



## PATIENT

Esmeralda Jasmine  
Keller

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Female

## AGE

2 years

## WEIGHT

8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Jenna Smith

## HOSPITAL NAME

Annville Cleona  
Veterinary Associates

## REFERRING VET

Dr. Spingler

## INVOICE

68557

## DATE

11/11/25

## PRESENTING CLINICAL SIGNS

History: Patient presented 10/8/25 for vomiting- positive for intestinal parasites. Treated with panacur and cerenia. Recheck fecal on 11/3/25 was negative but patient still vomiting after eating food. Owner tried maze bowl to slow feeding down, patient ravenous appetite but vomits after eating. Bloodwork all WNL, FIV/FelV/HW negative.

## 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. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.84x2.13 cm, and the thickness of the cortex is 0.30 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 3.93x2.34 cm, and the thickness of the cortex is 0.36 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. The left adrenal gland is partially visualized and measures approximately 0.32 cm. The right adrenal gland measures 0.32 cm at the cranial pole and 0.33 cm at the caudal pole.

### *Spleen*

The spleen measures 0.73 cm in thickness. The parenchyma is of 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 parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended with a thin wall. Its contents are primarily anechoic, with a small amount of biliary sludge. The common bile duct measures 1.62-1.66 mm and is not dilated.



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## *Gastrointestinal*

The stomach is empty at the body level, though some food remnants are present in the fundus. Mural thickness is 1.91 mm with preserved wall layering. The pylorus measures 2.19 mm.

The proximal duodenum measures 2.07 mm and the distal duodenum 1.66 mm. The jejunum measures 1.88 mm (mucosa 0.92 mm, submucosa 0.36 mm, muscularis propria 0.28 mm). The ileum measures 1.78 mm (mucosa 0.58 mm, submucosa 0.71 mm, muscularis propria 0.44 mm). Wall layering is preserved. The ileocecal junction was not visualized. No evidence of obstruction, ileus, or foreign material is observed.

The descending colon measures 2.22 mm and appears empty.

## *Pancreas*

The right limb, body (9.08 mm), and left limb (5.67 mm) are visualized. Margins appear slightly irregular, and the parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.85 mm in diameter. No peripancreatic inflammation or fat reaction is evident.

## *Peritoneal Cavity*

No abdominal effusion or signs of peritonitis are observed. The cranial mesenteric lymph nodes measure 4.26 mm, with normal shape and echogenicity. The ileocecal lymph nodes are not visualized, though surrounding areas appear unremarkable. Pancreaticoduodenal lymph node measuring approximately 8.73×4.65 mm, with normal shape and echogenicity. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Slightly irregular pancreatic margins and mildly hypoechoic pancreatic parenchyma.
- Mild enlargement of the cranial mesenteric lymph node (4.26 mm) and the pancreaticoduodenal lymph node (8.73×4.65 mm).

### SECONDARY FINDINGS

- Mild biliary sludge within an otherwise normal gallbladder.
- Descending colon mildly thickened but empty.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic size is considered within normal limits, though the body is at the upper reference range (9.08 mm). The parenchyma shows slightly irregular margins and mild hypoechoic, with a normal pancreatic duct and no peripancreatic fat reaction. These findings are most consistent with mild chronic pancreatitis or residual pancreatic change from a previous inflammatory process.



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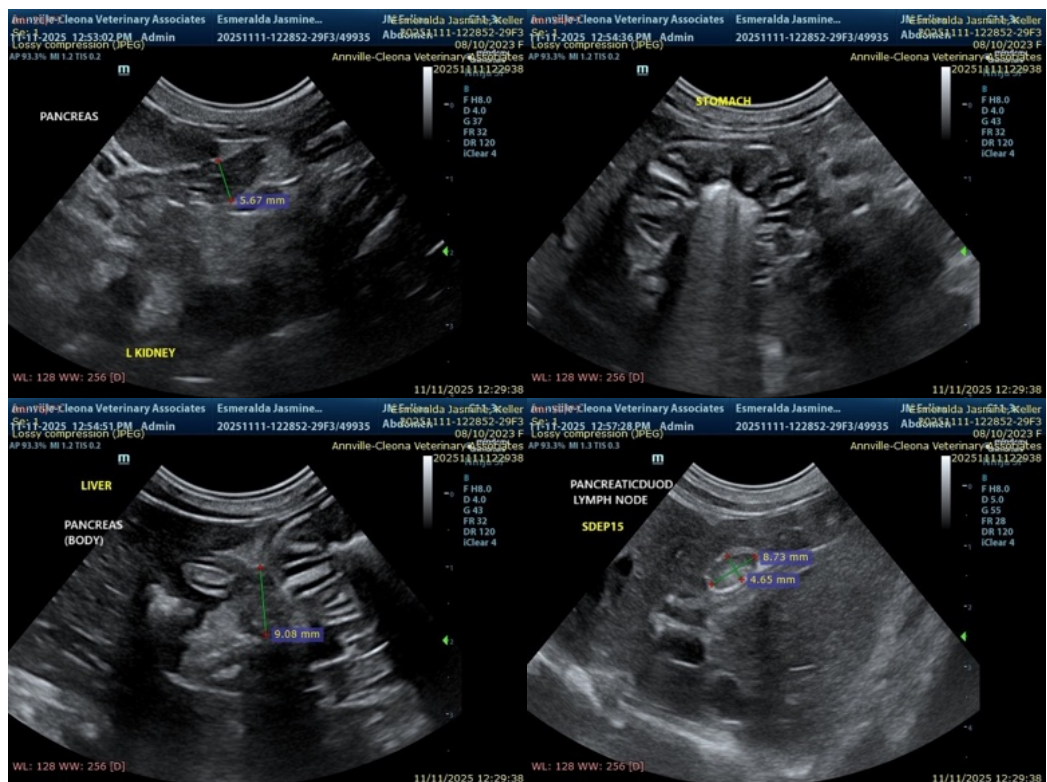
11/11/25

