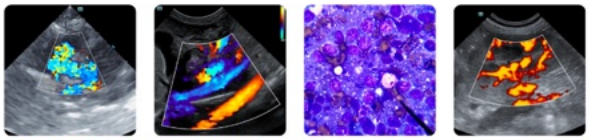


PATIENT

Jase Skinner

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

4 years

WEIGHT

4.9 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Bergner

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Duh

INVOICE

77797

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: GI upset for 3 weeks. started as v/d, now has just vomiting. Hyporexia. Currently hospitalized. Has not lost any weight. Housemate (littermate) also having intermittent GI upset.
5/20/26 CBC: WNL
5/20/26 Chem: Globs 5.7; BUN 42; Cl 111; ALP <10
5/20/26 survey Rads report:
1. Mild bronchial and interstitial pulmonary pattern. The appearance may be artifactual from a combination of limited inspiratory effort and image processing/edge enhancement. Possible etiologies include chronic bronchial disease/feline asthma, heartworm-associated airway disease, previous or current lung worm infection, and scarring/fibrosis.
2. Otherwise unremarkable incomplete assessment of the thorax.
3. Mild generalized small intestinal dilation. Potential etiologies include enteritis/gastroenteritis, severe inflammatory bowel disease, infiltrative mural neoplasia such as lymphoma and less likely distal obstruction by radiolucent foreign material.
4. Otherwise unremarkable abdomen.
COMMENTS:
Additional thoracic radiographs with improved positioning and inspiratory effort and to include orthogonal projections could be considered for assessment of the cardiopulmonary structures. Complete abdominal sonography is recommended for further assessment of the gastrointestinal tract and other viscera.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

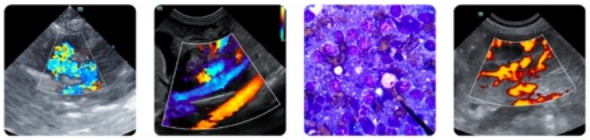
The left kidney is normal in shape and size, measuring 3.99×2.75 cm, with cortical thickness measuring 0.35 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.16×2.40 cm, with cortical thickness measuring 0.39 cm in the sagittal plane. The renal cortices are isoechoic relative to the liver parenchyma bilaterally. The corticomedullary ratio is normal and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

The adrenal glands were not confidently visualized during the current examination.

Spleen

Splenic thickness is 0.81 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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.

Gallbladder

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is markedly distended with abundant ingesta and demonstrates preserved wall layering. Gastric mural thickness measures approximately 2.39 mm. Duodenum: 2.15 mm. Jejunum: 2.16 mm. Mucosa: 1.40 mm. Submucosa: 0.33 mm. Muscularis propria: 0.19 mm. Ileum: 1.87 mm. Mucosa: 0.87 mm. Submucosa: 0.49 mm. Muscularis propria: 0.30 mm. Wall layering remains preserved. The ileocecocolic junction measures approximately 2.58 mm in thickness, with muscularis propria measuring approximately 0.47 mm. Increased luminal gas is present throughout portions of the gastrointestinal tract, with subjectively increased intestinal peristalsis noted during the examination. Interpretation of motility is somewhat limited, however, as the patient was actively digesting a large amount of ingesta during the study. No focal obstructive lesion, plication, gastrointestinal foreign material, or convincing evidence of infiltrative intestinal disease is identified ultrasonographically. The colon measures approximately 0.87–0.91 mm in thickness and contains formed fecal material throughout several segments.

Pancreas

Pancreatic evaluation was significantly limited by marked gastric ingesta and associated gastrointestinal gas artifact. The pancreas therefore could not be completely characterized during the current examination.

Free Abdomen

No abdominal effusion or evidence of peritonitis is identified. Cranial mesenteric lymph nodes measure approximately 6.4–6.6 mm in thickness and maintain normal shape/morphology. Ileocecocolic lymph nodes measure approximately 3.30 mm in thickness and remain within expected morphologic limits. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Gastric distension with ingesta.
- Mild diffuse gastrointestinal gaseous distension with subjectively increased intestinal motility/peristalsis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is markedly distended with abundant ingesta despite the reported clinical history of hyporexia and vomiting and demonstrates preserved wall layering. Gastric mural thickness measures approximately 2.39 mm. No definitive mechanical obstructive lesion is identified ultrasonographically; however, complete pyloric assessment was limited by the marked gastric distension and retained ingesta. Correlation with the duration of fasting prior to the examination is recommended, as insufficient fasting time cannot be completely excluded.

