



PATIENT

Toki Stoops

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

4 years

WEIGHT

4.78 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Leah Richter

HOSPITAL NAME

Allied Veterinary
Emergency & Referral

REFERRING VET

Dr. Richter

INVOICE

75307

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: P presents for abdominal ultrasound. P has a history of intermittent GI signs. Occasionally will stop eating meals, and will vomit with no obvious cause. Occasionally poops outside of the litterbox. At last exam due to inappetence (11/16) it was recommended that if symptoms persist to get an abdominal US. Currently eating hill's science diet indoor adult cat. Was previously on Hill's science diet urinary and hairball. Switched in February with no GI upset when switching.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.73×2.50 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.21×2.13 cm, with a cortical thickness of 0.42 cm in the sagittal plane. Both kidneys demonstrate mildly increased cortical echogenicity compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved bilaterally. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. 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 0.31 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.24 cm at the caudal pole.

Spleen

Splenic thickness is 0.87 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 with a very small amount of biliary sludge. The common bile duct is 2.08-1.74 mm



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Gastrointestinal Tract

The stomach contains a small amount of ingesta, with mural thickness measuring 2.28 mm and preserved wall layering. The pylorus measures 2.79 mm. The duodenum measures 2.08 mm. The jejunum measures 1.57-2 mm in thickness, with preserved wall layering. The mucosa measures 1.27 mm, the submucosa 0.47 mm, and the muscularis propria 0.16 mm. The ileum measures 1.64 mm in thickness, with preserved wall layering. The mucosa measures 0.63 mm, the submucosa 0.88 mm, and the muscularis propria 0.28 mm. The ileocecal junction is not visualized. The intestines contain luminal ingesta with mildly increased peristalsis, as expected in a non-fasted patient, which may mildly reduce measurement accuracy. The colon measures 1.06 mm in thickness and contains a small amount of formed fecal material within the descending segment.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographic evidence of clinically significant gastrointestinal inflammatory disease, obstructive process, mass lesion, pancreatitis, or abdominal neoplasia is identified within the evaluated structures. Intestinal wall layering and thickness are preserved throughout the visualized gastrointestinal tract, without evidence of muscularis thickening or infiltrative enteropathy.

The mild increase in renal cortical echogenicity is nonspecific and may represent mild chronic or incidental renal change. No structural evidence of advanced renal disease, obstructive nephropathy, or pyelonephritis is identified.

The small amount of biliary sludge is mild and likely incidental in the absence of additional hepatobiliary abnormalities.

Overall, not clinically significant abdominal ultrasonographic abnormalities are identified on the current study. Importantly, a normal abdominal ultrasound does not exclude functional or intermittent gastrointestinal disease in cats. Mild chronic enteropathy, dietary intolerance, intermittent gastritis, early pancreatopathy, or functional gastrointestinal disorders may occur without overt ultrasonographic abnormalities, particularly during asymptomatic periods.



