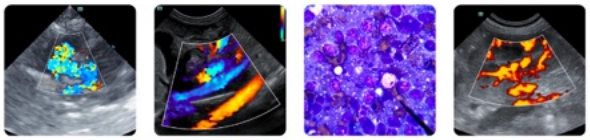


PATIENT

Cody Avalos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

12.26 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jazmin Munoz Gonzalez

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Gonzalez

INVOICE

74206

DATE

4/6/26

PRESENTING CLINICAL SIGNS

- PC: Vomited for a few days and not eating prior to April 2nd. Rads performed at primary vet revealed suspected radiopaque structure. Received cerenia injection, and has been eating since then (smaller meals compared to past). Defecated for the first time today soft material. No vomiting.
- On Pe: Tense on abdominal palpation.
- O declined repeat rads today, aware of risk of perforation and septic abdomen.
- Complimentary rads repeated today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 4.05×2.26 cm in the sagittal plane. Cortical thickness is 0.36 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition 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.

The right kidney is normal in shape and size, measuring 4.30×2.17 cm in the sagittal plane. Cortical thickness is 0.33 cm. The cortex is isoechoic compared to the hepatic parenchyma. 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

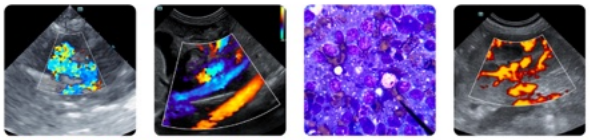
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.24 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness is 0.98 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.



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The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic, with a small amount of biliary sludge. common bile duct is 2.10 mm.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.71 mm and preserved layering.
The pylorus measures 2.93 mm. Duodenum: 2.10 mm.

Jejunum: 3.98 mm, with mucosa 1.11 mm, submucosa 1.04 mm, and muscularis propria 1.48 mm. Ileum: 2.50 mm, with mucosa 0.98 mm, submucosa 0.79 mm, and muscularis propria 0.92 mm. Wall layering is preserved. The ileocecal junction measures 2.63 mm, with muscularis thickness of 0.86 mm. A segment of small intestine measures up to 3.90 mm in total thickness, with muscularis propria measuring 1.71 mm. An additional segment measures up to 5.05 mm in thickness, with loss of normal wall layering. In another segment, a structure consistent with a foreign body is identified, producing distal acoustic shadowing. This does not currently result in overt obstructive pattern. However, the adjacent intestinal wall is markedly thickened (approximately 6 mm), with loss of normal layering.

Colon: transverse colon measures 0.81 mm, descending colon 0.99 mm, containing soft fecal material.

Pancreas

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

Free Abdomen

Cranial mesenteric lymph nodes are not clearly visualized; ileocecal lymph nodes measure 2.55–2.80 mm and are normal in shape and echogenicity. The mesenteric fat surrounding the affected intestinal segment appears mildly hyperechoic, consistent with mild reactive change.

The iliac trifurcation appears normal

PRIMARY FINDINGS

- Small intestinal foreign body producing distal acoustic shadowing, without current evidence of obstruction, but jejunal wall thickening with no preserved layering.
- Mildly increased echogenicity of the surrounding mesenteric fat (mild reactive change).
- Multifocal small intestinal muscularis thickening affecting segments beyond the region of the foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study identifies a small intestinal foreign body producing distal acoustic shadowing. At the time of examination, there is no evidence of mechanical obstruction.

The jejunal segment containing the foreign body demonstrates mural thickening with partial loss of normal wall layering, accompanied by mild reactive changes in the surrounding mesenteric fat. Although

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there is no ultrasonographic evidence of perforation or peritonitis, as no free abdominal fluid or pneumoperitoneum is identified, the affected intestinal segment appears visibly compromised.

Additional findings are present that are not explained by the foreign body alone. Multiple intestinal segments demonstrate disproportionate muscularis thickening, including areas remote from the site of the foreign material. This pattern is not typical of an isolated acute foreign body and instead supports the presence of an underlying chronic enteropathy.

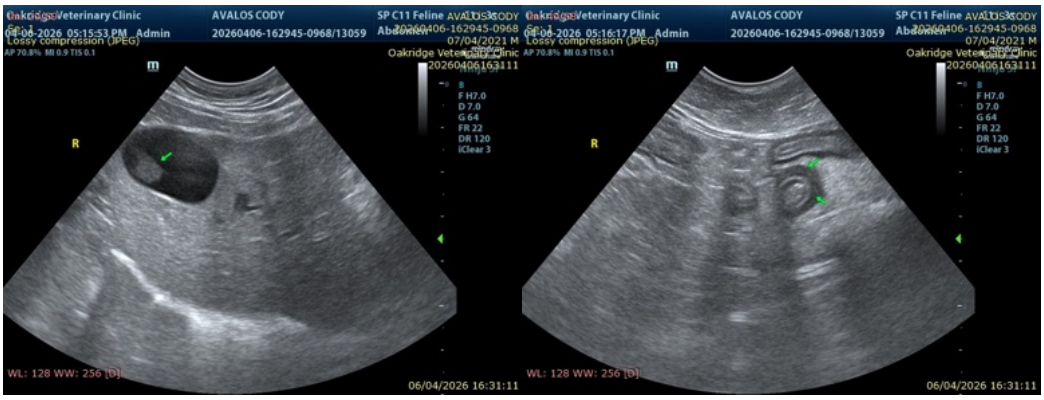
In cats, this pattern most commonly reflects inflammatory bowel disease or low-grade lymphoma, and ultrasonography cannot reliably differentiate between these entities. The chronic clinical history (weight loss and gastrointestinal signs) further supports this interpretation.

