



PATIENT

Duala Henning

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

8 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Wester New York VS

REFERRING VET

Dr. Brenda Lefler

INVOICE

69260

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient presented 11/28/25 for vomiting and diarrhea. Patient presented 12/1/25 for continued anorexia and lethargy. Patient was laterally recumbent on initial presentation, very dehydrated. No obvious masses on chest or abd rads. Patient did have gas distended colon on rad, but has decreased since patient had diarrhea overnight. Lab work revealed high WBC, low alb, high AST and GGT. Patient on IV LRS, Baytril 1 ml SC and cerenia 0.2ml SC CLINICAL SIGNS: Extremely uncomfortable (and wiggly for exam) - responded very well to buprenex injection Dehydration and hyporexia MEDICATIONS: SQ fluids, Cerenia and convenia. Abnormal PE/Chem/CBC/UA Results: Abnormal values 11/28 AST 48 U/L BORDERLINE HIGH ALP < 10 U/L BORDERLINE LOW CHOL 51 mg/dl LOW BUN 38 mg/dl LOW CAL 7.1 mg/dl LOW CHLO 110 g/dL BORDERLINE LOW ALB 2.3 g/dL BORDERLINE LOW 12/01 GLU 29 mg/dl LOW CA 7.3 mg/dl LOW AST 57 U/L HIGH GGT 16 U/L HIGH CHOL 35 mg/dl LOW CL 111 mmo/l LOW WBC K/uL 23.35 HIGH NEU 19.19 K/uL HIGH MONO 2.35 K/uL HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is very turbid with suspended debris. There are no calculi and no evidence of inflammatory or neoplastic changes. The proximal urethra and vesicoureteral junction appear normal.

The right kidney is normal in shape and size: 4.26x2.58 cm, with a cortical thickness of 0.40 cm in the sagittal plane. Cortical echogenicity is normal. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. The left kidney was briefly seen in the far field during right kidney imaging, but no dedicated imaging of the left kidney was recorded.

Adrenal Glands

The right adrenal gland measures 0.26 cm at the cranial pole and 0.28 cm at the caudal pole.

Spleen

Splenic thickness is 0.67 cm. The parenchyma demonstrates normal echogenicity and a 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 hepatic parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



PATIENT

Duala Henning

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 appears mildly dilated. Diameter: 4.23–2.52 mm (from proximal to distal).

SPECIES

Feline

Gastrointestinal

BREED

Domestic Shorthair

The stomach is empty and folded, with mural thickness of 2.42 mm and preserved wall layering. Pylorus: 3.64 mm.

SEX

Female

Duodenum: 2.32 mm.
Jejunum: 3.53 mm.
– Mucosa: 0.99 mm
– Submucosa: 0.71 mm
– Muscularis propria: 1.02 mm
Ileum: 2.71–2.95 mm
– Mucosa: 1.17 mm
– Submucosa: 0.74 mm
– Muscularis propria: 0.93 mm.

AGE

8 years

WEIGHT

8.2 lbs

Overall wall layering is normal, although several small bowel loops appear mildly corrugated or spastic.

The ileocecal junction was not clearly visualized.

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

Colon: wall thickness 1.57–1.75 mm, markedly dilated and fluid-filled.

Pancreas

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

The pancreas measures 8.33–8.65 mm in thickness and appears irregular. Pancreatic parenchyma is hypoechoic compared to the adjacent omental fat. The pancreatic duct measures 0.63 mm in diameter.

HOSPITAL NAME

Wester New York VS

Peritoneal Cavity

Mild abdominal effusion is observed in the pelvic recess.

REFERRING VET

Dr. Brenda Lefler

Cranial mesenteric lymph nodes: one measures 1.18x0.78 cm, and the other measures 0.82 cm in thickness. Shape and echogenicity are maintained.

Ileocecal lymph nodes are not visualized.

INVOICE

69260

The iliac trifurcation is normal.

DATE

12/2/25

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Diffuse small intestinal thickening with marked muscularis hypertrophy (jejunum and ileum).
- Mild corrugation/spasticity of several small-bowel loops.



PATIENT

Duala Henning

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

8 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Wester New York VS

REFERRING VET

Dr. Brenda Lefler

INVOICE

69260

DATE

12/2/25

- Markedly fluid-filled, dilated colon.
- Enlarged, hypoechoic, irregular pancreas (8.33–8.65 mm).
- Mild pelvic abdominal effusion.
- Mild cranial mesenteric lymphadenopathy.

SECONDARY FINDINGS

- Very turbid urine with suspended debris.
- Common bile duct diameter at the upper limit of normal (4.23–2.52 mm) with mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings indicate significant chronic small intestinal disease, characterized by muscularis hypertrophy in both the jejunum and ileum (muscularis:mucosa ratios ≈ 1.0 in jejunum and 0.79 in ileum; muscularis:submucosa ratios > 1), with preserved wall layering and mild corrugation of several loops. This pattern is most compatible with chronic enteropathy or low-grade alimentary lymphoma.

The fluid-filled, markedly dilated colon is most consistent with functional colonic dysmotility and decreased fluid absorption secondary to small intestinal disease, systemic inflammation, and pancreatitis. This pattern reflects impaired colonic water reabsorption rather than mechanical obstruction.

