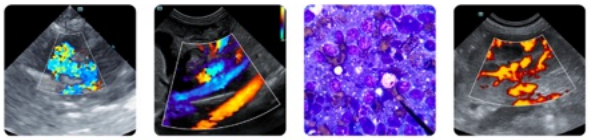


PATIENT

Luna Moraga

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2 years

WEIGHT

7.3 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore Veterinary Group

REFERRING VET

Dr. Rosen

INVOICE

73818

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Patient has had since very little. Patient has always vomited, 3-4x a week, can be 2-3x a day or not at all. Good appetite always wants to eat. No c/s, urinating and defecating normally. Seems to improve when owner cooks for her. Worse on wet food than dry food
- No appreciable weight loss broken upper left canine tooth, otherwise normal oral exam bloodwork and fecal (neg) attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 2.65×1.87 cm. Cortical thickness is 0.23 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 3.03×1.70 cm. Cortical thickness is 0.28 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.20 cm at the cranial pole and 0.22 cm at the caudal pole.

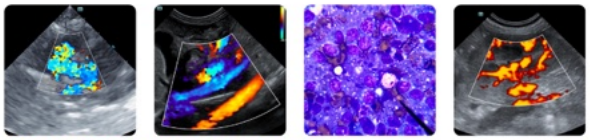
Spleen

Splenic thickness is 1.05 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 liver parenchyma looks 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 anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, containing small amounts of fluid and gas. Wall thickness ranges from 1.56–1.76 mm with preserved layering. The pylorus measures 2.70–2.83 mm.

The duodenum measures 2.01 mm. The jejunum measures 2.44 mm (mucosa 1.25 mm, submucosa 0.42 mm, muscularis propria 0.21 mm). The ileum measures 1.35 mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. All evaluated intestinal segments contain a small amount of luminal fluid and show a mildly corrugated or spastic appearance. No intraluminal foreign material or obstructive pattern is identified.

The colon measures 0.86 mm and contains formed feces in the descending segment.

Pancreas

The pancreas measures 4.13 mm in thickness. The parenchyma is mildly hypoechoic relative to the surrounding mesenteric fat. The pancreatic duct measures 0.72 mm. No peripancreatic fat changes are identified.

Free Abdomen

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

PRIMARY FINDINGS

- Small volume intraluminal fluid throughout the small intestine with a mild diffuse intestinal corrugation/spastic appearance.
- Mildly hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild, diffuse intestinal changes characterized by luminal fluid and a corrugated/spastic appearance, with preserved wall thickness and layering, are most consistent with a functional or inflammatory gastrointestinal disorder. In this young cat with chronic vomiting and normal laboratory work, these findings are most compatible with a mild chronic enteropathy, particularly a diet-responsive condition. Muscularis thickness and mucosal proportions remain within normal limits (jejunal muscularis-to-mucosa ratio ~0.17), which does not support small-cell lymphoma.

A small amount of gastric fluid is present, a nonspecific finding that may be associated with mild gastric irritation in this clinical context.

The mildly hypoechoic pancreas is a nonspecific finding. In cats, ultrasonographic sensitivity for pancreatic disease is limited, and the absence of peripancreatic changes reduces the likelihood of

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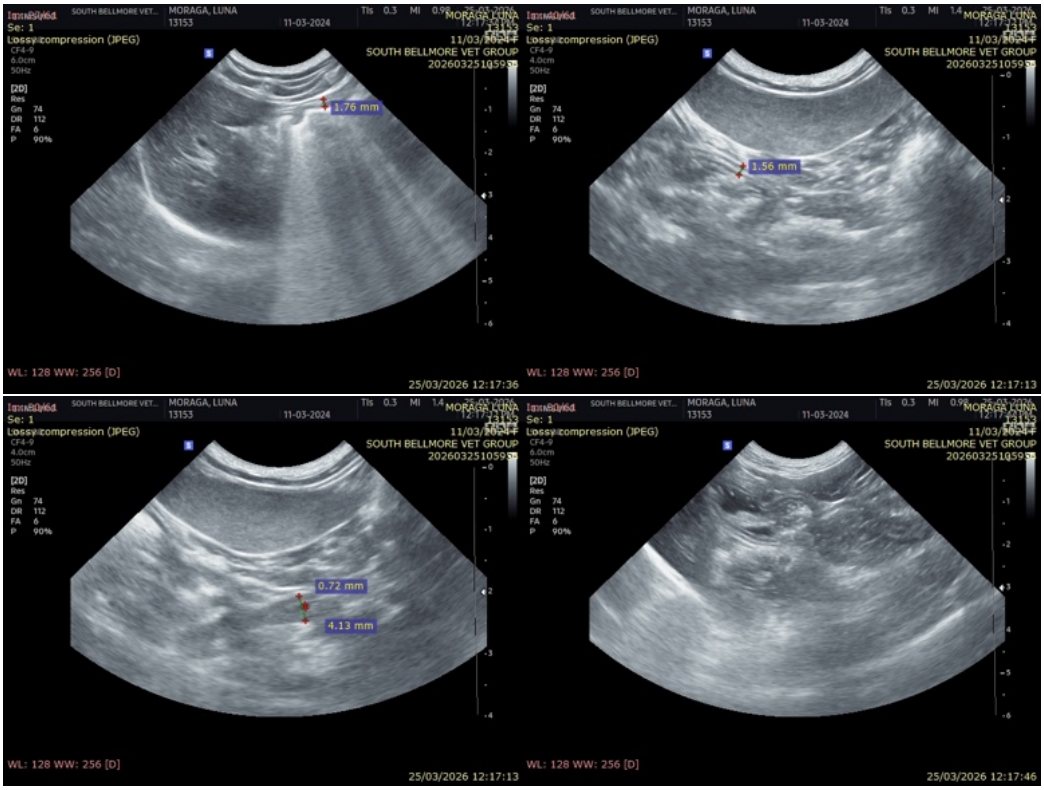
clinically significant pancreatitis. However, mild pancreatic involvement cannot be excluded.

