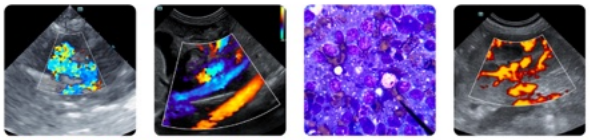


PATIENT

Millicent Sloboda

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

9.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michele Pfannenstiel

HOSPITAL NAME

Mill Brook Animal Clinic-VBF

REFERRING VET

Dr. Pfannenstiel

INVOICE

75274

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History of V++ can be anxiety related; Switched to HP SO food in early Feb 26 and the V++ drastically decreased.
Abnormal PE/Chem/CBC/UA Results: Radiology (02/12/2026): reviewed by a DACVR: findings: gastroenterocolitis or pancreatitis. There was no evidence of a mechanical obstruction. The thoracic structures were NSF Point-of-Care Ultrasound (02/12/2026): suspect inflamed muscularis layer of the intestines. The urinary bladder appeared small and irritated, with a structure suspected to be a blood clot. Overgrooming of the ventral abdomen and around the nipples was noted. The spleen measured 0.95 cm. IDEXX Laboratory Diagnostics (02/13/2026): CBC: Monocytosis (628 /uL; ref 42-467 /uL). Platelet clumps were noted on the blood film Chemistry Panel: NSF Cardiopet proBNP: The result was 53 pmol/L Fecal Analysis (02/12/2026): Fecal testing for ova, parasites, and Giardia antigen was negative. UA: USG 1047 1+ protein with 1+ struvite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 3.55×2.37 cm. Cortical thickness measures 0.39 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

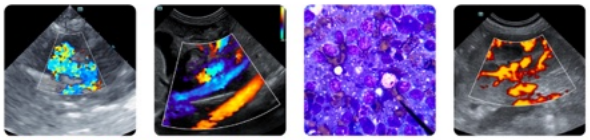
The right kidney is normal in shape and size, measuring 3.61×2.44 cm. Cortical thickness measures 0.36 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.29 cm. The right adrenal gland measures 0.30 cm.

Spleen

Splenic thickness is 1.09 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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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.

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 folded, with mural thickness measuring approximately 1.35 mm and preserved wall layering. The pyloric wall measures approximately 3.01 mm, with a small amount of luminal fluid present. Duodenal wall thickness measures 2.69 mm. Jejunal wall thickness measures 2.92 mm, with: Mucosa: 1.62 mm. Submucosa: 0.61 mm. Muscularis propria: 0.60 mm The jejunal muscularis-to-mucosa ratio is therefore approximately 0.37, which remains within reported normal feline limits and does not support marked muscularis hypertrophy. Ileal wall thickness measures approximately 1.66 mm, with: Mucosa: 0.59 mm. Submucosa: 0.76 mm. Muscularis propria: 0.31 mm. The ileal muscularis-to-mucosa ratio is approximately 0.53, which is in the upper limit for expected normal feline values. Preserved mural layering is identified throughout the evaluated gastrointestinal tract. The ileocecal junction is not confidently visualized. No focal gastrointestinal inflammation, obstructive ileus, foreign material, or infiltrative intestinal mass lesion is identified. Colonic wall thickness measures approximately 0.91 mm, with formed fecal material 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

The ileal muscularis-to-mucosa ratio is at the upper limits of reported normal variation for cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ileal muscularis layer is near the upper limits of reported normal variation for cats. The jejunal muscularis-to-mucosa ratio remains within normal limits, mural layering is preserved throughout the evaluated gastrointestinal tract, and no associated intestinal mass effect, mesenteric inflammatory change, or abdominal lymphadenopathy is identified.

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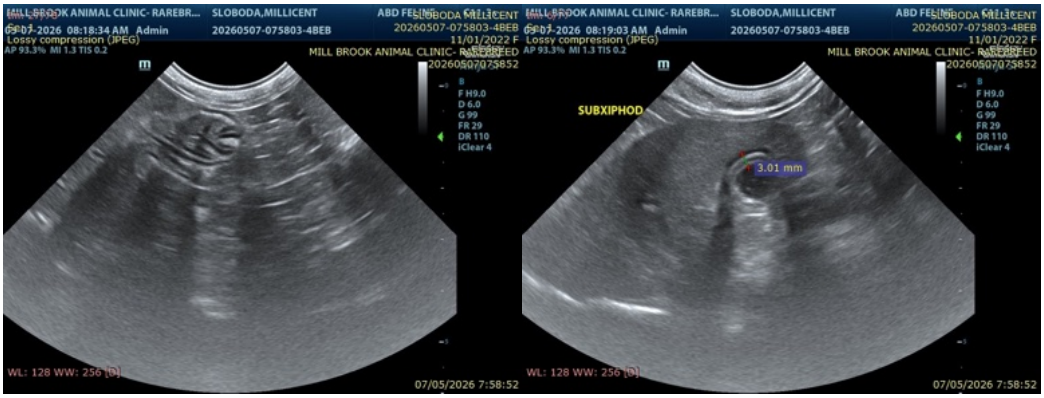
Overall, the current ultrasonographic examination does not demonstrate convincing sonographic evidence of clinically significant inflammatory bowel disease or alimentary lymphoma.

