



PATIENT	PRESENTING CLINICAL SIGNS
Daisy May	History: Vomiting blood (bright red/orange in color) twice. Responded well initially to cerenia tablets. Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia 15.7 Stress hyperglycemia Elevated BUN 41 mg/dL elevated globulin 5.8 Elevated liver values (ALT178, ALP 118).
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	
BREED	<i>Urinary System</i>
DSH	The urinary bladder is collapsed and cannot be adequately evaluated.
SEX	In both kidneys, the cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. The left kidney is normal in shape and size, measuring 3.88×2.59cm, with a cortical thickness of 0.45cm in the sagittal plane. The right kidney measures 3.89×2.20cm.
Spayed Female	
AGE	<i>Adrenal Glands</i>
15 Years	The left adrenal gland measures 0.22cm (cranial pole) and 0.23cm (caudal pole), within normal limits. The right adrenal gland is not confidently visualized.
WEIGHT	<i>Spleen</i>
5.56	Splenic thickness is 0.67 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.
INTERPRETED BY	<i>Liver</i>
Alicia Angosto Guerrero, DMV, PgDip, MSc.	The liver is normal in size, contour, and echotexture. No hepatic lymphadenopathy is identified.
IMAGING PERFORMED BY	The gallbladder is moderately distended, with a thin wall and anechoic contents. The common bile duct is moderately dilated, measuring 4.05–2.03 mm from proximal to distal.
Cassidy Stone	<i>Gastrointestinal</i>
HOSPITAL NAME	The stomach is empty, containing a small amount of fluid and gas. The wall measures 1.34mm with preserved layering.
Petroglyph AH	The pylorus measures 2.96mm.
REFERRING VET	The duodenum measures 2.46mm (subjectively mildly thickened).
Dr. Eric Randall	The jejunum measures 2.48mm (mucosa 1.35mm, submucosa 0.62mm, muscularis propria 0.44mm), with preserved wall layering.
INVOICE	The ileum measures 1.98mm (mucosa 0.79mm, submucosa 0.75mm, muscularis propria 0.49mm), with preserved wall layering.
36621	The ileocecal junction measures 3.72mm, with a muscularis thickness of 1.12mm.
DATE	Some small intestinal segments show mild fluid distension and subtle corrugation. No intraluminal foreign material is identified in the reviewed cine loops.
4/14/26	<i>Pancreas</i>



PATIENT

Daisy May

The pancreas measures approximately 5.72mm in thickness and is mildly hypoechoic relative to adjacent mesenteric fat. The pancreatic duct measures 1.11mm. No peripancreatic fat inflammation is identified.

SPECIES

Feline

Free Abdomen

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

BREED

DSH

PRIMARY FINDINGS

SEX

Spayed Female

- Moderate dilation of the common bile duct (up to 4.05mm)
- Mild duodenal thickening
- Small intestinal corrugation with minimal fluid distension
- Mild disproportionate muscularis thickening at the ileocecal junction
- Subtle pancreatic duct dilation (1.11mm)

AGE

15 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract shows mild duodenal thickening and subtle corrugation of small intestinal segments, along with mild muscularis prominence at the ileocecal junction. Although these findings are not severe, they are compatible with a mild inflammatory enteropathy, with acute exacerbation contributing to the current clinical signs.

WEIGHT

5.56

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

The stomach appears structurally normal, with preserved layering and no evidence of focal mass or ulcerative lesion identified ultrasonographically. However, ultrasound cannot reliably exclude mucosal disease (gastritis or superficial ulceration), which remains a leading explanation for the reported hematemesis.

IMAGING PERFORMED BY

Cassidy Stone

The common bile duct is moderately dilated (up to 4.05 mm), which exceeds typical feline reference values (~≤3mm) and indicates true biliary dilation. In the absence of marked intrahepatic duct dilation or hyperbilirubinemia (not provided but relevant), this most likely reflects partial or early extrahepatic biliary stasis, rather than complete obstruction.

HOSPITAL NAME

Petroglyph AH

Pancreatic findings are very subtle; however, the pancreatic duct is mildly dilated (1.11mm). In cats, this may be associated with chronic or low-grade pancreatic disease, even in the absence of overt parenchymal or peripancreatic fat changes. It is important to recognize that feline pancreatitis is frequently subtle or sonographically inapparent.

REFERRING VET

Dr. Eric Randall

A subtle underlying pancreatic-biliary-intestinal interaction cannot be excluded; however, there is no definitive evidence of clinically significant triaditis. The current clinical signs are more likely explained by an acute upper gastrointestinal process (gastritis or mucosal disease), which may not be detectable on ultrasound.