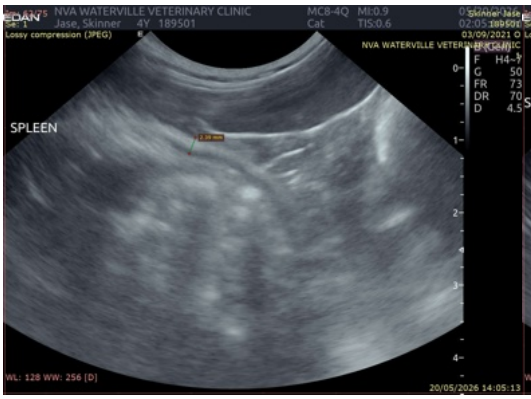
Mild diffuse intestinal gaseous distension and subjectively increased intestinal peristalsis are present without visible intestinal mural thickening or loss of normal wall layering. Given the clinical history and the reported intermittent gastrointestinal signs affecting the patient's littermate/housemate, the overall findings may be compatible with diffuse inflammatory/infectious gastroenteritis or transient functional gastrointestinal disturbance. No convincing ultrasonographic evidence of severe chronic enteropathy, focal infiltrative intestinal disease, intestinal foreign body, or alimentary lymphoma is identified during the current examination.

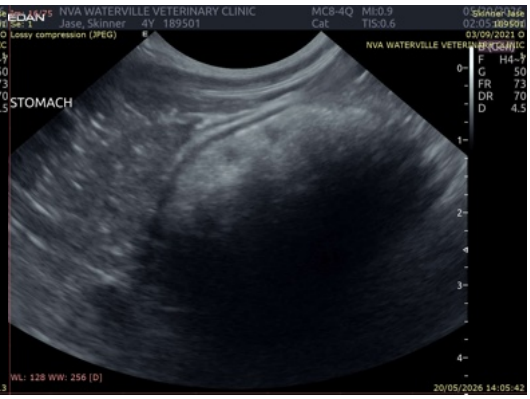
Pancreatic assessment was substantially limited by gastric distension and gastrointestinal gas artifact; therefore, pancreatitis cannot be definitively excluded ultrasonographically at this time.

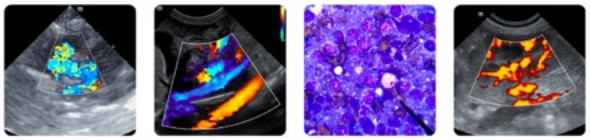
Recommendations

- Correlation with pending CBC, and serum biochemistry is recommended.
- Additional infectious/parasitic gastrointestinal screening (including fecal PCR-based panels for infectious enteropathogens such as Giardia, Tritrichomonas foetus, and other feline enteric pathogens) may be clinically appropriate given the concurrent gastrointestinal signs reported in the patient's housemate/littermate.
- Supportive medical management for suspected inflammatory/infectious gastroenteritis and/or functional gastric dysmotility depending on overall clinical progression and laboratory findings.
- A strict dietary trial with a highly digestible or novel/hydrolyzed protein diet may also be clinically reasonable.
- Clinical monitoring for progression of vomiting, appetite changes, diarrhea, or abdominal pain.

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







SonoPath.com info@sonopath.com 1.800.838.4268

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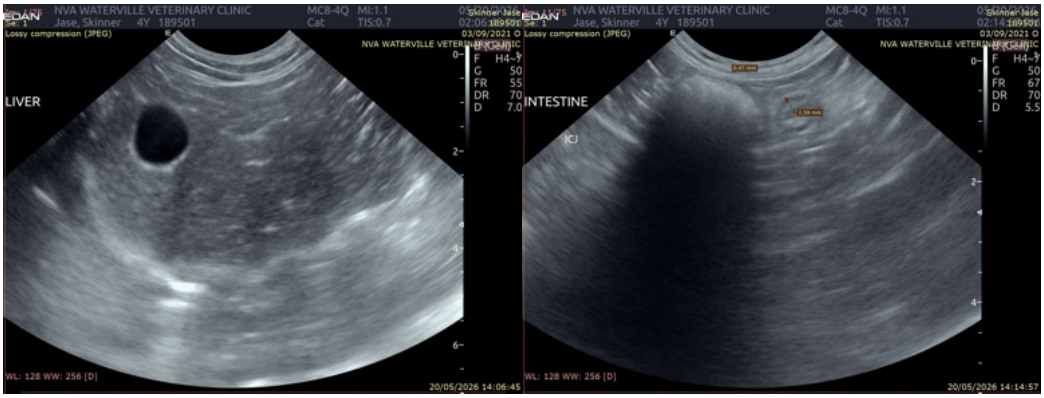

