen; this may represent ingested material (plant material or thread) or artifact. No associated plication or obstructive pattern is identified. Gastric wall thickness is 2.22 mm with preserved layering (within normal limits).

The pylorus measures 2.81 mm, within normal limits.

Duodenum: 2.10 mm.

Jejunum: 2.17 mm total thickness (mucosa 0.97 mm, submucosa 0.57 mm, muscularis 0.50 mm). The muscularis-to-mucosa ratio is approximately 0.52, which is at the upper limit of normal (typically <0.5–0.6).

Ileum: 2.38 mm total thickness (mucosa 0.99 mm, submucosa 1.07 mm, muscularis 0.48 mm), with preserved layering.

Ileocecal junction measures 2.40 mm, with muscularis thickness of 0.51 mm, within normal limits.

No ultrasonographic evidence of ileus, marked inflammation, or obstructive foreign material is identified.

Colon wall thickness ranges from 0.89–1.11 mm, with soft heterogeneous material present in the lumen.

## **Pancreas**

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

## **Free Abdomen**

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes are not clearly visualized, but no abnormalities are suspected in the region. Ileocecal lymph nodes measure 3.26–4.64 mm and pancreaticoduodenal lymph nodes measure approximately 4.56×6.50 mm; these are within normal limits in size and have normal shape and echogenicity. The iliac trifurcation region appears normal.

## **PRIMARY FINDINGS**

- Turbid urinary bladder contents with abundant suspended echoes.
- Borderline increase in jejunal muscularis thickness (muscularis-to-mucosa ratio at upper limit of normal).

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is a largely unremarkable abdominal ultrasound with no definitive structural abnormalities to explain the reported persistent diarrhea. The small intestinal wall thicknesses are within normal limits, and although the jejunal muscularis-to-mucosa ratio is at the upper limit of normal, this finding is subtle and nonspecific in isolation. There is no ultrasonographic evidence of diffuse or focal enteropathy, mass lesions, or significant lymphadenopathy.

In cats, early or mild chronic enteropathy, including inflammatory bowel disease, may be present despite normal or minimally altered ultrasonographic findings. The absence of clear structural abnormalities therefore does not exclude these conditions, particularly in the context of persistent clinical signs.

The intermittent linear structure within the stomach most likely represents ingested material rather than a true linear foreign body, as there is no associated intestinal plication or obstructive pattern.

The turbid urinary bladder contents are most consistent with suspended debris (crystalluria,



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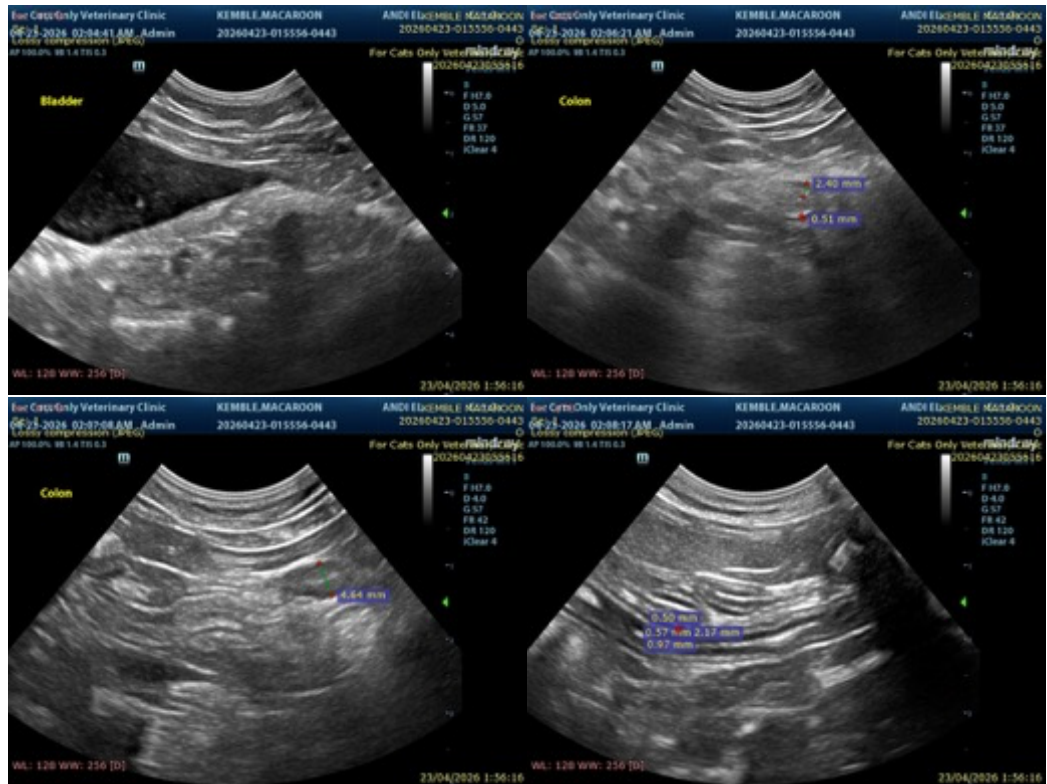
inflammatory material, or proteinaceous sediment), and while nonspecific, correlation with urinalysis is recommended.

