



## PATIENT

S Cat Jupiter SCAT

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered Male

## AGE

1 year

## WEIGHT

7 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Danille RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

Dr. Antonopoulos

## INVOICE

72210

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

- Rescue cat recently taken into rescue. Not eating
- Acquired by new foster earlier today, history of pancreatitis diagnosed by alternative DVM, was treated with cerenia, mirtazapine, pain medication
- CBC: stress lymphopenia, otherwise unremarkable CHEM: mild hyperamylasemia (persistent)- possible pancreatitis, hypokalemia and NA at low end of normal ( reduced intake) UA: Pyuria, UTI (3+ cocci)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is normally distended and the bladder wall appears thin and smooth. The urine appears slightly turbid. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.74×2.71 cm, with a cortical thickness of 0.54 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.58×2.69 cm, with a cortical thickness of 0.56 cm in the sagittal plane.

In both kidneys, the cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity.

Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland: 0.37 cm (cranial pole) and 0.33 cm (caudal pole)
- Right adrenal gland: 0.36 cm (cranial pole) and 0.36 cm (caudal pole)

These measurements are within expected limits for a cat.

### *Spleen*

Splenic thickness is 1.19 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



## PATIENT

S Cat Jupiter SCAT

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered Male

## AGE

1 year

## WEIGHT

7 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Danille RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

Dr. Antonopoulos

## INVOICE

72210

## DATE

3/4/26

## Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative 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. No dilation of the cystic duct or common bile duct is observed.

## Gastrointestinal

The stomach is empty and folded with a small amount of luminal fluid. Gastric mural thickness measures up to 6 mm, with marked predominance of the submucosal layer.

In the fundic region, layer measurements are as follows: Mucosa 0.42 mm, submucosa 1.73 mm, muscularis 0.33 mm.

In other regions, particularly within the gastric body, the mucosa measures 1.76–2.61 mm, reaching up to 4 mm at the level of the gastric fold. Wall layering remains preserved, and no discrete mass lesion is identified.

The pylorus measures 3.25 mm and demonstrates a normal wall layer proportion, without the previously described submucosal thickening.

The duodenum measures 1.53 mm.

The jejunum measures 1.71 mm, with the following layer measurements: Mucosa: 0.87 mm. Submucosa: 0.33 mm. Muscularis propria: 0.29 mm

The ileum measures 1.52 mm, with the following layer measurements: Mucosa: 0.71 mm. Submucosa: 0.85 mm. Muscularis propria: 0.44 mm

The ileocecal junction measures 2.64 mm, with the muscularis measuring 0.52 mm.

Wall layering is preserved throughout.

The colon measures 0.85 mm in the ascending segment, with formed fecal material present in the descending colon.

## Pancreas

All evaluated pancreatic regions appear within normal limits, with no evidence of pancreatic enlargement, altered echogenicity, or surrounding fat inflammation.

## Peritoneal Cavity

No abdominal effusion or peritonitis is identified. No gastric lymphadenopathy is identified in the provided video clips.

Cranial mesenteric lymph nodes measure 5.07–5.18 mm and maintain normal shape and echogenicity.



## PATIENT

S Cat Jupiter SCAT

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered Male

## AGE

1 year

## WEIGHT

7 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Danille RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

Dr. Antonopoulos

## INVOICE

72210

## DATE

3/4/26

Ileocecal lymph nodes measure up to 2.75 mm in thickness and appear morphologically normal.

The region of the iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Mild gastric mural thickening characterized by prominent submucosal thickening with preserved wall layering.

### SECONDARY FINDINGS

- Slightly turbid urinary bladder contents

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A submucosal-predominant pattern of gastric wall thickening is most commonly associated with submucosal edema and has been described in association with gastritis, reactive gastropathy, and other inflammatory conditions affecting the stomach. Similar patterns have also been reported in dogs with pancreatitis-related gastric edema. In this patient, however, the pancreas appears sonographically normal, with no pancreatic enlargement, parenchymal heterogeneity, or surrounding fat inflammation.

A small amount of gastric luminal fluid is present, which may be associated with nausea or gastric irritation.

The small intestine demonstrates normal wall thickness and preserved mural layering throughout, with muscularis-to-mucosa proportions remaining within expected limits. These findings do not support inflammatory bowel disease or intestinal lymphoma.

The urinary bladder contains slightly turbid urine, which may correlate with the pyuria and bacteriuria identified on urinalysis, although no structural abnormalities of the urinary tract are detected.

### Recommendations

- Clinical management for gastritis or reactive gastropathy may be considered if gastrointestinal signs persist.
- If clinical suspicion for pancreatitis remains, serologic testing such as feline pancreatic lipase immunoreactivity (Spec fPL) should be considered, as ultrasonography may underestimate mild pancreatic inflammation in cats.
- Appropriate treatment of the urinary tract infection should be guided by urinalysis and urine culture results at the discretion of the attending veterinarian.
- Follow-up abdominal ultrasound or endoscopic evaluation may be considered if vomiting, anorexia, or other gastrointestinal signs persist.



