



## PATIENT

Mogo Long

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Spayed female

## AGE

6 years

## WEIGHT

10.5 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Amy Jagger, DVM

## HOSPITAL NAME

VCA Parkway AH

## REFERRING VET

Dr. Jagger

## INVOICE

71747

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- Intermittent vomiting, often containing hairballs. Some improvement with feeding hairball formula diet. No changes in appetite, no diarrhea
- Labs all WNL

## 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 turbid with suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.43×2.22 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. Renal length is within normal limits for an adult cat (approximately 3.0–4.5 cm). 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, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size: 3.50×2.08 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane. Renal length is within normal limits. 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, nephrolithiasis, or hydronephrosis.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.22 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.25 cm at the caudal pole. These measurements are within normal limits for a cat ( $\leq 0.45$  cm).

### Spleen

Splenic thickness is 0.85 cm, within normal limits. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal 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 appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No focal lesions or hepatic lymphadenopathy are observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.



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## Gastrointestinal

The stomach is not completely empty and contains partially digested ingesta. Mural thickness measures 1.42–1.62 mm with preserved wall layering, within normal limits for a non-distended feline stomach. The pylorus measures 3.11 mm. Duodenum: 1.54 mm (within normal limits;  $\leq 2.7$  mm).

Jejunum: 1.81–2.57 mm. Mucosa: 1.77 mm. Submucosa: 0.43 mm. Muscularis propria: 0.37 mm. Wall layering is preserved.

Ileum: 1.58–2.09 mm. Mucosa: 0.71 mm. Submucosa: 0.86 mm. Muscularis propria: 0.52 mm. Wall layering is preserved.

The ileocecal junction was not visualized.

All intestinal segments demonstrate a prominent mucosal pattern and increased peristalsis, compatible with active digestion. The presence of gastric ingesta and this motility pattern warrant correlation with fasting duration. Delayed gastric emptying cannot be definitively distinguished from insufficient fasting based on this examination alone.

Colon: 1.03 mm, with formed feces in the descending segment.

## Pancreas

Pancreatic thickness is 5.52 mm, which is within normal limits for an adult cat (typically 4–6 mm). The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 1.53 mm, which is mildly increased (normal generally  $\leq 1.0$  mm in most adult cats, though mild dilation may be age-related). No peripancreatic effusion or overt inflammatory changes are identified.

## Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are visualized and normal (largest measures 2.46 mm in thickness, with normal shape and echogenicity). Ileocecal lymph nodes are not visualized, but surrounding mesentery appears unremarkable. A right gastric lymph node measures 3.06×6.50 mm and is mildly hypoechoic and homogeneous. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Mild pancreatic duct dilation (1.53 mm).

### SECONDARY FINDINGS

- Mild suspended echogenic debris in the bladder.
- Visible right gastric lymph node mildly hypoechoic within acceptable size limits.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant finding on this examination is the presence of partially digested ingesta within the stomach despite the patient reportedly being fasted. Gastric wall thickness remains within normal limits and wall layering is preserved. Given the history of intermittent vomiting with hairballs and partial response to a hairball-control diet, the retained gastric content may reflect:

- Ongoing trichobezoar formation
- Mild functional delay in gastric emptying
- Or insufficient fasting prior to examination.

The diffuse increase in gastrointestinal motility and mucosal pattern is compatible with active digestion and does not support obstructive disease. The small intestinal measurements, including the ileum, remain within normal limits overall. No convincing ultrasonographic evidence of infiltrative enteropathy or intestinal lymphoma is identified.

Mild pancreatic duct prominence is noted without parenchymal change or peripancreatic reaction. In the absence of supportive clinical signs or laboratory abnormalities, this finding is of uncertain clinical significance.

The urine contains mild suspended echogenic debris. In cats, this is a common incidental finding and may represent concentrated urine, microscopic crystalluria, or physiologic sediment. Correlation with urinalysis is recommended if clinically indicated.

Overall, the examination does not reveal obstructive disease, mass lesions, or advanced inflammatory bowel disease. Findings are most consistent with mild gastric dysfunction, likely associated with hairball accumulation or functional motility variation.