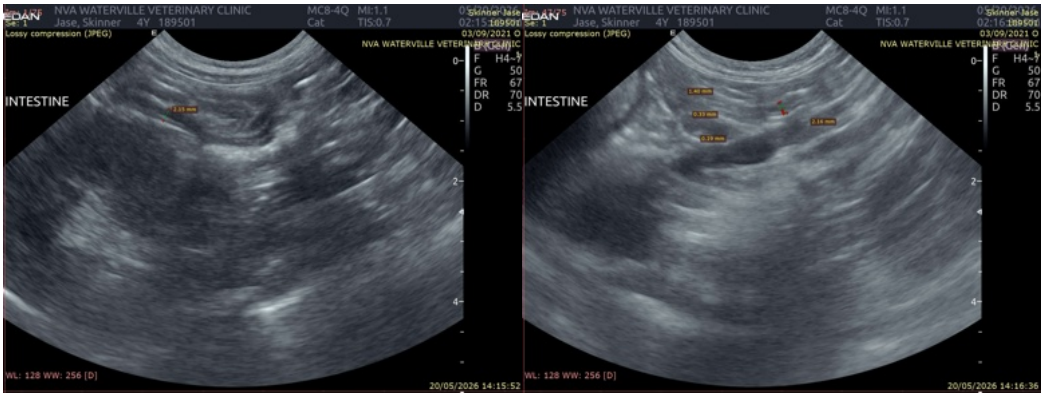

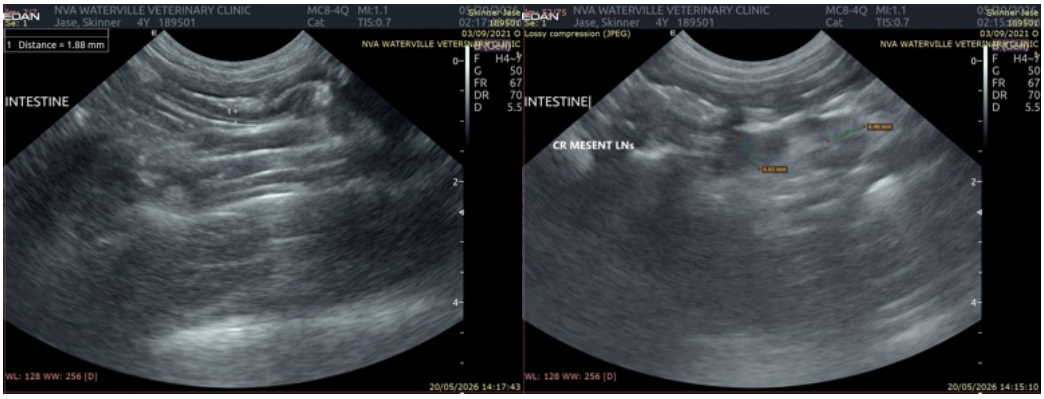

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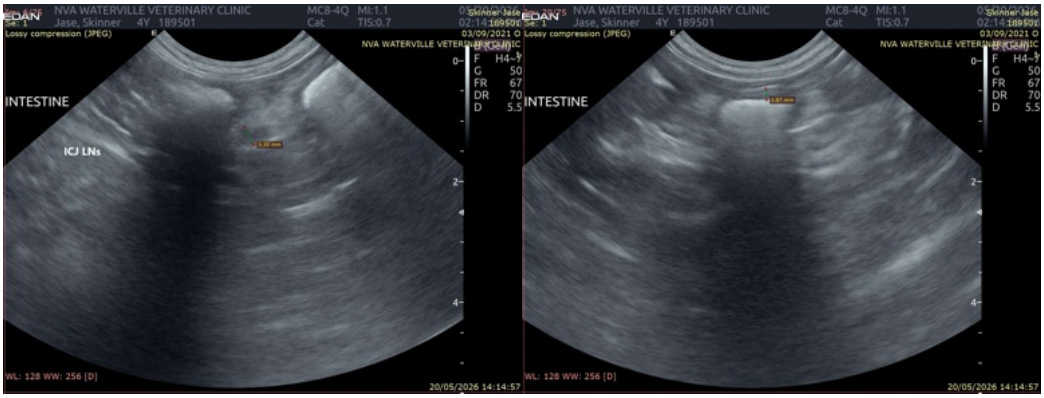

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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