Overall, there is no evidence of obstructive disease or severe structural gastrointestinal pathology. Findings are subtle and consistent with a low-grade, likely dietary-associated gastrointestinal disorder.

Recommendations

- Strict dietary trial (novel or hydrolyzed diet) as first-line approach.
- Consider cobalamin/folate testing if clinical signs persist.
- Consider fPLI if clinically indicated.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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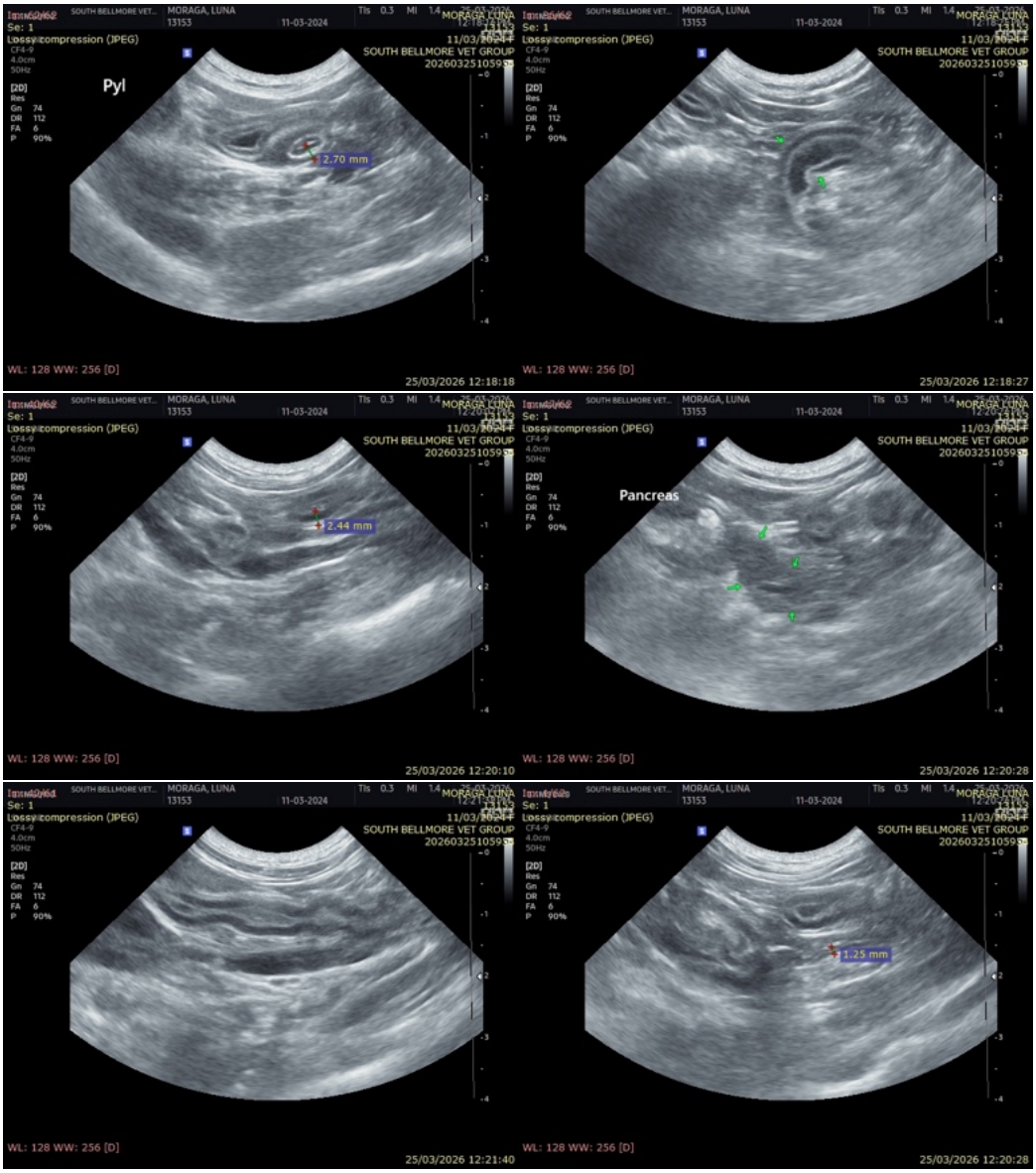

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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