



PATIENT

Arrhythmia Carpenter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

13.2 Pounds

INTERPRETED BY

Alicia Angosto Guerrero,
DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Brandi Barry

INVOICE

37269

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Intermittent frank blood noted in stool for the last few months. Owner reports that stool is occasionally soft formed, but usually normal formed. Normal appetite and water intake. No vomiting or diarrhea observed at home. Owner reports that patient has been more affectionate/cuddly at home lately but otherwise is exhibiting normal behavior. No new environmental or dietary changes. Owner reports that patient had a similar issue with frank blood in stool ~2 years ago; switched to salmon-based diet due to concerns of chicken allergy. Owner also reports that patient's rectum appeared red and inflamed a couple of months ago but returned to normal appearance later in day. Stool today was normal formed with a small amount of frank blood and mucous.

Abnormal PE/Chem/CBC/UA Results: UA (cysto): USG= 1.050 Protein 30mg/dL, UBG 1mg/dL
Sediment: RBC 12/hpf, WBC 3/hpf, no bacteria noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine contains a moderate amount of suspended sediment. No uroliths are identified. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No sonographic evidence of inflammatory or neoplastic disease is identified.

The left kidney is normal in shape and size, measuring 3.68×2.38 cm. The cortical thickness measures 0.30 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.60×2.60 cm. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation 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 0.31 cm. The right adrenal gland measures 0.26 cm.

Spleen

Splenic thickness is 0.71cm. 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.



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Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 1.80 mm, with preserved wall layering.

The pyloric wall measures 2.69 mm.

The duodenum is not adequately visualized.

The jejunal wall measures 1.87 mm, with preserved wall layering.

The ileal wall measures 1.33 mm, with preserved wall layering.

The ileocecolic junction is not definitively visualized.

No evidence of gastrointestinal obstruction, ileus, mural thickening, or foreign material is identified.

The colonic wall measures 1.17–1.80 mm. Formed fecal material is present within the descending colon.

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

- Moderate urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of clinically significant gastrointestinal disease is identified within the visualized portions of the gastrointestinal tract. Specifically, there is no evidence of colonic wall thickening, focal mass lesion, intestinal obstruction, abdominal lymphadenopathy, or other ultrasonographic abnormality to account for the reported intermittent hematochezia.

It should be recognized that mild colitis, proctitis, food-responsive enteropathy, allergic colitis, and other mucosal inflammatory disorders of the distal gastrointestinal tract may be clinically significant despite a normal ultrasonographic appearance.

Moderate urinary bladder sediment is present. Given the recent cystocentesis urinalysis demonstrating hematuria without bacteriuria, this finding may represent suspended cellular or crystalline material and should be interpreted in conjunction with urinalysis findings.

Recommendations:

- Correlation with fecal testing and parasite screening is recommended if not recently performed.
- Continued dietary investigation, including consideration of a strict novel-protein or hydrolyzed diet trial, may be considered if food-responsive colitis remains a clinical concern.



