



PATIENT

Schmitty Saunders

SPECIES

Feline

BREED

European Short Hair

SEX

FS

AGE

1 year

WEIGHT

8.31 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cameron Johnson

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Cameron Johnson

INVOICE

12013

DATE

5/26/2026

PRESENTING CLINICAL SIGNS

P is a 1yr old FS European Short Hair presenting as a transfer from rDVM for continued care for fever of unknown origin, vomiting and diarrhea. O stated earlier today, P was acting lethargic, had a couple episodes of vomiting and diarrhea and when they presented to rDVM with the patient, P was said to have a fever at that time. P was transferred to our facility for hospitalization and further care.

P is UTD on vaccines. P is indoor only. No other cats in the household.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.40×2.02 cm, with cortical thickness measuring 0.29 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.81×2.06 cm, with cortical thickness measuring 0.28 cm in the sagittal plane.

Both renal cortices are isoechoic relative 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.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 7.75 mm. 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. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal tract

The stomach is empty and contains a scant amount of fluid and minimal residual partially digested ingesta. Gastric wall thickness measures 1.20 mm with preserved wall layering.

The duodenum measures 1.73 mm in wall thickness.

The jejunum measures 1.23 mm in wall thickness.



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A severely plicated intestinal segment is identified. A linear intestinal foreign body is suspected in the lumen. The affected intestinal wall is markedly thickened, predominantly involving the muscularis propria layer. The remaining evaluated intestinal loops do not demonstrate significant fluid distension, diffuse ileus, or a convincing generalized obstructive bowel pattern at this time.

The ileocecal junction was not confidently visualized.

The colon measures 0.64 mm in wall thickness and contains predominantly fluid luminal contents.

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

- Severely plicated small intestinal segment with marked focal intestinal mural thickening, predominantly involving the muscularis propria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A severely plicated small intestinal segment with marked muscularis-predominant mural thickening is identified. Given the patient's young age, diarrhea, acute febrile gastrointestinal presentation, absence of convincing generalized intestinal obstruction or significant proximal intestinal dilation, and the segmental nature of the lesion, severe focal inflammatory/infectious enteritis with secondary reactive intestinal plication is considered a major differential diagnosis. Differential considerations include viral enteritis such as feline panleukopenia, severe bacterial enteritis, or other acute inflammatory enteropathies.

However, a linear intestinal foreign body remains an equally important differential consideration, particularly given the marked intestinal plication and abnormal luminal interface identified within the affected bowel segment. The overall ultrasonographic appearance is not entirely classic for either process, and overlap between severe inflammatory enteritis and an early or partial linear foreign body obstruction cannot be completely excluded based on the current examination alone.

No ultrasonographic evidence of generalized septic peritonitis, abdominal effusion, or diffuse obstructive bowel disease is identified at this time.

Recommendations

- CBC/serum biochemistry correlation is strongly recommended if not already performed, particularly to assess for leukopenia/neutropenia or other evidence of systemic inflammatory/infectious disease.
- Repeat abdominal ultrasound in 12-24 hours may be helpful to assess for progression toward a more convincing obstructive pattern, worsening intestinal plication, intestinal dilation, or development of abdominal effusion/peritonitis. If repeat ultrasonography is performed,



