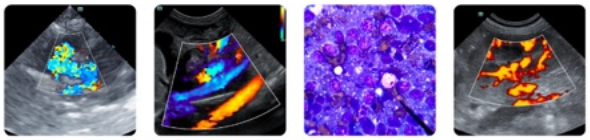

PATIENT

Noire Davidson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 months

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Huff

INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

History: 1 week history of vomiting and anorexia, which has since resolved
now developed diarrhea for 3 days
Abnormal PE/Chem/CBC/UA Results: Dehydration on PE Neutropenia (0.9) on CBC Chem NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.27×1.77 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.35×1.81 cm, with a cortical thickness of 0.30 cm in the sagittal plane. In both kidneys, the cortex demonstrates normal echogenicity. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.20 cm at the cranial pole and 0.21 cm at the caudal pole. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 0.62 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

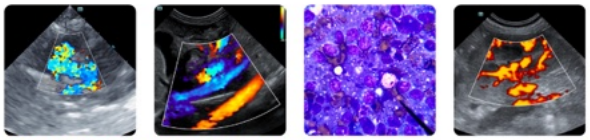
Liver

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 very small and collapsed. The wall appears thickened (2.14 mm), likely secondary to collapse. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is moderately distended with ingesta, with a mural thickness of 1.32 mm and preserved wall layering. The pylorus measures 1.61 mm. Duodenum: 2.15 mm. Jejunum: 2.60 mm (mucosa 1.72 mm, submucosa 0.61 mm, muscularis propria 0.28 mm). Ileum: 2.04 mm (mucosa 0.82 mm, submucosa



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0.66 mm, muscularis propria 0.32 mm). Wall layering is preserved throughout. The ileocecal junction was not visualized. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. There is increased small intestinal motility and intraluminal gas. Colon: 1.25–1.74 mm, containing a small amount of soft fecal material.

Pancreas

The pancreas measures approximately 6.28–6.12 mm in thickness. The parenchyma is mildly hypoechoic relative to the surrounding mesenteric fat. The pancreatic duct measures 1.34 mm. No peripancreatic fat hyperechogenicity or free fluid is identified.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 5.33–4.28 mm in thickness, within normal limits for a cat of this size, with normal morphology. Ileocecal lymph nodes are not visualized, and the surrounding region appears unremarkable. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Increased small intestinal motility with intraluminal gas.
- Mild pancreatic hypoechogenicity with borderline pancreatic duct dilation.

SECONDARY FINDINGS

- Collapsed gallbladder with apparent wall thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal limits in wall thickness and layering (jejunum 2.60 mm, ileum 2.04 mm), which is appropriate for a young cat of this size. The muscularis-to-mucosa ratios (jejunum ~0.16; ileum ~0.39) are within normal limits, arguing against chronic enteropathy or infiltrative disease. The increased intestinal motility and presence of gas are most consistent with physiologic activity related to recent feeding or mild, transient enteritis.

The gallbladder is collapsed, and the apparent wall thickening is most consistent with pseudo-thickening due to contraction, which is a common and non-pathologic finding.

The pancreas is mildly hypoechoic relative to the surrounding fat, with a pancreatic duct measuring 1.34 mm. These findings are mild and nonspecific. In cats, pancreatitis may occur without overt ultrasonographic changes; however, the current findings are not sufficient to support this diagnosis.

Given the clinical history (acute gastrointestinal signs and neutropenia), the ultrasound findings are most compatible with a self-limiting or early-stage enteric disease, such as infectious enteritis (viral >

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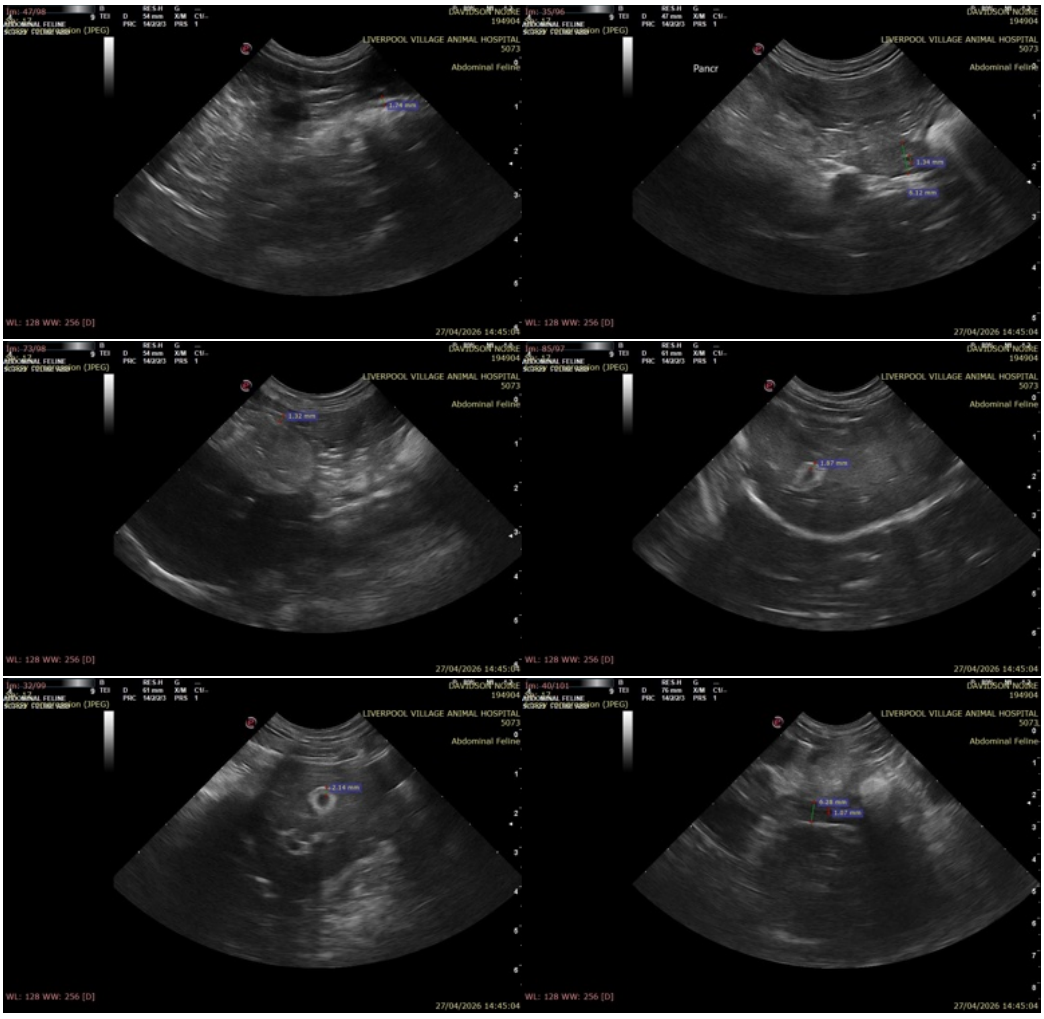
bacterial) or parasitic disease.

Recommendations

- Supportive care and close clinical monitoring.
- Consider fecal testing and/or empirical deworming.
- Consider fPLI if clinical suspicion for pancreatitis persists or signs worsen.
- Repeat CBC to monitor neutropenia.

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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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