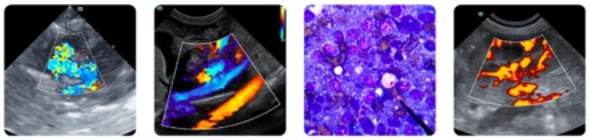


PATIENT

Luna Symons

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

7.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Holmes

INVOICE

69471

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Presented on 11/4/2025 for increased vocalization and wandering around the house. These behaviors occur late at night, around 11 p.m., at which time she will also scratch at the kitchen door. The onset of these signs was approximately two months ago, which coincides with a diet change. The diet was switched from Purina Pro Plan Sensitive Skin and Stomach wet food to Blue Buffalo wet food. She is fed half a cup of Purina One dry food in the morning and 1.5 ounces of wet food with added water in the evening. Appetite, water intake, urination, and defecation are all reported as normal. She has a history of chewing on plastic and occasionally vomits clear liquid containing pieces of plastic. Her activity level during the day is considered normal. Appetite has seemed to worsen as of today (12/9/2025) but weight has not changed. Started a trial of methimazole just recently and would not take pills so switching to oral liquid today.
TT4 = 3.2 ug/ dL (grey zone), free T4 by ED = 4.1 ng/ dL, USG = 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is slightly turbid with some floating echoes. 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: 2.83 × 1.88 cm, and the cortical thickness is 0.25 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal pattern.

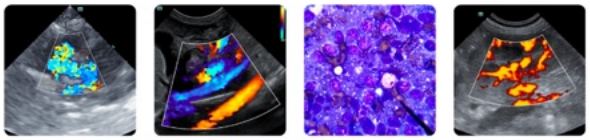
The right kidney is normal in shape and size: 3.21 × 1.63 cm, and the cortical thickness is 0.26 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.22 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.26 cm at the caudal pole.

Spleen

Splenic thickness is 0.58 cm. A 0.76×0.91 cm nodule is present, with a hyperechoic center and a surrounding hypoechoic halo.



PATIENT

Luna Symons

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

7.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Holmes

INVOICE

69471

DATE

12/9/25

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears 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. The common bile duct measures 3.04 mm.

Gastrointestinal

The stomach is distended with fluid, with mural thickness of 2.21 mm and preserved wall layering. The pylorus measures 2.68 mm.

Duodenum: 1.48 mm. Jejunum: 1.95 mm (Mucosa 0.72 mm, Submucosa 0.39 mm, Muscularis propria 0.22 mm). Ileum: 1.93 mm (Mucosa 0.76 mm, Submucosa 0.87 mm, Muscularis propria 0.55 mm). Normal wall layering throughout. The ileocecal junction measures 1.44 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.81 mm, with formed feces in the descending segment.

Pancreas

The pancreas measured 5.34 mm. The pancreatic parenchyma is isoechoic to the adjacent omental fat. 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 measure 5.53 mm in thickness, with normal echogenicity and shape, and ileocecal lymph nodes are not visualized, but surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule with atypical morphology.
- Stomach distended with fluid, correlating with vomiting/nausea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is moderately distended with fluid, which is a nonspecific but clinically relevant finding. Although this may occur with fasting or delayed gastric emptying, it may also correlate with the patient's history of intermittent vomiting and nausea. The gastric wall is normal, with no ulceration, mass, or perigastric inflammatory reaction. The pylorus is within normal limits. Overall, the fluid distension likely reflects recent vomiting, altered motility, or functional gastric irritation rather than structural gastric disease.

PATIENT

Luna Symons

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

7.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Holmes

INVOICE

69471

DATE

12/9/25

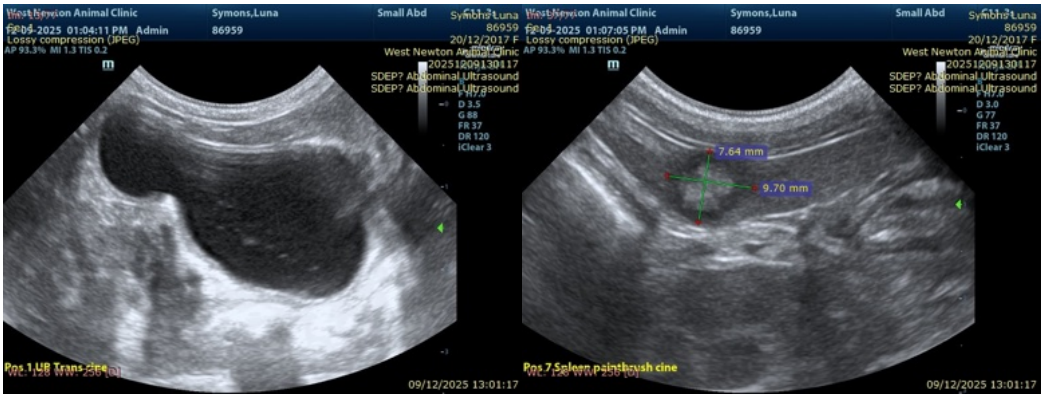
The splenic nodule carries several differential diagnoses. Benign nodular lymphoid hyperplasia or extramedullary hematopoiesis represents the most frequently identified benign splenic lesion in cats. However, retrospective studies of feline spleens indicate that primary or metastatic neoplasia accounts for a substantial proportion (≈37%) of splenic lesions. Additional differentials include old infarct or hematoma and focal lipomatous changes. Because imaging features are not pathognomonic, cytological or histological sampling is recommended for definitive diagnosis.