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Recommendations:

DATE

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- Medical management for suspected upper GI disease (gastroprotectants ± antiemetics) is appropriate.
- Consider Spec fPL to further assess for pancreatitis.
- If hematemesis recurs or persists, upper GI endoscopy is recommended for direct mucosal



PATIENT

Daisy May

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.56

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Cassidy Stone

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Eric Randall

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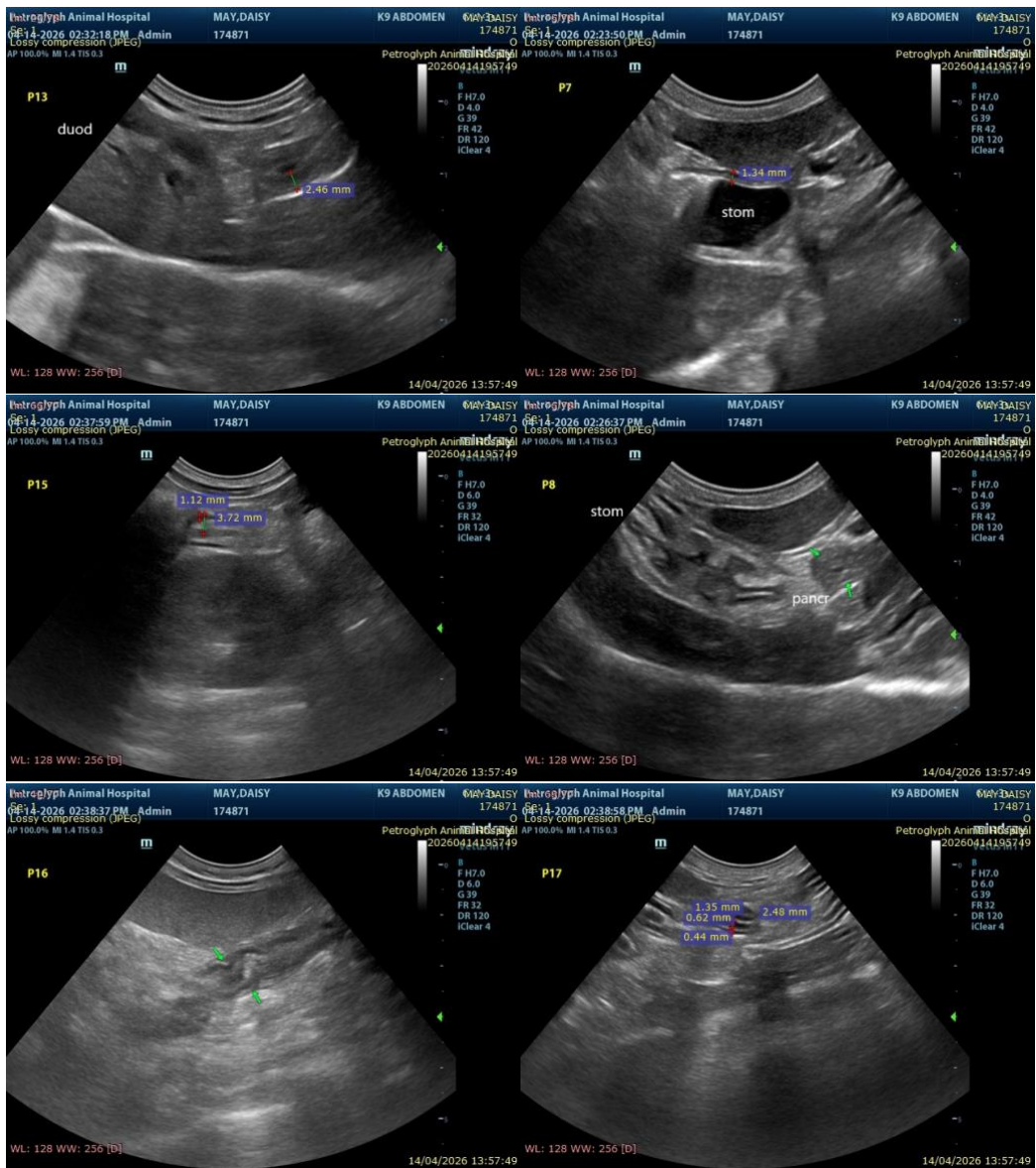
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evaluation and biopsy.

- Monitor bilirubin and liver enzymes to assess progression of biliary changes

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





PATIENT

Daisy May

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.56

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IMAGING PERFORMED BY

Cassidy Stone

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Eric Randall

INVOICE

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DATE

4/14/26



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.

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