## PATIENT

S Cat Jupiter SCAT

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered Male

## AGE

1 year

## WEIGHT

7 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Danille RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

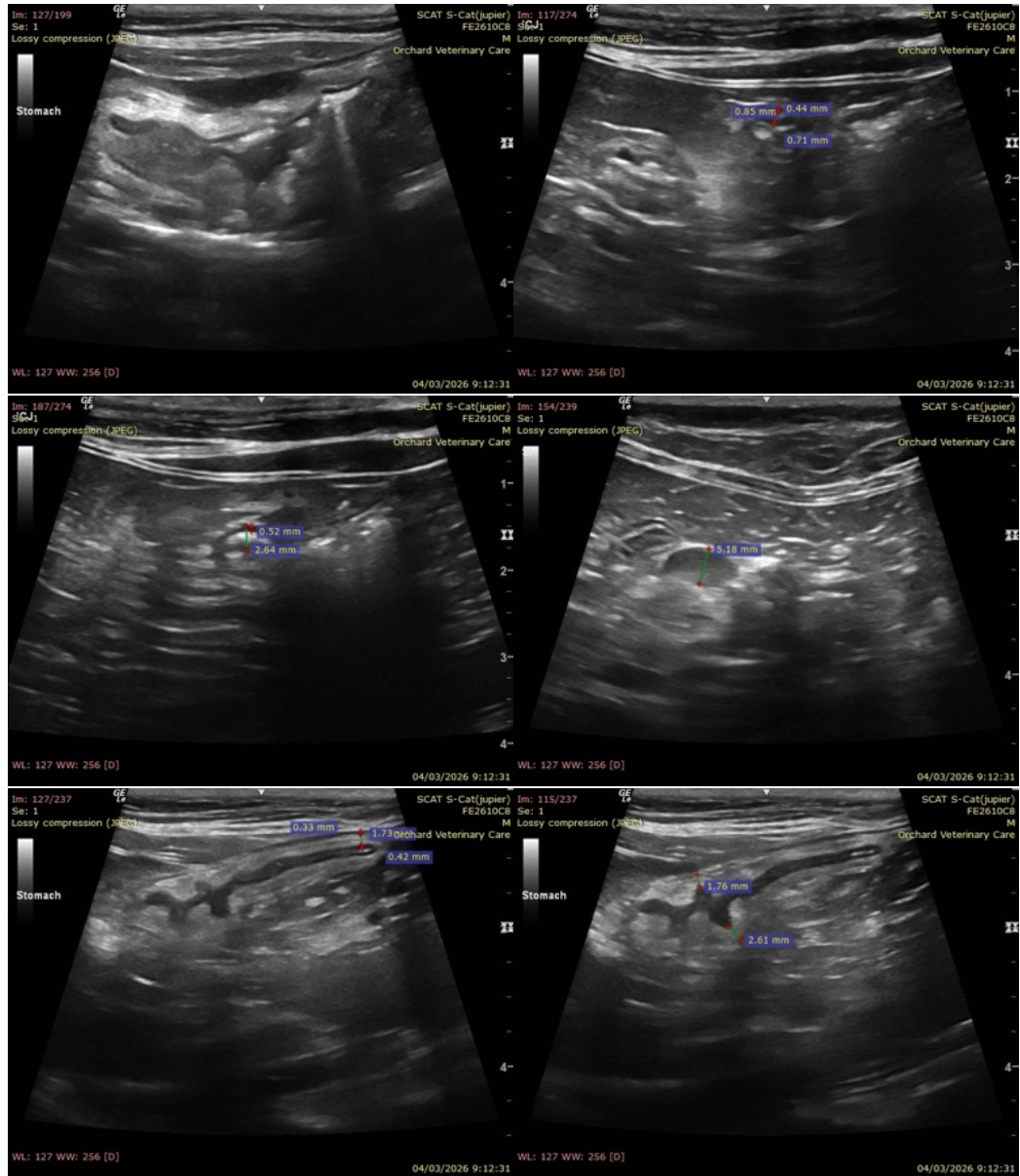
Dr. Antonopoulos

## INVOICE

72210

## DATE

3/4/26





## PATIENT

S Cat Jupiter SCAT

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered Male

## AGE

1 year

## WEIGHT

7 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Danille RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

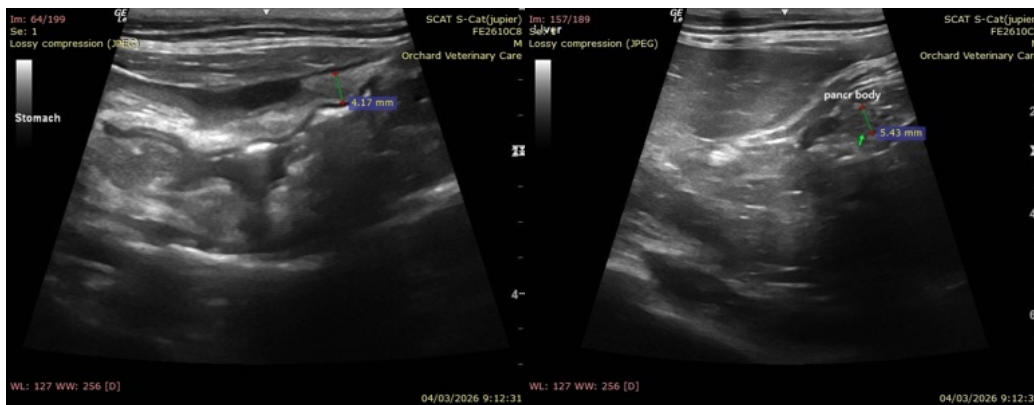
Dr. Antonopoulos

## INVOICE

72210

## DATE

3/4/26



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](mailto:info@SonoPath.com)