Intestinal wall thickness, mucosal and muscularis proportions, and layer definition are all within normal limits throughout the small and large intestines. The preserved wall layering and normal mural measurements provide no ultrasonographic evidence of inflammatory, infiltrative, or obstructive intestinal disease.

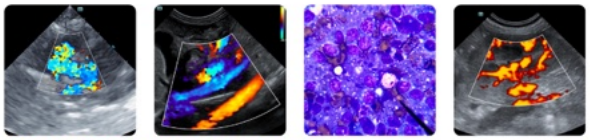
Given the patient's clinical signs and endocrine testing, early hyperthyroidism remains a leading differential.

Recommendations

- Fine-needle aspiration of the splenic nodule.
- Recheck thyroid panel in 2–3 weeks. Once methimazole is administered consistently; include total T4, free T4, and renal parameters.
- If vomiting persists despite thyroid regulation, consider a GI panel or upper GI endoscopy for further evaluation.
- Thoracic radiographs — To be considered if splenic cytology raises concern for malignancy, in order to screen for concurrent disease or metastatic lesions.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Luna Symons

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

7.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

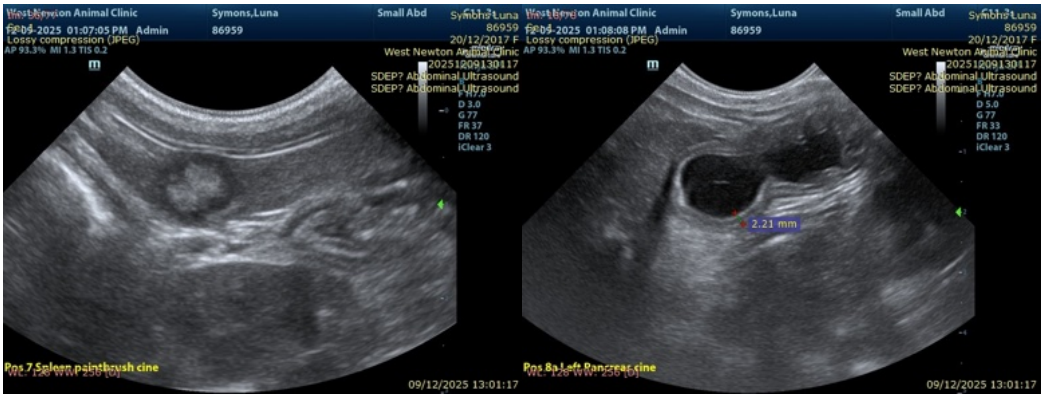
Dr. Holmes

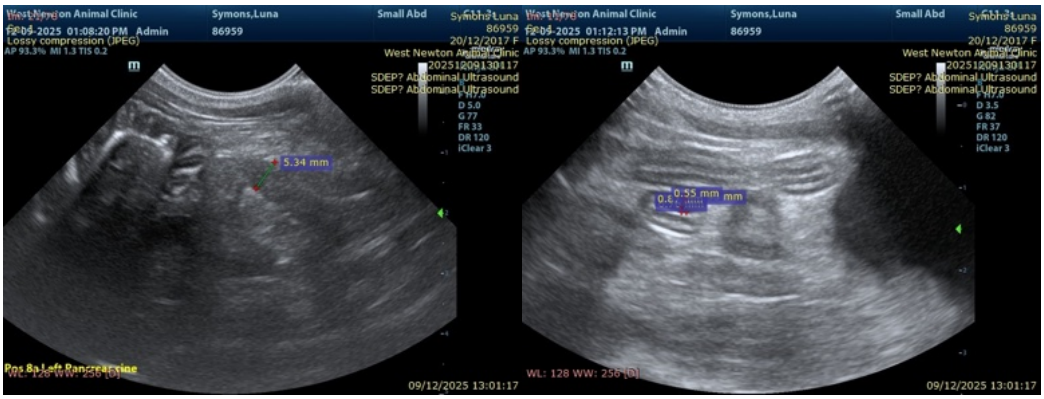
INVOICE

69471

DATE

12/9/25





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