



PATIENT

Paddy Landis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

3 years

WEIGHT

9 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jocelyn Smith, CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

Dr. Pinamonti

INVOICE

70182

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Cerebellar Hyperplasia patient Found V+ this morning when got out of bed. As owner picked her up, she "convulsed" jumped and fell over. Started displaying lethargy yesterday when she did not play with the dog. Last ate at 5p yesterday.

Abnormal PE/Chem/CBC/UA Results: Caudodorsal to stomach, soft tissue opacity on x-ray & caudoventral abdomen, rostral to bladder, intestines seemed bunched and inflamed. unsure of foreign body vs other. No history of getting into anything. bloodwork normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The urinary bladder wall appears thin, smooth, and regular. The bladder lumen contains anechoic urine. The bladder neck and proximal urethra are unremarkable. There is no sonographic evidence of urolithiasis or inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.74×2.04 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal renal perfusion.

The right kidney is normal in shape and size, measuring 3.96×1.90 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal renal perfusion.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures approximately 0.24 cm at the cranial pole and 0.22 cm at the caudal pole. The right adrenal gland measures approximately 0.16 cm at both the cranial and caudal poles.

Spleen

The spleen measures approximately 0.57 cm in thickness. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal lesions. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The gallbladder wall is thin, and the lumen contains predominantly anechoic bile. There is no sonographic evidence of dilation of the cystic duct or common bile duct.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 1.59 mm and preserved wall layering.

The duodenum measures approximately 1.18 mm.

The jejunum measures 2.16 mm, with preserved wall layering:

- Mucosa: 1.10 mm, Submucosa: 0.56 mm, Muscularis propria: 0.40 mm

The ileum measures 1.48 mm, with preserved wall layering:

- Mucosa: 0.44 mm, Submucosa: 0.50 mm, Muscularis propria: 0.35 mm

The ileocecal junction is not visualized.

No sonographic evidence of gastrointestinal obstruction, ileus, mural edema, or foreign material is identified. The colon measures approximately 0.73 mm, with formed fecal material present in the descending colon.

Pancreas

The pancreas measures approximately 5.43 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 0.81 mm in diameter. No sonographic evidence of active pancreatitis or peripancreatic inflammation is identified.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes appear within normal limits. The iliac trifurcation is unremarkable.

ULTRASONOGRAPHIC FINDINGS

- No significant abdominal abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound examination is largely unremarkable, with no evidence of gastrointestinal obstruction, foreign material, focal mass lesions, or inflammatory changes that would explain the abnormalities described on prior abdominal radiographs. The stomach and intestines demonstrate preserved wall layering and measurements within expected limits, and there is no sonographic evidence of intestinal bunching, mural edema, or ileus at the time of this examination.

The lack of ultrasonographic abnormalities suggests that the previously described radiographic findings may have represented transient gastrointestinal changes, such as positional crowding, gas redistribution, or functional ileus, rather than a fixed structural lesion.

Overall, no definitive abdominal ultrasonographic explanation is identified for the acute neurologic-like episode or lethargy, and the imaging findings do not support gastrointestinal obstruction or a surgical



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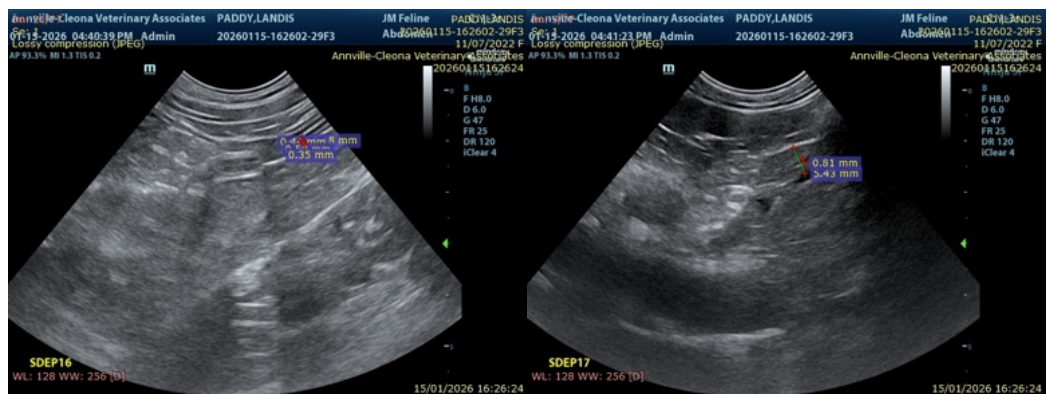
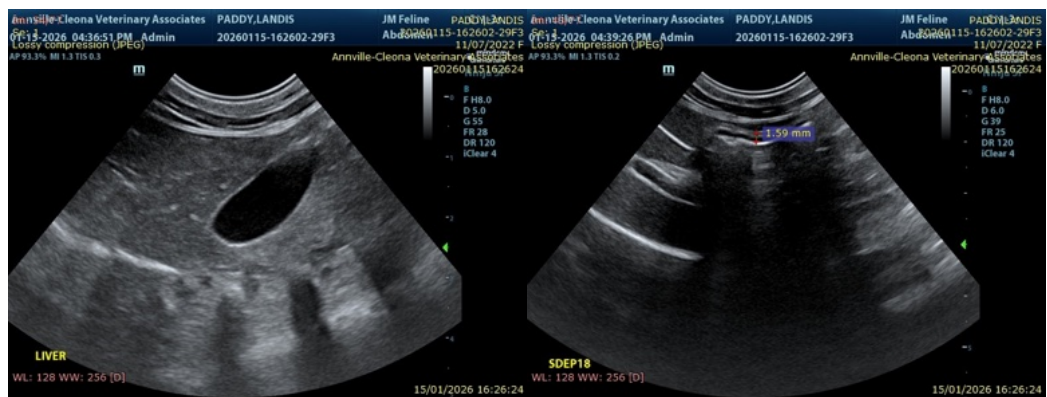
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abdomen at this time. Correlation with neurologic assessment and continued clinical monitoring are recommended.

Recommendations

- Continued clinical monitoring is recommended, as transient gastrointestinal changes may not persist or may resolve before imaging.
- Given the reported episode described as a possible seizure or collapse, neurologic evaluation should be considered if episodes recur or clinical signs progress.





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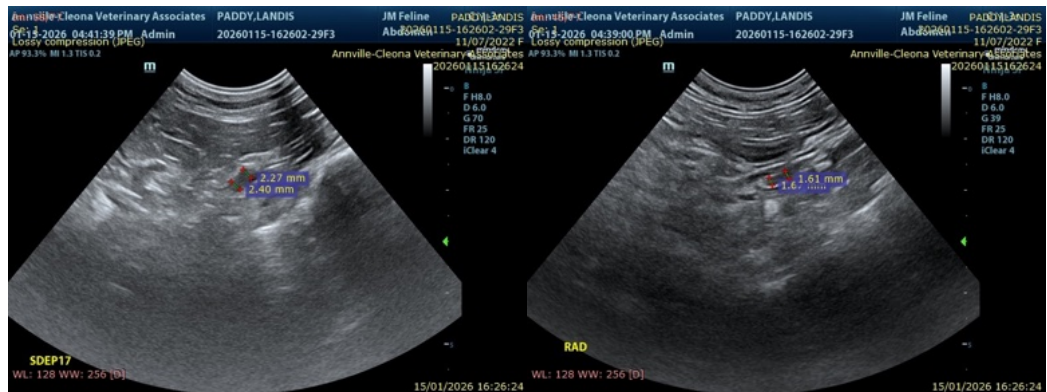
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

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