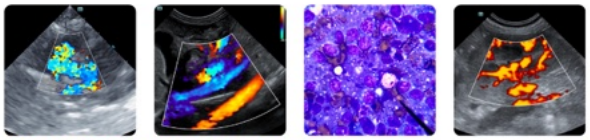


PATIENT

Freya Getty

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

4 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle Jaspar, RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

68910

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Patient present on Oct 31 for vomiting, ran full blood work, showed UTI - treated and cleared up on UA recheck two weeks post antibiotics. Freya is still vomiting frequently. Still BAR, ED, on no medications.
Ran Oct 31 CBC: Unremarkable save for mild neutrophilia (consistent with UTI infection) CHEM: Stress hyperglycemia, ALT just above normal, mild hyperamylasemia T4: Euthyroid

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 2.75×1.72 cm with a slightly irregular contour. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary definition is decreased. Mild pyelectasia (1.95 mm). No nephroliths or hydronephrosis. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size: 2.82×1.74 cm. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

The left adrenal gland measures 0.35 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland measures 0.37 cm at the cranial pole and 0.34 cm at the caudal pole.

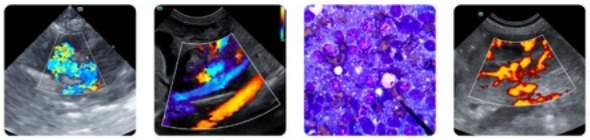
Spleen

Splenic thickness is 0.69 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 moderately distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct is 2.34–2.30–2.25 mm.



PATIENT

Freya Getty

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

4 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle Jaspar, RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

68910

DATE

11/20/25

Gastrointestinal

The stomach is empty and folded, with mural thickness (2.45 mm) and preserved wall layering. The pylorus (2.93 mm). Duodenum: proximal 2.27 mm, distal duodenum 2.07 mm, with scant fluid in the lumen. Jejunum: 2.10 mm. Mucosa: 1.37 mm. Submucosa: 0.48 mm. Muscularis propria: 0.17 mm. Ileum: 2.04–2.09 mm. Mucosa: 0.68 mm. Submucosa: 0.72 mm. Muscularis propria: 0.65 mm. Normal wall layering. The ileocecal junction is 2.30 mm in diameter and the muscular layer is 0.94 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.44 mm, with normal formed feces.

Pancreas

Pancreatic body 0.99–0.91 cm. Left limb 4.90 mm. Irregular contour. Pancreatic parenchyma is slightly hypoechoic compared to the adjacent omental fat. Cyst measuring 2.57×3.45 mm in the left lobe. The diameter of the pancreatic duct is 1.74–1.85 mm. Cyst measuring 2.42×1.68 mm in the pancreatic body. In the right lobe, a cystic structure of at least 1 cm is also observed, which continues into a more elongated region that appears to have dense hyperechoic content. The distal part of the left pancreatic lobe shows the most alterations, presenting an oval, hypoechoic, regular lesion of 0.94×0.63 cm with mild onset of peripancreatic fat reactivity.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes are normal. Pancreaticoduodenal lymph node 3.21×4.98 mm. The iliac trifurcation is normal.

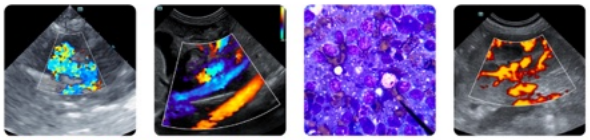
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Left kidney: Irregular contour, decreased corticomedullary definition, mild pyelectasia (1.95 mm).
- Pancreas: Irregular contour, slightly hypoechoic parenchyma;
    - Multiple cysts (left lobe, body, right lobe).
    - Mildly prominent pancreatic duct.
    - Hypoechoic 0.94×0.63 cm lesion in distal left lobe with mild fat reactivity

SECONDARY FINDINGS

- Gallbladder: Moderately distended with biliary sludge.



PATIENT

Freya Getty

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

4 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle Jaspar, RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

68910

DATE

11/20/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic appearance of the pancreas is most consistent with chronic pancreatitis, which represents the leading differential diagnosis; however, the presence of focal hypoechoic areas with mild peripancreatic fat reactivity suggests a probable acute exacerbation of an underlying chronic process. While ultrasound cannot definitively distinguish acute from chronic pancreatitis, the combination of chronic structural changes (cystic remodeling, ductal prominence) together with regions that appear more acutely inflamed supports the interpretation of chronic pancreatitis with superimposed acute flare.