The pancreas is enlarged, hypoechoic, and irregular, findings that, together with mild abdominal effusion and the marked neutrophilia on CBC, strongly support clinically significant pancreatitis, likely contributing to the patient's systemic illness and abdominal discomfort.

The hepatobiliary system shows mild abnormalities (gallbladder sludge and a common bile duct diameter at the upper limit of normal), in conjunction with mild AST/GGT elevations, suggests reactive or secondary cholestasis, commonly seen in feline triaditis.

Cranial mesenteric lymph nodes are mildly enlarged but maintain normal shape and echogenicity, supporting reactive lymphadenopathy (though early low-grade lymphoma cannot be excluded).

The mild abdominal effusion is compatible with a modified transudate, likely secondary to a combination of intestinal inflammation/pancreatitis and decreased oncotic pressure related to hypoalbuminemia.

Recommendations

- Spec fPL to further assess pancreatitis.
- CBC/Chem recheck to monitor inflammation and liver parameters.
- Intestinal biopsy for definitive diagnosis of chronic enteropathy: IBD vs. early low-grade lymphoma.
- Supportive care.



PATIENT

Duala Henning

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

8 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Wester New York VS

REFERRING VET

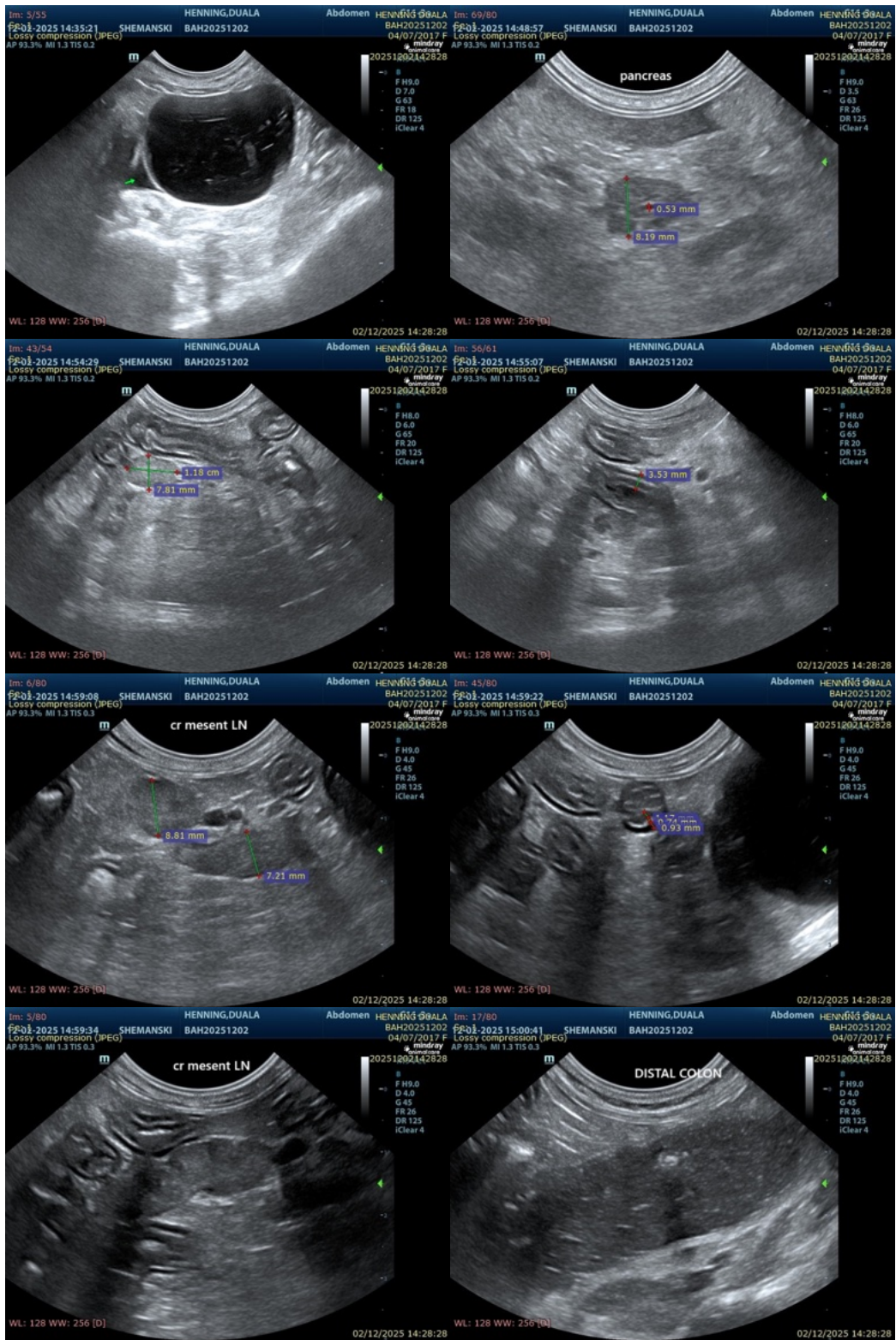
Dr. Brenda Lefler

INVOICE

69260

DATE

12/2/25





PATIENT

Duala Henning

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

8 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Wester New York VS

REFERRING VET

Dr. Brenda Lefler

INVOICE

69260

DATE

12/2/25

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