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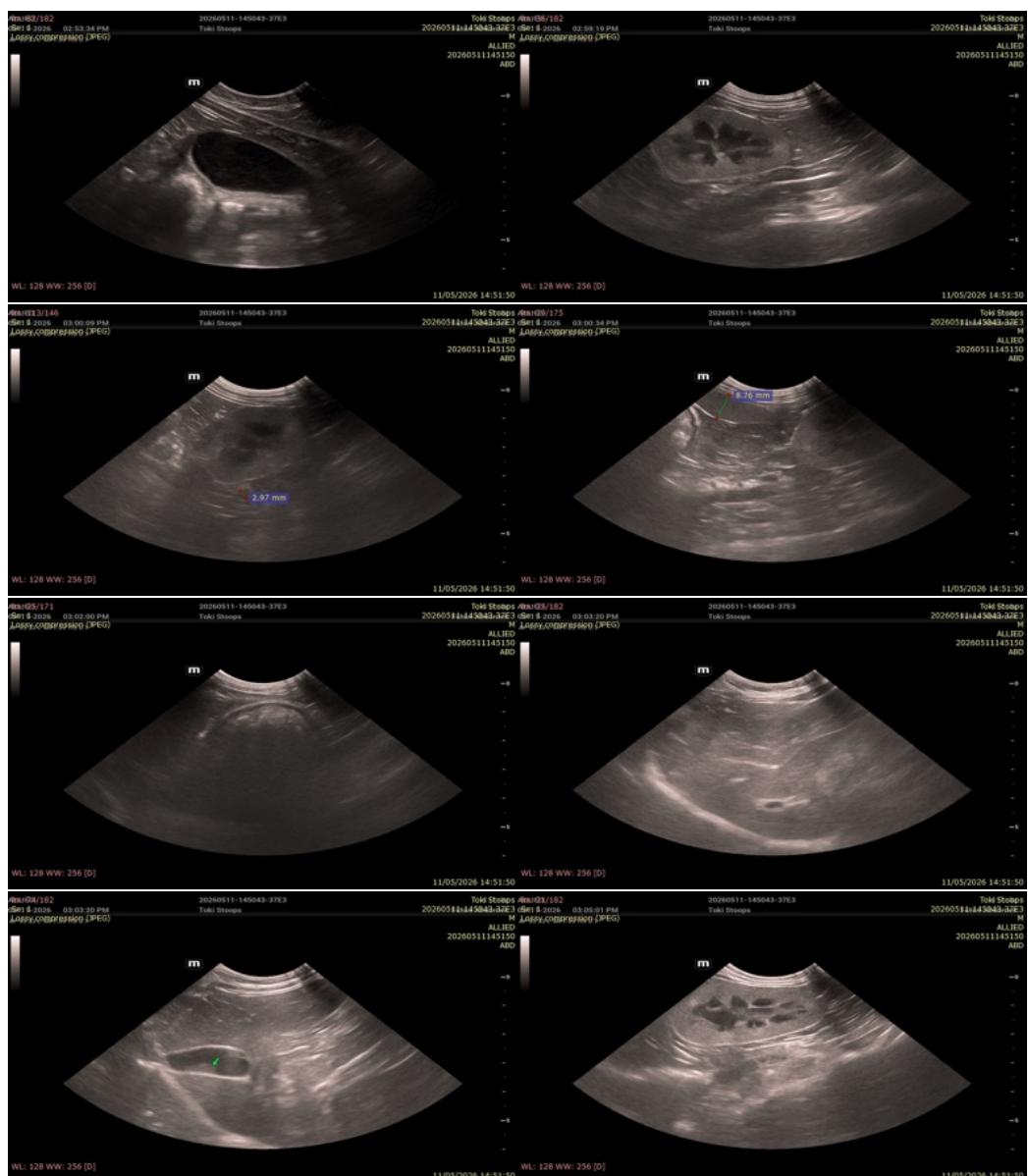
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Recommendations

- Correlation with clinical progression and response to dietary management is recommended.
- If gastrointestinal signs persist or worsen, a strict dietary trial with a highly digestible or hydrolyzed diet may still be clinically useful despite the absence of significant ultrasonographic abnormalities.
- Serum cobalamin/folate and feline pancreatic lipase (fPLI) testing may be considered if intermittent gastrointestinal signs continue despite conservative 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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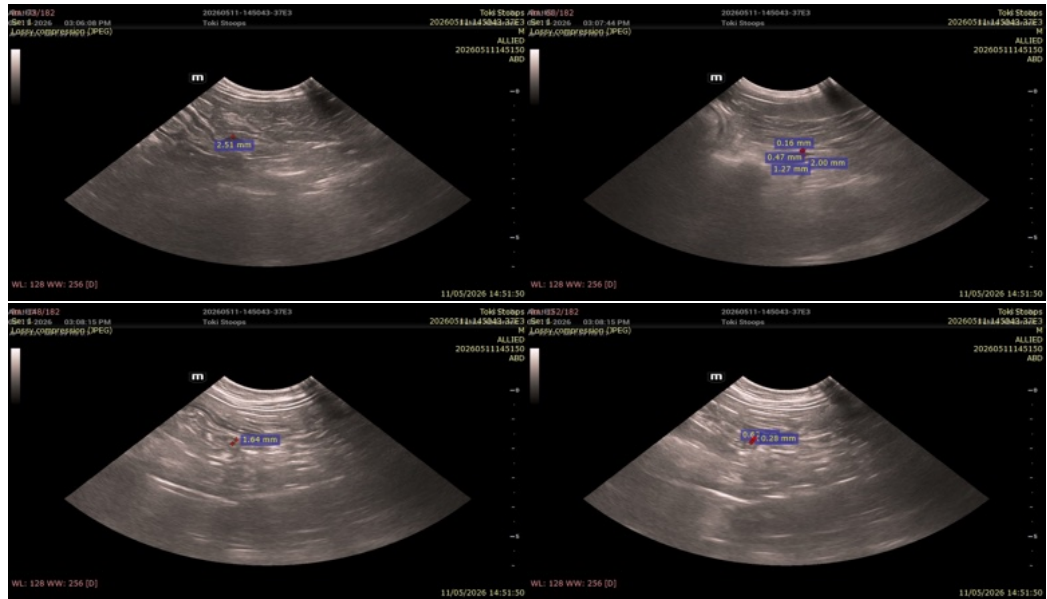
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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