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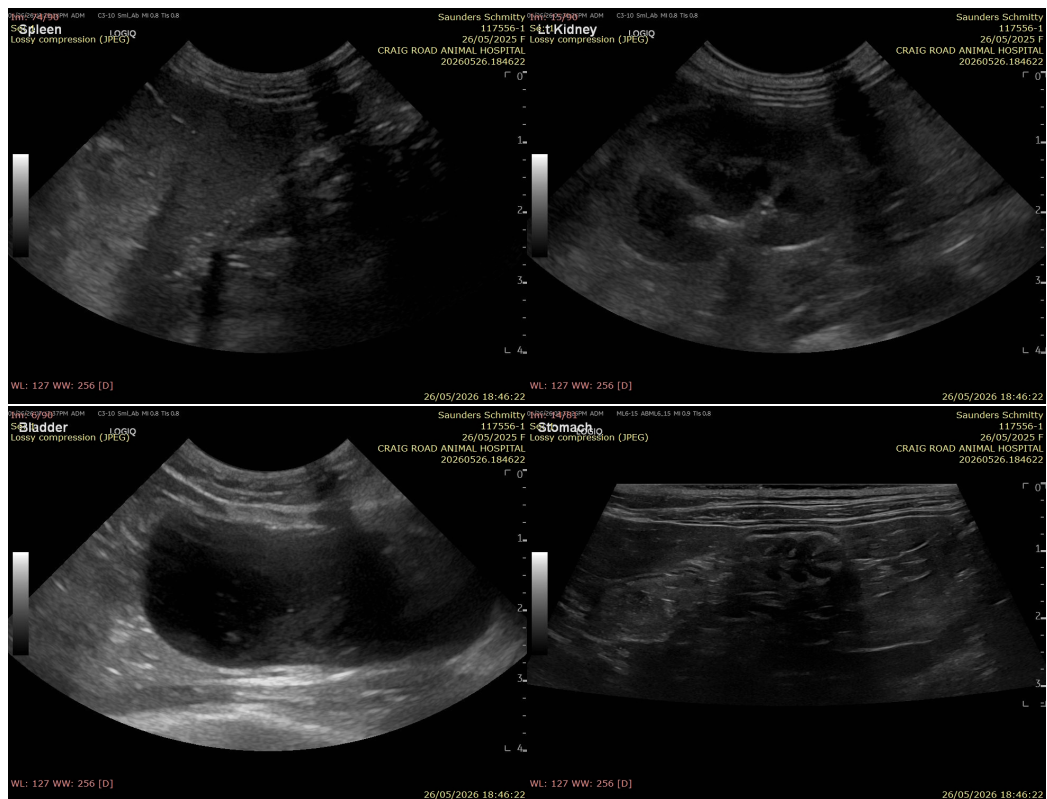
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evaluation with a high-frequency linear transducer is strongly recommended, with careful cranial and caudal tracking of the affected intestinal segment in order to better characterize the length and distribution of the lesion, determine which intestinal segment is involved, evaluate mural margins more completely, and reassess for the presence of a linear foreign body versus severe focal inflammatory enteritis.

- Surgical exploration may ultimately become necessary if clinical deterioration or progressive obstructive changes develop.

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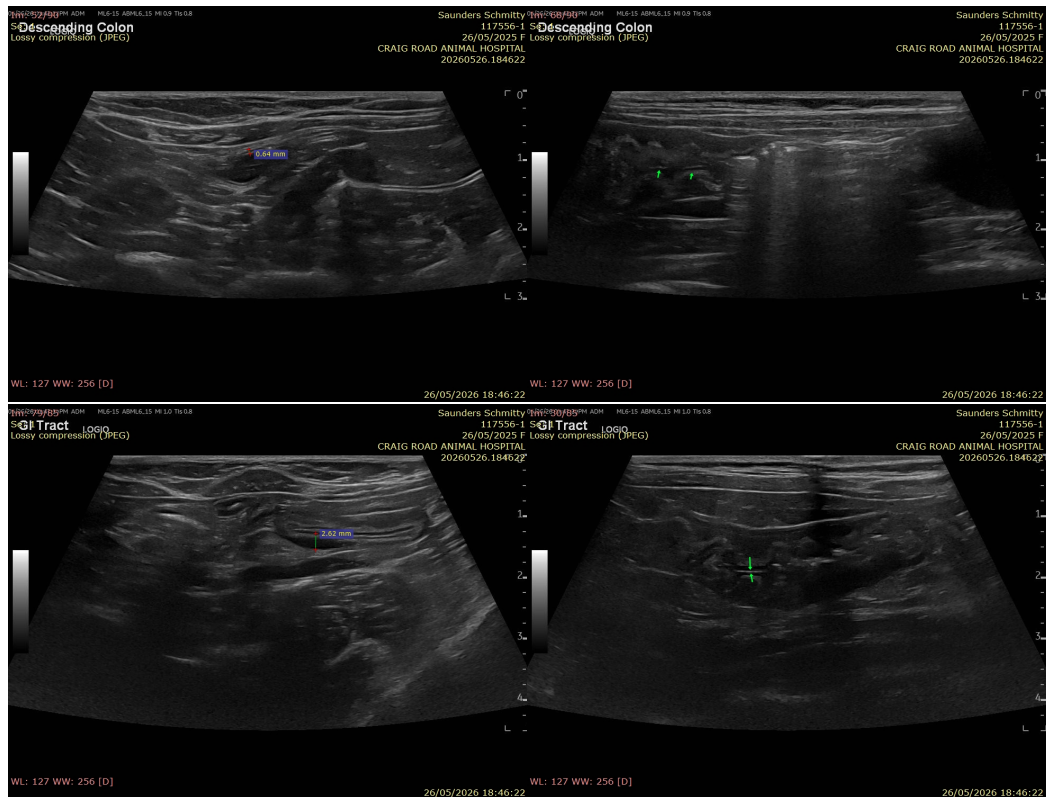
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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