Overall, the findings are most consistent with a non-obstructive intestinal foreign body superimposed on underlying chronic intestinal disease.

Recommendations

- Surgical exploration is recommended and is clinically justified in this case, given the image of a foreign body in the jejunum associated with a visibly affected intestinal wall and concurrent evidence of underlying chronic enteropathy. If pursued, removal of the foreign material combined with systematic intestinal biopsies is strongly recommended, as this would allow definitive diagnosis and address both the acute and chronic components of disease.
- Alternatively, conservative management with close clinical monitoring may be considered if the patient remains stable and continues to improve, as there is currently no evidence of complete obstruction or perforation. However, given the focal intestinal wall changes identified, progression cannot be excluded and careful monitoring is essential.

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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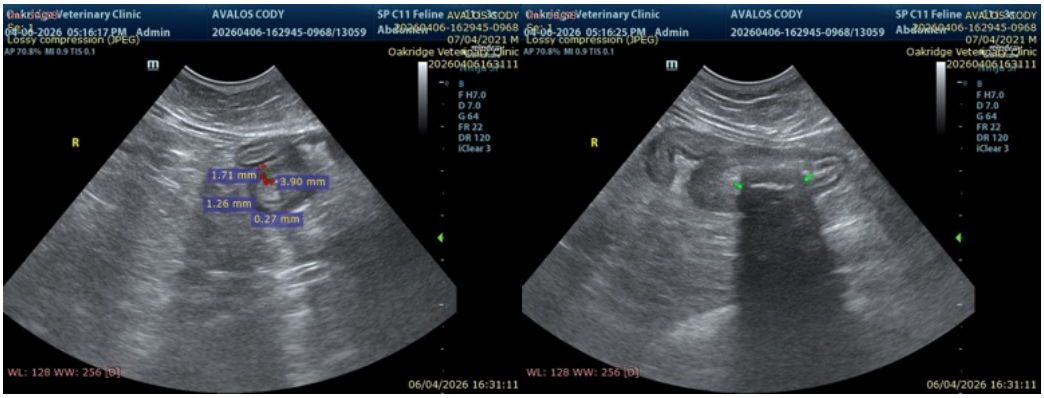

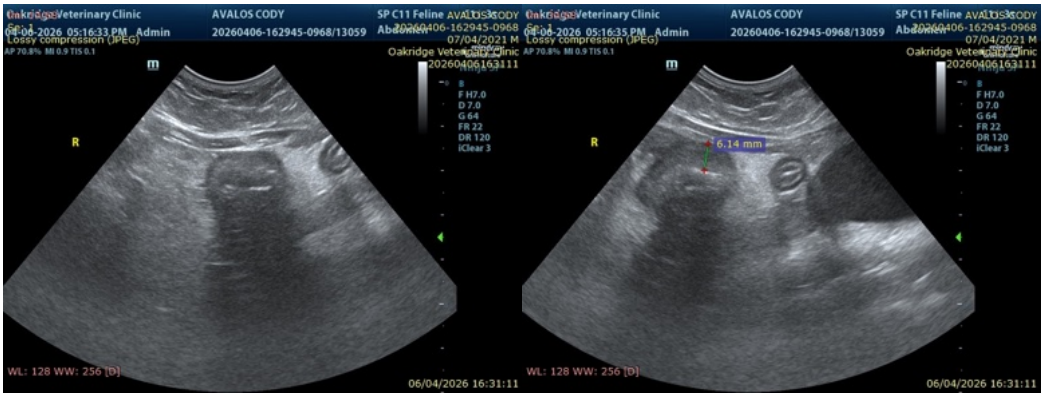

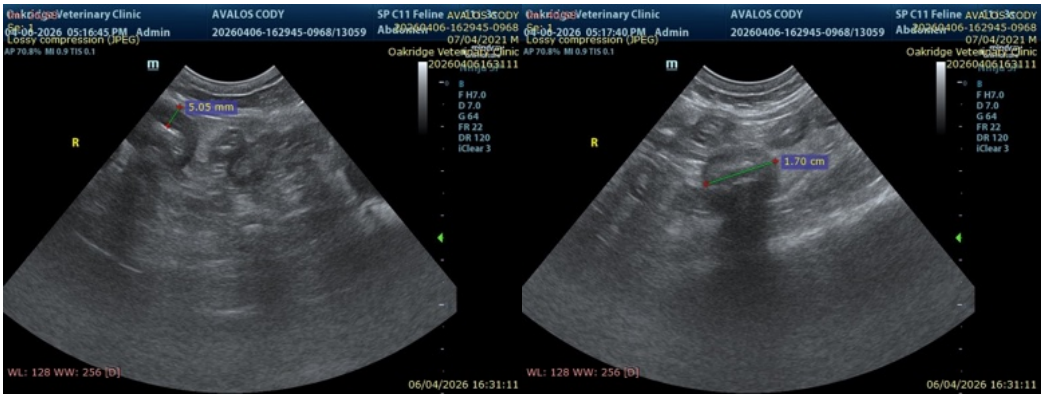

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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