Pancreatic cysts or age-related cystic remodeling are also observed as multiple small cystic structures are identified throughout the pancreatic lobes and body. Such cysts are frequently incidental in older cats but may coexist with chronic pancreatitis, making a mixed chronic-inflammatory and cystic process plausible.

A pancreatic abscess or inspissated cyst is also considered likely at the right limb, given the elongated cystic structure with internal hyperechoic material. These findings could reflect thickened or proteinaceous content rather than active infection and would generally be accompanied by more pronounced inflammatory changes, which are not clearly observed in that area.

Although there is no evidence of invasion into adjacent tissues or associated lymphadenopathy, pancreatic neoplasia can never be fully ruled out in an 18-year-old cat based on ultrasound alone.

The gallbladder contains a small amount of sludge, but no biliary wall thickening or ductal dilation is present.

No gastrointestinal structural abnormalities are identified.

Recommendations

- Run Spec fPL to assess active pancreatitis.
- Measure serum cobalamin, as chronic pancreatic or small intestinal disease may lead to deficiency.
- Consider feline TLI to rule out exocrine pancreatic insufficiency, especially given the chronic pancreatic changes.
- Diabetes assessment:

Given the patient's age and chronic pancreatic changes, do not attribute the previous hyperglycemia solely to stress.

Recheck fasting blood glucose and perform a serum fructosamine to evaluate for persistent hyperglycemia or early diabetes mellitus.

- Supportive management.
- Monitor pancreatic lesions with repeat abdominal ultrasound in 6–8 weeks, or sooner if vomiting worsens.
- Renal monitoring.

PATIENT

Freya Getty

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

4 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle Jaspar, RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

