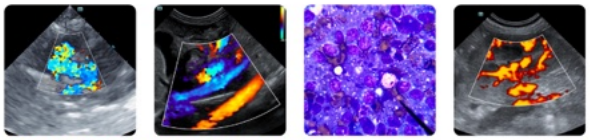


PATIENT

Jett Lavoie

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

6.6 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Orchard

INVOICE

78811

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Patient presented for possible urinary blockage, on xray noted a marked gastric enlargement noted — etiology unclear (foreign body vs. mass vs. food ingestion)
Came in next day fasted to check on GI

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 anechoic. The trigone and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.14×2.73 cm, with a cortical thickness of 0.39 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.26×2.28 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

Both kidneys demonstrate normal cortical echogenicity. Corticomedullary distinction and corticomedullary ratio are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation 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 0.34 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.44 cm.

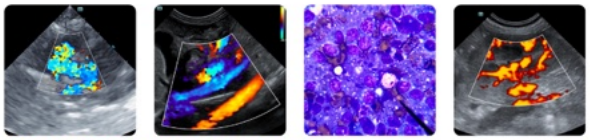
Spleen

Splenic thickness is 0.89 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. Common bile duct is 2.47-1.66 mm.



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Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 1.59 mm with preserved wall layering.

The pylorus measures 3.07 mm and maintains normal wall layering.

The duodenum measures 1.78 mm.

The jejunum measures 2.06-2.57 mm in thickness. The mucosa measures 1.21 mm, the submucosa 0.63 mm, and the muscularis propria 0.59 mm. Wall layering is preserved.

The ileum measures 1.83 mm in thickness. The mucosa measures 0.92 mm, the submucosa 0.67 mm, and the muscularis propria 0.31 mm. Wall layering is preserved.

The ileocecal junction measures 2.43 mm in thickness. The muscularis propria measures 0.72 mm. Wall layering is preserved.

The colon measures 1.23-1.44 mm in wall thickness and contains formed fecal material within the descending segment.

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

Pancreas

The pancreatic regions included in the examination do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or peritonitis is identified.

Cranial mesenteric lymph nodes are not visualized. The surrounding mesentery appears unremarkable. The ileocecal lymph node measures 3.21 mm and is within normal limits. The iliac trifurcation region is normal.

PRIMARY FINDINGS

- Very mild muscularis prominence at the ileocecal junction (muscularis 0.72 mm).
- Very small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographic evidence of gastric distension, gastric outflow obstruction, foreign material, gastrointestinal mass, or other structural abnormality is identified to explain the previously reported marked gastric enlargement observed radiographically. The stomach is empty and appropriately contracted following fasting, suggesting that the prior gastric enlargement may have represented