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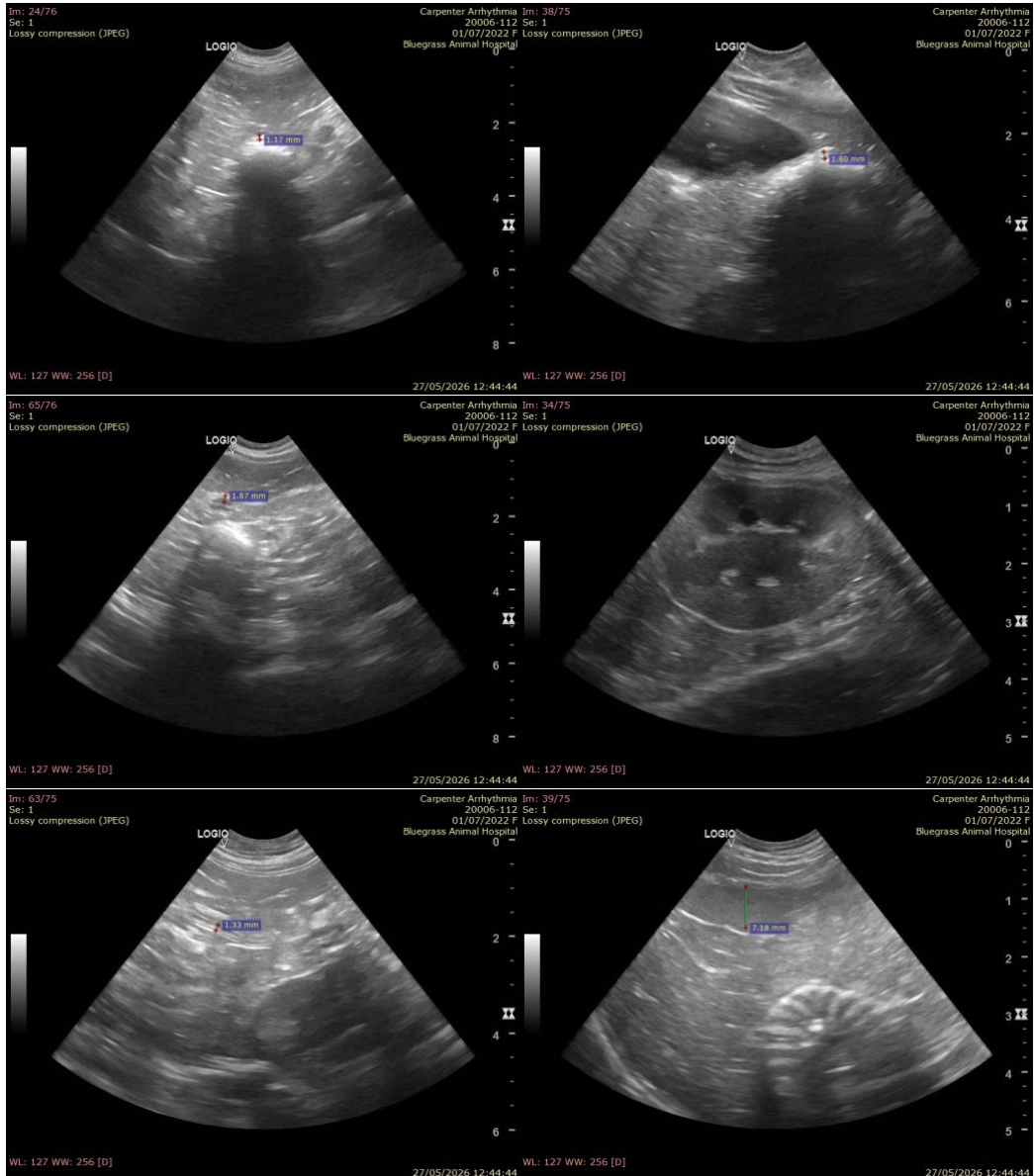
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- If hematochezia persists or worsens despite conservative management, further evaluation of the distal gastrointestinal tract may be warranted, including colonoscopy and/or biopsy, particularly given the incomplete ultrasonographic assessment of the rectum.

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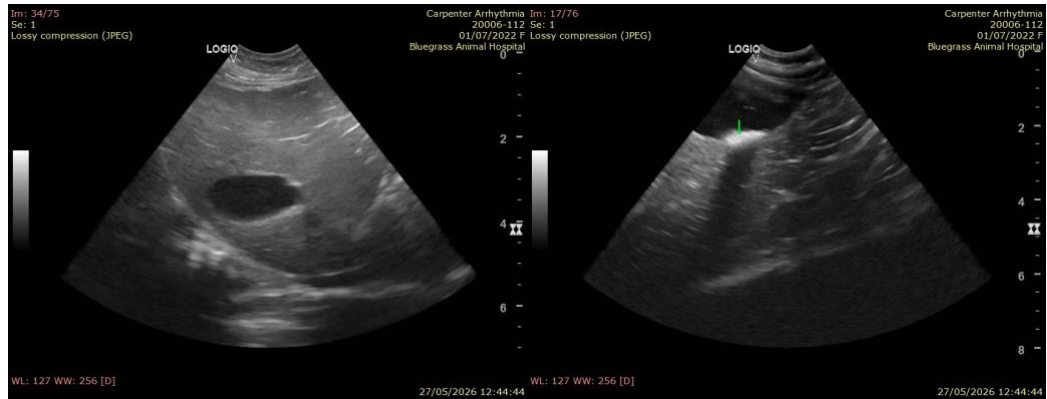
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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