### Recommendations

- Continue dietary management aimed at hairball control. If vomiting persists, consider transitioning to a highly digestible gastrointestinal diet rather than escalating to more aggressive diagnostics at this stage.
- Mechanical hairball prevention (regular grooming, laxative gels if tolerated) may be beneficial given the clinical history.
- Spec fPL testing is not mandatory at this time but may be considered if vomiting increases in frequency, appetite decreases, or additional clinical signs develop.



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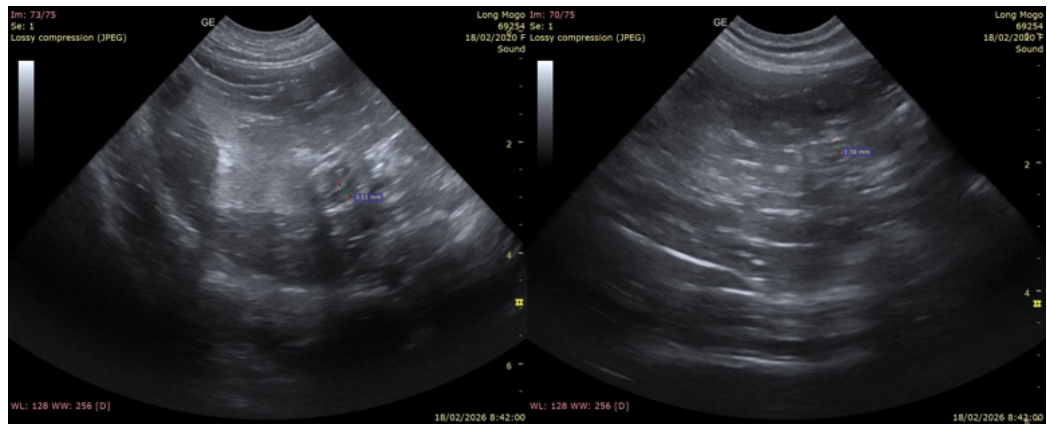
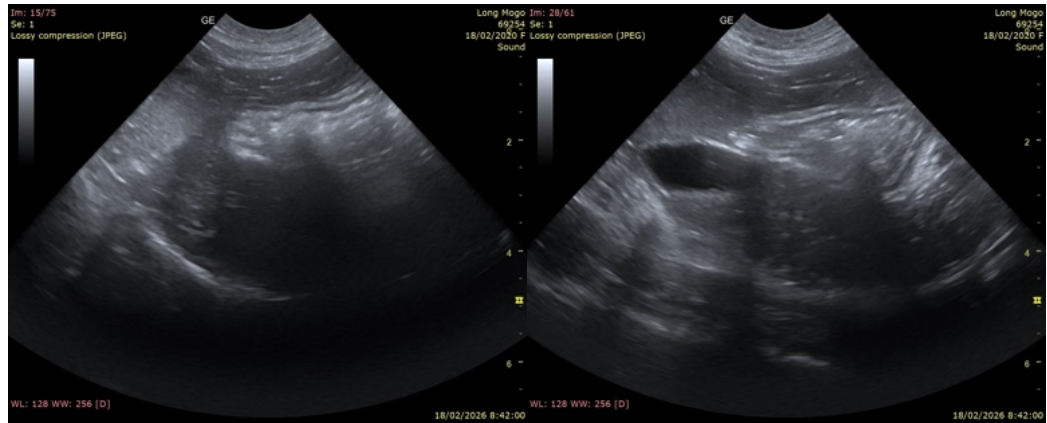
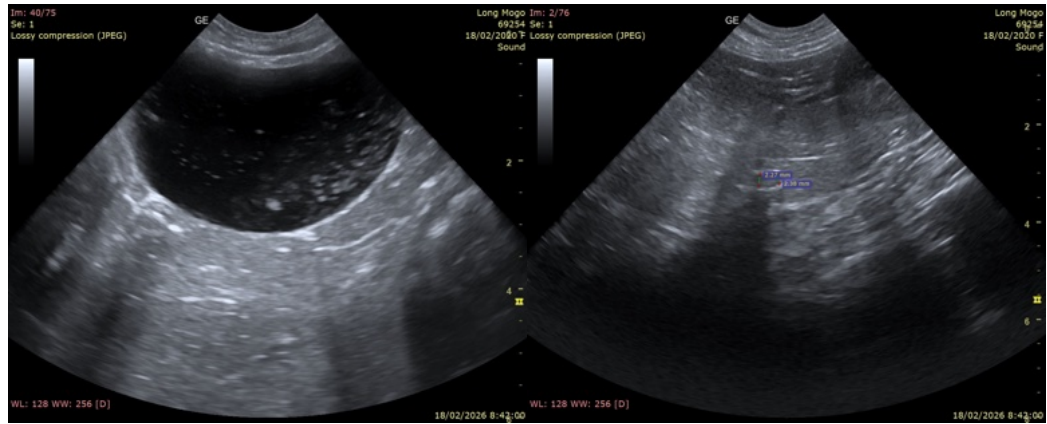
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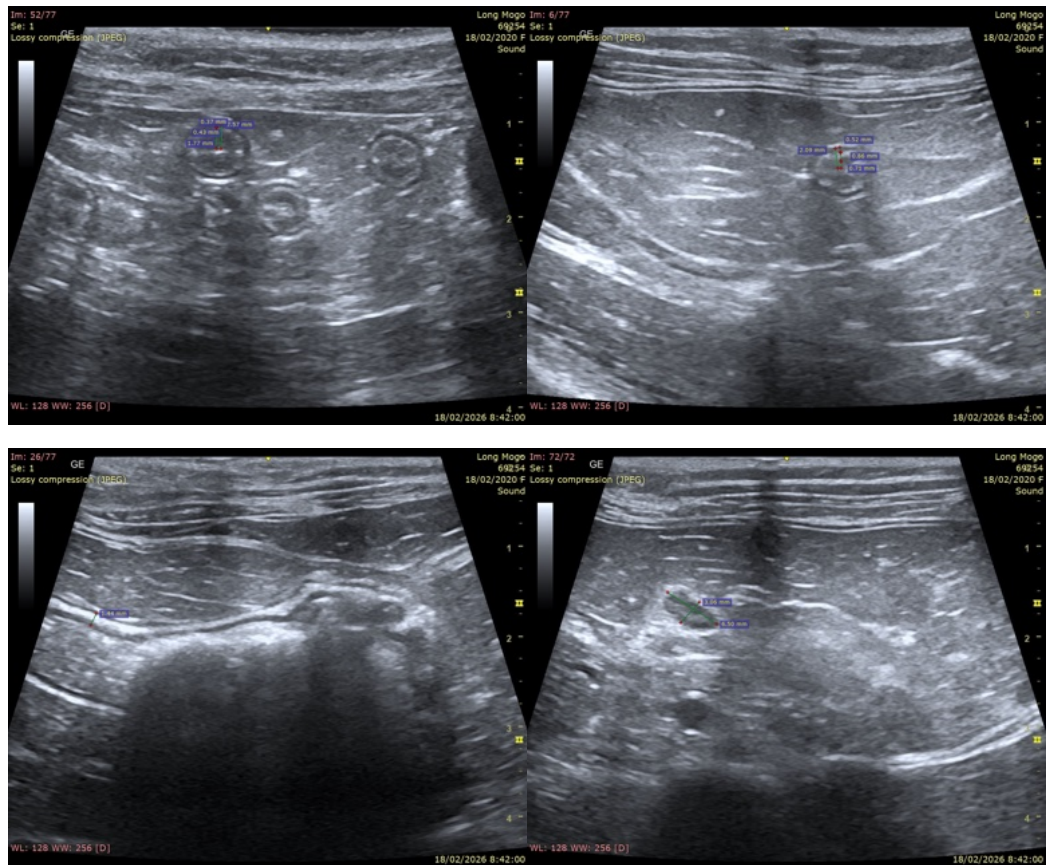
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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