Given the patient's young age, lack of significant ultrasonographic abnormalities, and marked clinical improvement following dietary modification, the current findings are considered most compatible with mild nonspecific chronic enteropathic change and/or food-responsive enteropathy. It should be recognized that functional or early microscopic gastrointestinal disease may still be present despite minimal ultrasonographic abnormalities.

Recommendations

- Continued dietary management appears reasonable given the reported clinical improvement.
- Clinical monitoring of body weight, vomiting frequency, appetite, and stool quality is recommended.
- Serum cobalamin assessment could be considered in cats with chronic intermittent gastrointestinal disease, particularly if clinical signs recur or progress.
- Given the history of anxiety/reactive behavior and overgrooming, stress-related exacerbation of gastrointestinal signs may also be contributing clinically. Environmental modification and stress-reduction strategies may therefore be beneficial as part of the overall long-term management approach.
- Repeat abdominal ultrasound may be considered if gastrointestinal signs worsen or become refractory to dietary 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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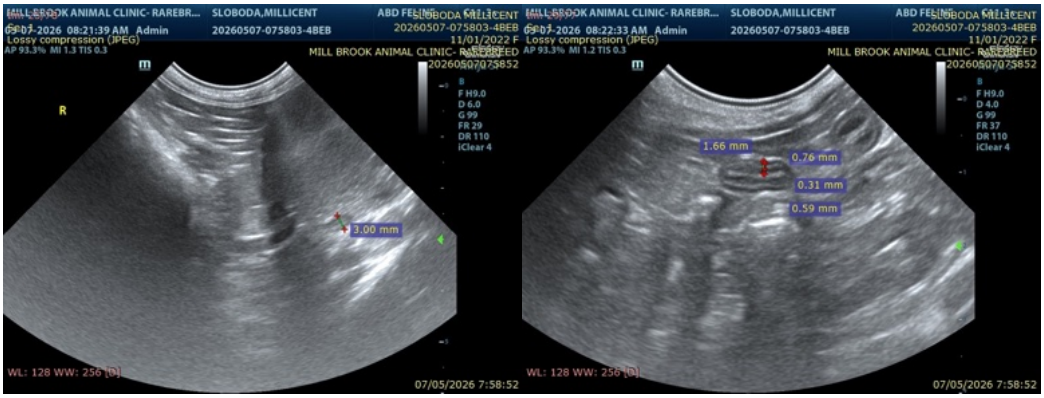

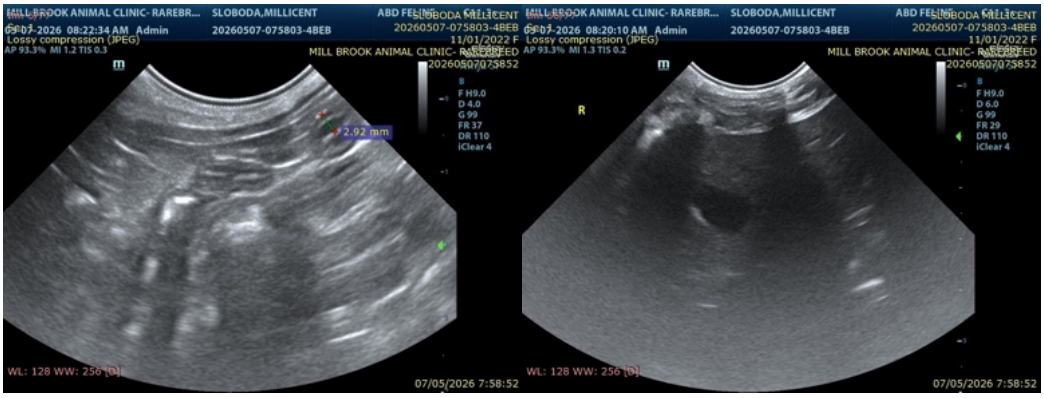

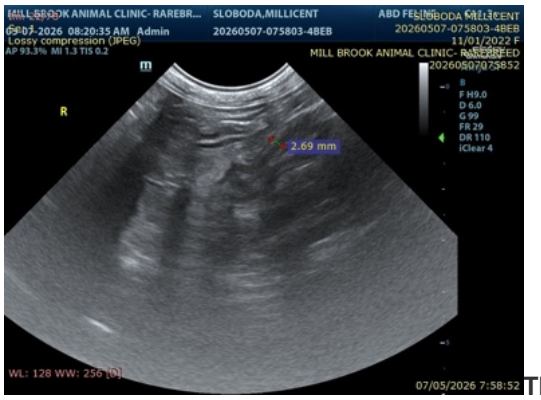

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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