



PATIENT

Weazy Morton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

9 years

WEIGHT

11.54 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Cristy Fisher

HOSPITAL NAME

Pine Creek VH

REFERRING VET

Dr. Fisher

INVOICE

68646

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: 1.5 month duration of diarrhea - dribbling out at times. Some blood and mucous in the stool initially. The diarrhea continued however the mucous and blood resolved with fiber diet and amoxicillin. Mild weight loss.

Abnormal PE/Chem/CBC/UA Results: Diarrhea PCR positive for *C. perfringens* entero- and alphatoxins. Also positive for Coronavirus (PCR only). Mild monocytosis. spec fPL normal (0.9 mcg/L) AUS indicates abdominal lymphadenopathy and suggestive of pancreatic cystic mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very 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: 4.02x2.57 cm, and the thickness of the cortex is 0.37 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 4.36x2.27 cm, and the thickness of the cortex is 0.37 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.38 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.24 cm at the caudal pole.

Spleen

Splenic thickness is 1.27 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. No evident dilation of the cystic duct or common bile duct is observed.



PATIENT

Weazy Morton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

9 years

WEIGHT

11.54 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Cristy Fisher

HOSPITAL NAME

Pine Creek VH

REFERRING VET

Dr. Fisher

INVOICE

68646

DATE

11/13/25

Gastrointestinal

The stomach is moderately distended, containing some food material with associated distal acoustic shadowing, as well as a moderate amount of intraluminal gas. Wall thickness (1.39–2.08 mm) and layering are preserved. The pylorus (measurement not provided). Duodenum: 2.04 mm.

Jejunum: 1.85 mm (Mucosa: 1.06 mm; Submucosa: 0.46 mm; Muscularis propria: 0.28 mm). Ileum: 1.19 mm (Mucosa: 0.51 mm; Submucosa: 0.83 mm; Muscularis propria: 0.35 mm). The ileocecal junction was not visualized. No signs of obstruction, ileus, or foreign material are identified.

Colon: 1.01 mm, containing formed feces in the descending segment.

Pancreas

Pancreatic thickness: 5.21 mm. The right limb, body, and left limb appear normal. The pancreatic parenchyma is isoechoic to the adjacent omental fat, and the pancreatic duct is not dilated. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.

Cranial mesenteric lymph nodes: 6.09–6.31 mm. Ileocecal lymph nodes were not visualized. Medial iliac lymph node: 1.24×0.50 cm. Left gastric lymph node: 0.52×0.70 cm.

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric content with mild distal acoustic shadowing (likely ingesta).
- Small intestinal wall thickness and layering within normal limits.
- Mildly enlarged cranial mesenteric lymph nodes (6.1–6.3 mm) and left gastric lymph node.
- Mild enlargement of the medial iliac lymph node (1.24×0.50 cm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thickness and layering are normal, making primary inflammatory bowel disease or infiltrative neoplasia unlikely. However, the presence of mild cranial mesenteric and medial iliac lymphadenopathy is consistent with reactive lymph node changes, which may be secondary to ongoing enteropathy, recent infectious/inflammatory diarrhea, or dietary antigen exposure—particularly relevant in a patient with *C. perfringens* (enterotoxin positive) and coronavirus PCR positivity.

The pancreas appears normal with no sonographic signs of pancreatitis or pancreatic cyst/mass.

Overall, findings support a diagnosis of reactive lymphadenopathy associated with infectious enteritis/colitis, with no ultrasound evidence of structural GI or pancreatic disease.