The cranial mesenteric and pancreaticoduodenal lymph nodes are mildly enlarged but retain normal shape and echogenicity, which is compatible with a reactive pattern possibly secondary to pancreatic or low-grade intestinal inflammation. No significant intestinal wall thickening or alteration of wall layering is observed, although the ileocecal junction was not visualized. The colon is mildly thickened but empty, with preserved wall layering. This may reflect mild post-inflammatory change, possibly secondary to recent parasitic infection.

The gallbladder contains a small amount of biliary sludge, which is a common and nonspecific finding that may reflect transient biliary stasis or prolonged fasting.

## Recommendations

- Clinical correlation with fPLI testing and follow-up is recommended.
- Check cobalamin (B12) and folate levels; add TLI if maldigestion or weight loss persists.
- Diet: Highly digestible or hydrolyzed, low-fat, small frequent meals.
- Antiemetics.
- Cobalamin supplementation if B12 is low.





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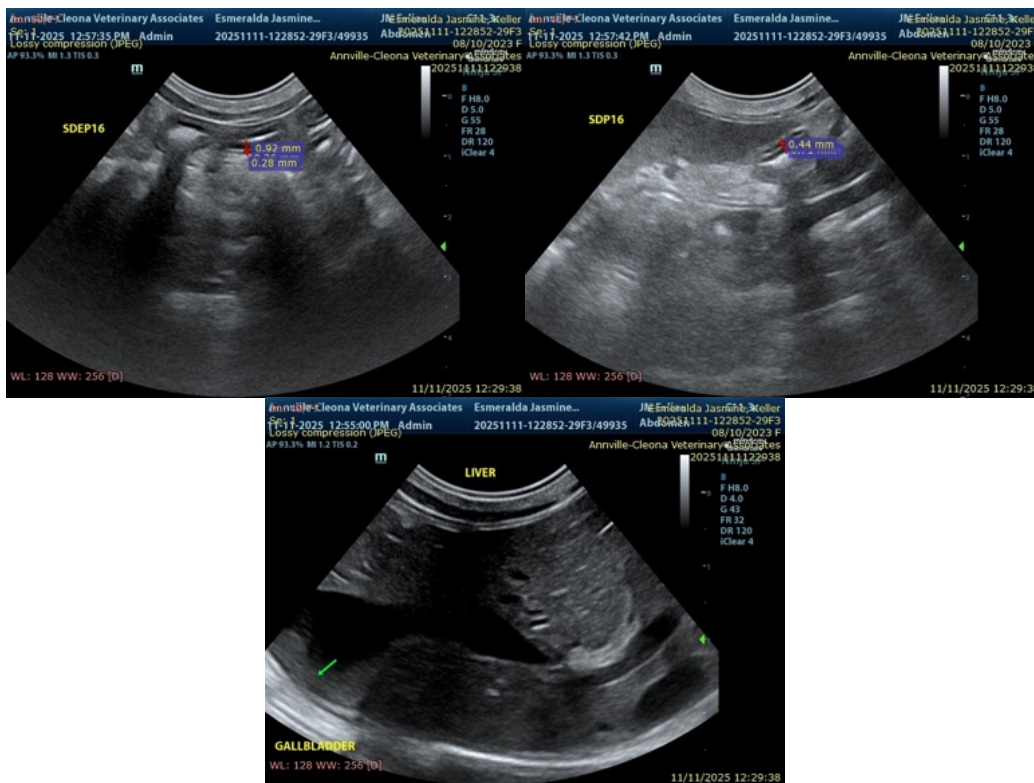
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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