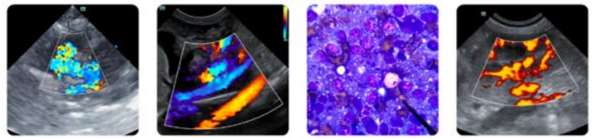

PATIENT

Cleo Dow

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

16 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Jenn Copp

HOSPITAL NAME

Westside AH

REFERRING VET

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INVOICE

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2/20/26

PRESENTING CLINICAL SIGNS

- Historical, intermittent vomiting episodes are severe. Start with food, then continues to vomit upwards for 15-20 times over 24 hours and progresses to slight hematemesis. No weight loss. Usually responsive to SQF, Cerenia. No diarrhea reported.
- Presented 1/23 for vomiting episode- lab work performed. SQF, Cerenia. Recovered well. Recommended AUS and recheck CBC.
- Presented 2/16 with similar signs, progressed to hematemesis over 3 days. Administered sucralfate, SQF and Cerenia. Recheck CBC performed. AUS recommended.
- Abnormal PE/Chem/CBC/UA Results: PE- Obese otherwise NSF 1/23 CBC- WBCs 2,160 (L), Neuts 1,390 (L), Lymphs 570 (L), Eos 50 (L), Plts 53,000 Chem- WNL 2/16: CBC WBCs 2,300 (L), 1,477 (L). Lymphs 600 (L), Eos 80 (L), Plts 94,000 (est. 50-100K on smear)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 3.95 x 2.22 cm in the sagittal plane. Cortical thickness measures 0.44 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 measures 3.93 x 2.59 cm in the sagittal plane. Cortical thickness measures 0.50 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.

Adrenal Glands

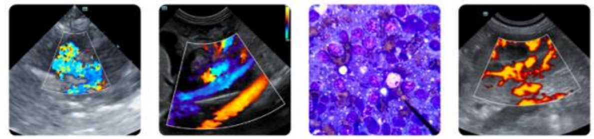
Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

The left adrenal gland measures 0.35 cm at the cranial pole and 0.34 cm at the caudal pole.
The right adrenal gland measures 0.30 cm at the cranial pole and 0.29 cm at the caudal pole.

Spleen

Splenic thickness is 1.23 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver



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The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is 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 2.78–1.46 mm.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.84 mm and preserved wall layering.

The pylorus measures 4.14–4.51 mm, with muscularis thickness of 1.61 mm.
Duodenum: 1.46 mm.
Jejunum: 2.18 mm.
Ileum: 1.35 mm.

The ileocecal junction was not visualized. Wall layering is preserved throughout. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.66–1.05 mm, with formed feces producing marked acoustic shadowing in all segments.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

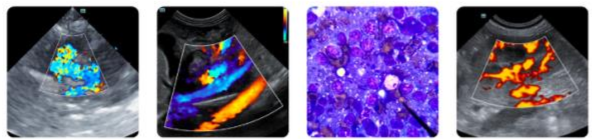
- The pyloric wall and muscularis thickness are within upper normal limits for a cat.
- Mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal wall thicknesses are within normal reference ranges for cats. The stomach appears normal, with no structural gastric abnormalities. There is no sonographic evidence of a foreign body or overt ulceration. The pyloric wall and muscularis thickness are within upper normal limits for a cat and, in the absence of layering disruption or outflow obstruction, are not considered pathologic.

No structural explanation for the severe episodic vomiting and hematemesis is identified on this examination. It should be emphasized that small gastric mucosal erosions, or early inflammatory gastropathy, may be present despite normal ultrasonographic findings.

Mild splenic enlargement may represent reactive change in the context of peripheral cytopenias. Sedation-related splenic congestion (with alpha-2 agonists) may also contribute, although splenic enlargement in cats is typically less pronounced than in dogs.



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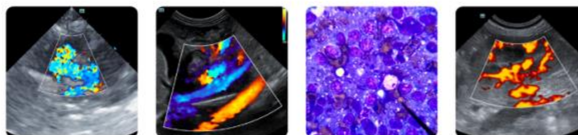
In light of the persistent leukopenia and thrombocytopenia, a primary hematologic disorder (including bone marrow suppression, viral disease such as FeLV, or immune-mediated cytopenias) should be strongly considered, as these abnormalities may contribute to the clinical presentation and are not explained by the ultrasonographic findings.

Recommendations

- Correlation with FeLV/FIV status if not recently performed, given persistent leukopenia.
- Peripheral smear review to confirm true thrombocytopenia (rule out platelet clumping).
- If hematemesis recurs, upper GI endoscopy may be considered.
- fPLI testing may be considered, as feline pancreatitis may occur without ultrasonographic abnormalities.



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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.

info@SonoPath.com