PATIENT

Weazy Morton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

9 years

WEIGHT

11.54 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Cristy Fisher

HOSPITAL NAME

Pine Creek VH

REFERRING VET

Dr. Fisher

INVOICE

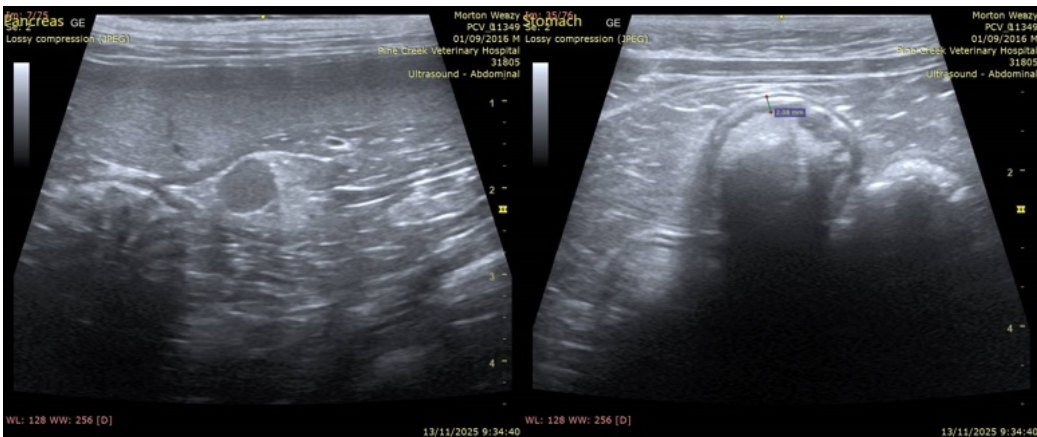
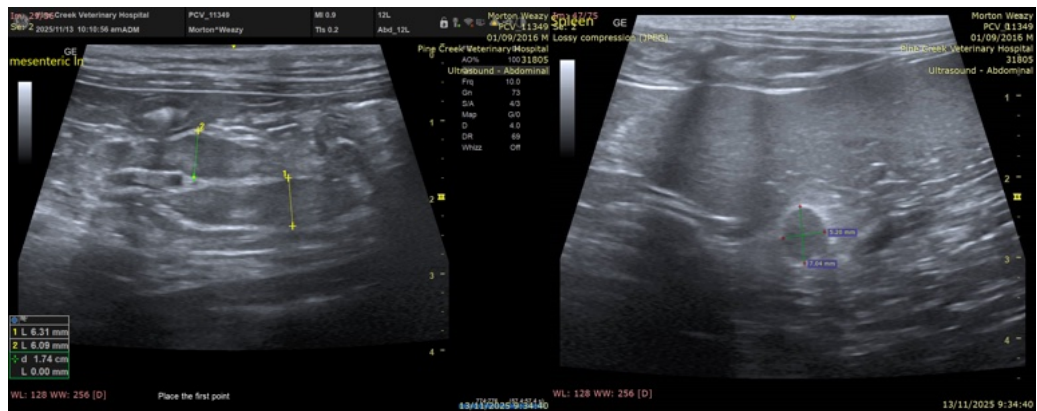
68646

DATE

11/13/25

Recommendations

- Treat underlying infectious enteropathy.
- Consider GI panel (TLI, folate, cobalamin) if diarrhea persists beyond expected recovery or if weight loss continues.
- Fecal re-evaluation if diarrhea persists (floatation, Giardia ELISA, repeat PCR if needed).
- Consider therapeutic cobalamin supplementation, particularly in chronic enteropathies even with normal ultrasound findings.





PATIENT

Weazy Morton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

9 years

WEIGHT

11.54 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Cristy Fisher

HOSPITAL NAME

Pine Creek VH

REFERRING VET

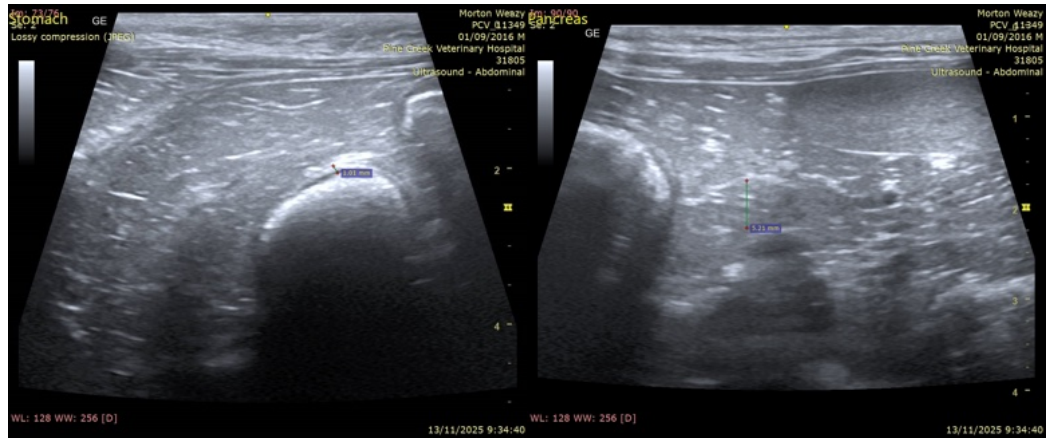
Dr. Fisher

INVOICE

68646

DATE

11/13/25



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

info@SonoPath.com