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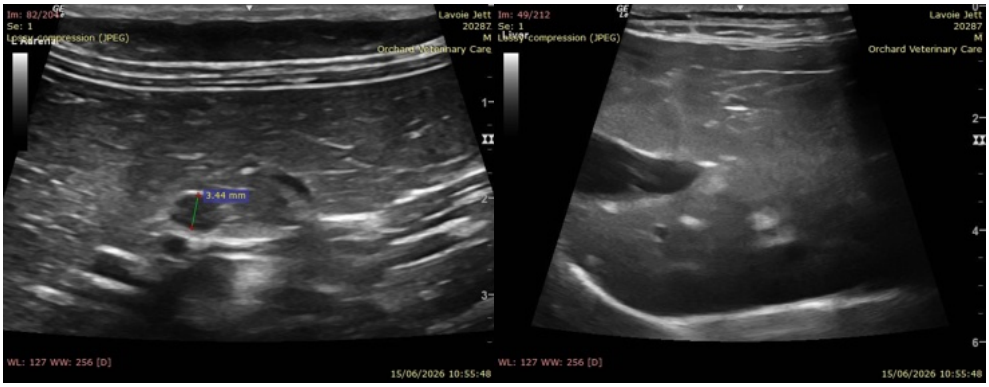
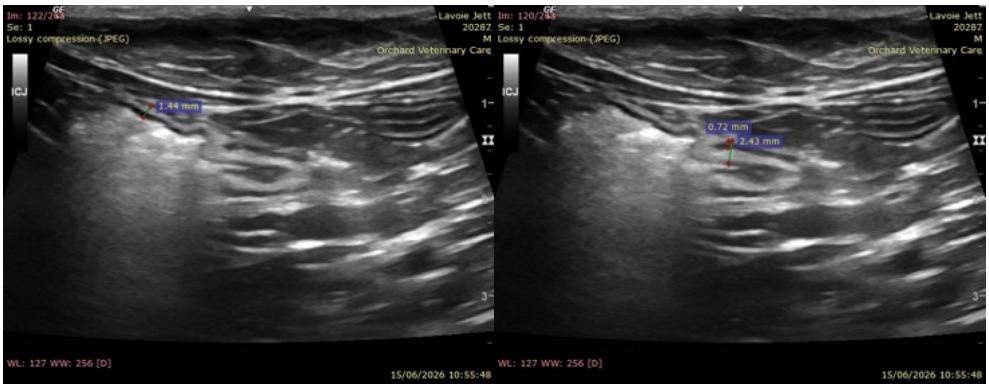
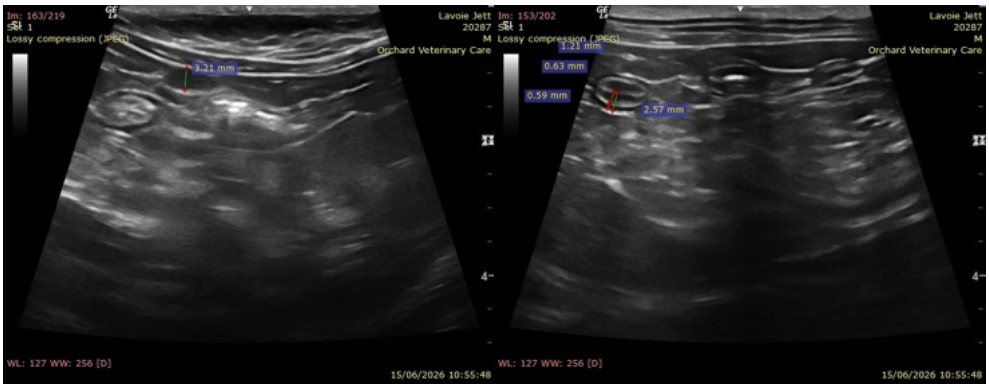
transient gastric distension related to ingesta, fluid, gas accumulation, or a self-limiting functional process.

A small amount of biliary sludge is present within the gallbladder. This is a common incidental finding and is not associated with evidence of biliary obstruction or clinically significant hepatobiliary disease.

The ileocecal junction demonstrates a very mild muscularis prominence with preserved wall layering and no associated mass lesion, obstruction, or regional lymphadenopathy. This finding is nonspecific and of uncertain clinical significance.







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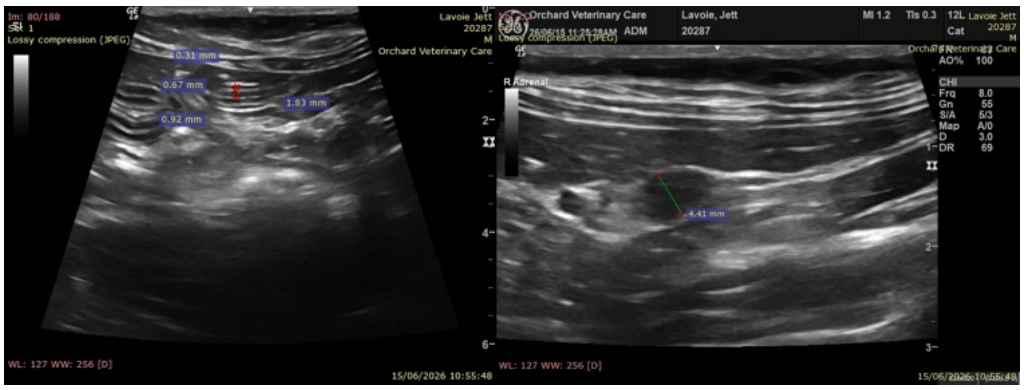

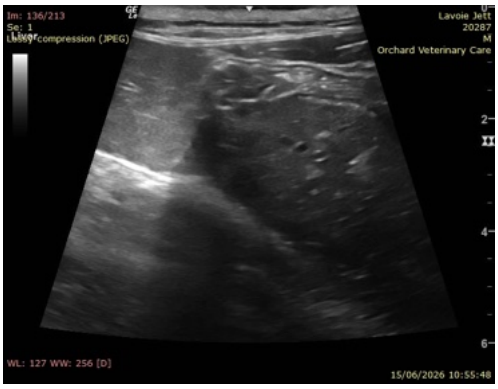

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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