



PATIENT

Luna Animals in
Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

18 weeks

WEIGHT

5.09 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

71987

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Feline Leukemia Positive
- Diarrhea

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 bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.18x2.08 cm, and the thickness of the cortex is 0.32 cm, in the sagittal plane. The cortex is isoechoic to mildly hypoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size: 3.58x1.99 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, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.23 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.22 cm at the caudal pole.

Spleen

Splenic thickness is 0.73 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 hepatic parenchyma appears homogeneous and isoechoic relative to the surrounding fat, with 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 1.46 mm.



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Gastrointestinal

The stomach is distended and contains ingesta, with mural thickness (1.79 mm) and preserved wall layering. The pylorus (mm).

Duodenum: 1.37 mm. Jejunum: 2.12 mm. Mucosa: 1.34 mm. Submucosa: 0.55 mm. Muscularis propria: 0.25 mm. Ileum: 1.71 mm. Mucosa: 0.74 mm. Submucosa: 0.69 mm. Muscularis propria: 0.23 mm. Wall layering is preserved. All small intestinal loops contain mildly increased fluid and gas with subjectively increased peristalsis, noting that the patient is postprandial. The ileocecal junction was not visualized.

Colon: Transverse colon 1.24 mm, wall layering preserved, containing abundant soft fecal material. Descending colon: 0.91 mm, decompressed and gas-filled, with preserved wall layering.

Pancreas

The pancreas is partially obscured by gastric contents. The visualized portions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes appear unremarkable. The ileocecal lymph nodes measure 3.18–4.3 mm in thickness, with preserved shape and echogenicity. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mild enlargement of ileocecal lymph nodes with preserved morphology
- Colon containing soft, poorly formed fecal material with intraluminal gas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasound is largely within normal limits for a juvenile feline. Small intestinal wall thickness and layering are normal. Mild fluid and gas within the intestinal lumen with increased peristalsis are present, which may be physiologic in a postprandial patient but could also correlate with diarrhea.

The descending colon is decompressed and gas-filled, a finding that may be seen with diarrhea but without ultrasonographic evidence of mural disease.

The ileocecal lymph nodes are mildly enlarged (3.18–4.3 mm) but maintain normal shape and echogenicity, most consistent with reactive lymphadenopathy in this clinical context. No focal intestinal thickening, loss of layering, or mass lesions are identified.

No ultrasonographic evidence of obstructive, infiltrative, or severe inflammatory gastrointestinal disease is observed at this time.



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Recommendations

- Fecal testing (including Giardia antigen/PCR and Tritrichomonas PCR) given age and diarrhea.
- Consider empirical deworming if not current.
- Given FeLV status, continued clinical monitoring is advised; if gastrointestinal signs become chronic or progressive, reassessment and further diagnostics may be indicated.

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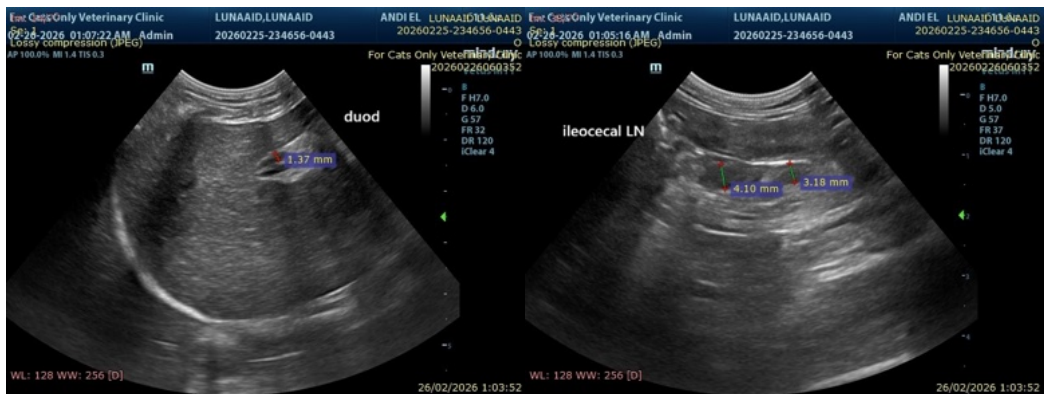
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com