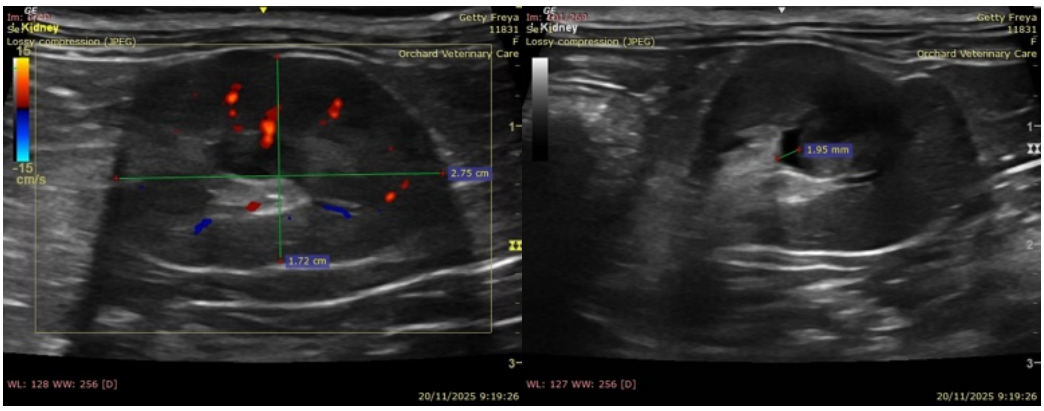
Dr. Antonopoulos

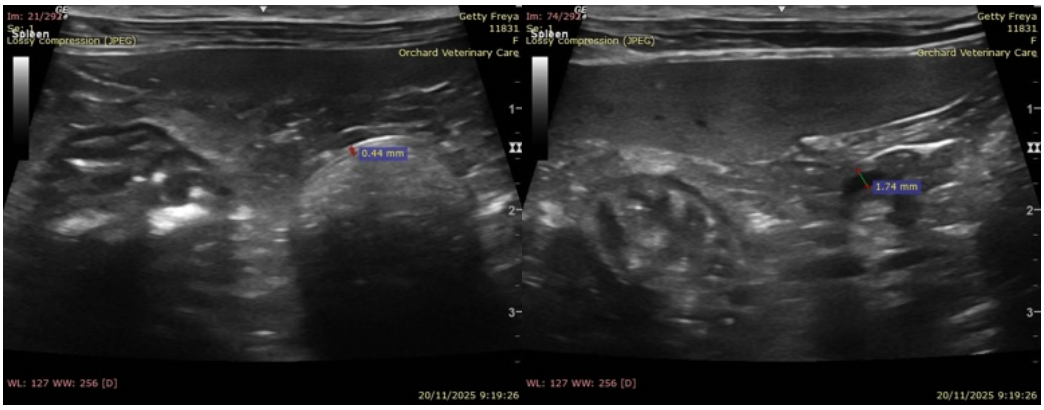
INVOICE

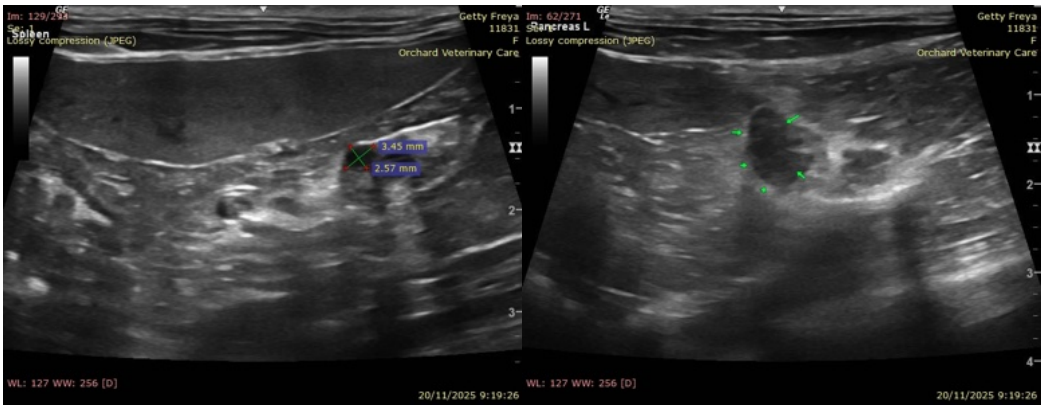
68910

DATE

11/20/25







PATIENT

Freya Getty

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

4 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle Jaspar, RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

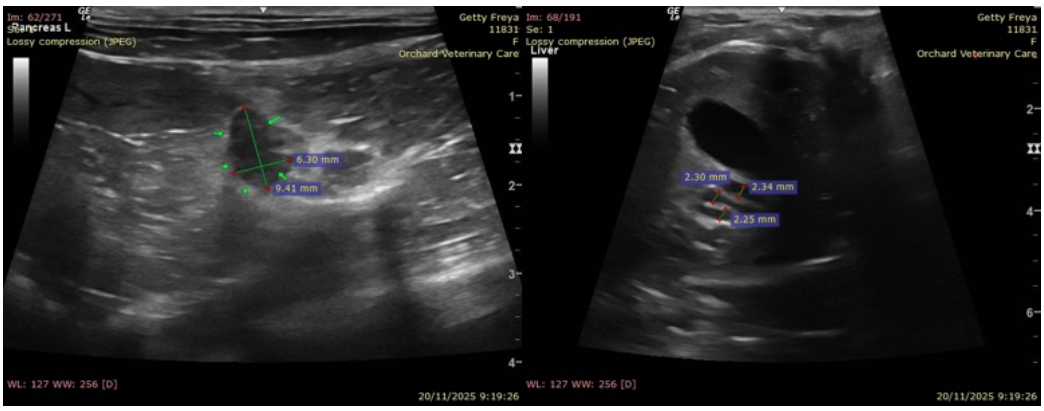
Dr. Antonopoulos

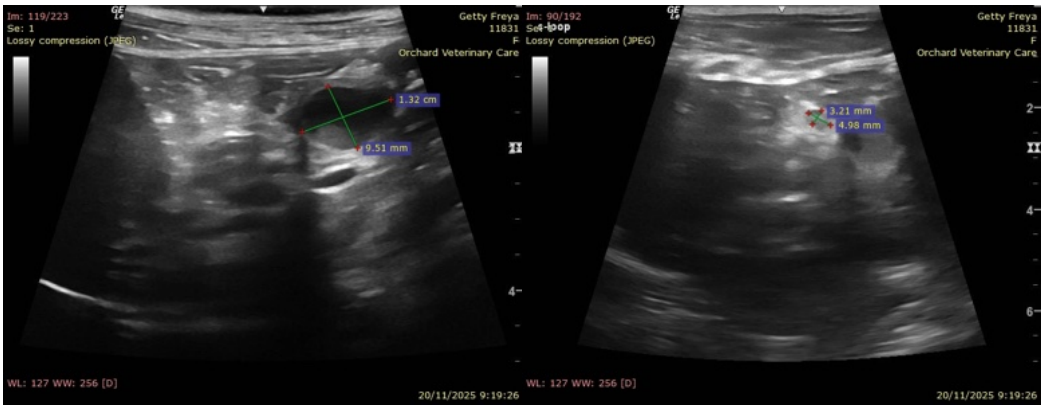
INVOICE

68910

DATE

11/20/25





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