Overall, this study does not identify a definitive cause for the chronic diarrhea; functional, inflammatory, or microbiome-related disease remains most likely based on the clinical history.

**Recommendations**

- Correlation with current clinical signs is recommended.
- Measurement of serum cobalamin and folate is advised to further assess for underlying enteropathy.
- If diarrhea persists despite appropriate dietary and medical management, further diagnostic evaluation (intestinal biopsy) may be considered.
- Urinalysis is recommended to further characterize the bladder sediment.

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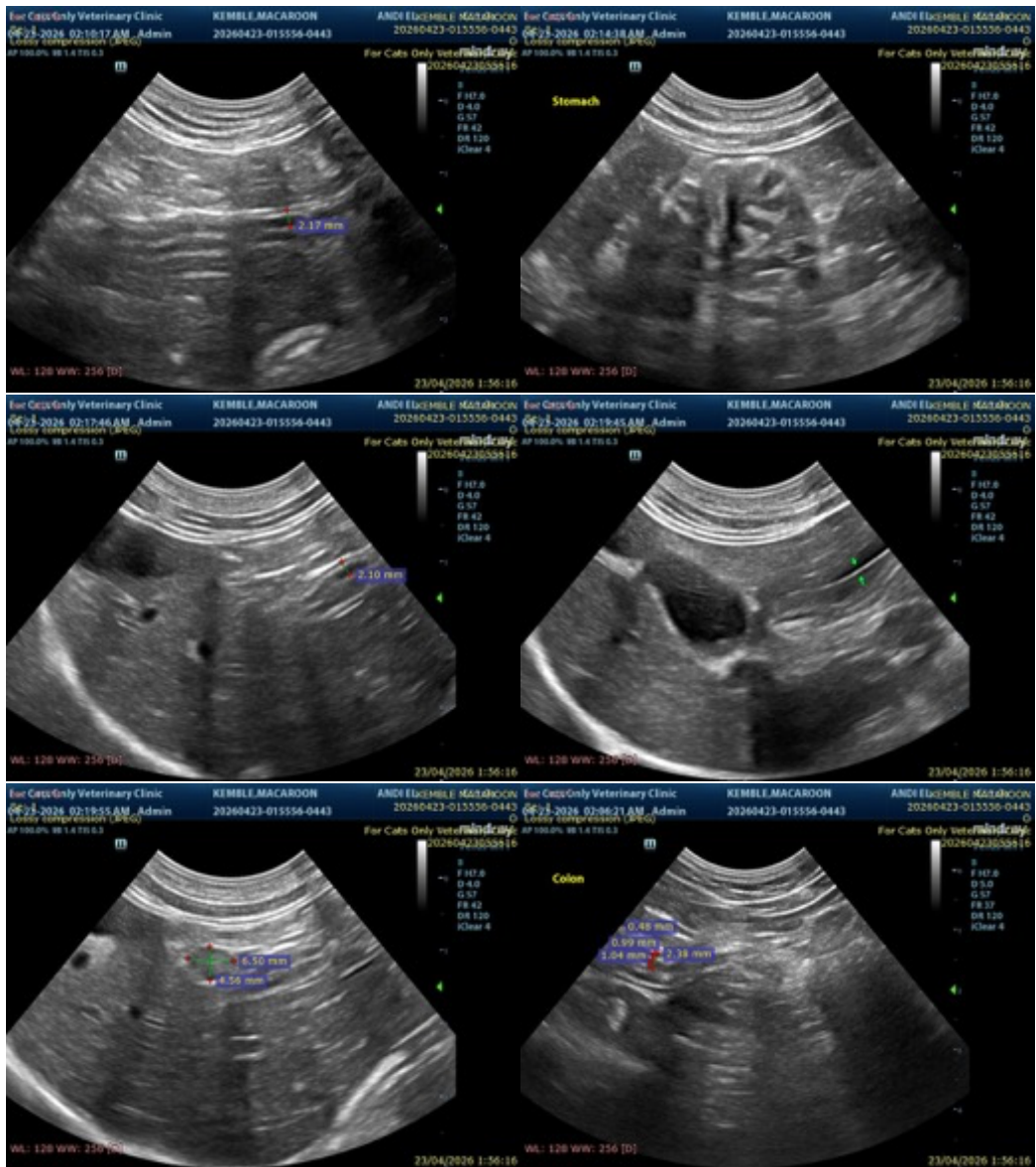
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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