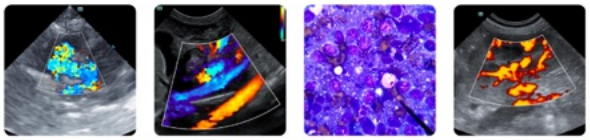


PATIENT

Chloe Frohlich

SPECIES

Feline

BREED

Bengal

SEX

Spayed female

AGE

6 years

WEIGHT

10.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Lindley

INVOICE

74636

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: - history of pancreatitis based on fPL
- owners left for trip
- patient not eating, losing weight
Abnormal PE/Chem/CBC/UA Results: dehydration, but otherwise normal PE Jan 2026: NSF CBC/Chem/UA/UPC March 2026: grossly elevated fpL (36.8ug/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 2.91×1.89 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 2.95×1.76 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. Mild sediment is present within the collecting system. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

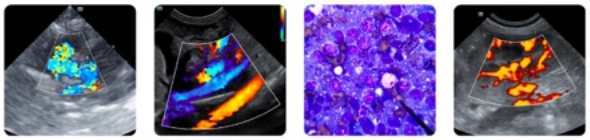
Spleen

Splenic thickness is 0.87 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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 primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty, with a small amount of intraluminal fluid, and a mural thickness of 1.25 mm with preserved wall layering. The pylorus measures 3.08 mm and contains a small amount of fluid. The duodenum measures 2.15 mm. The jejunum measures 2.66 mm, with mucosa 1.37 mm, submucosa 0.73 mm, and muscularis propria 0.51 mm. The ileum measures 2.20 mm, with mucosa 0.64 mm, submucosa 0.74 mm, and muscularis propria 0.35 mm. Wall layering is preserved throughout. The ileocecal junction measures 1.91 mm. No signs of inflammation, ileus, or foreign material are identified. The muscularis-to-mucosa ratio in the jejunum is approximately 0.37, which is within normal limits for a cat (<0.5–0.6). The colon is not measured; formed feces are present in the descending segment.

Pancreas

The pancreas measures approximately 4.5–6.29 mm in thickness. The parenchyma is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct is not dilated. No peripancreatic fat hyperechogenicity or fluid is identified.

Free Abdomen

No abdominal effusion or peritonitis is observed. The ileocecal lymph node measures 4.05 mm, with normal shape and echogenicity. Cranial mesenteric lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild pancreatic hypoechogenicity.

SECONDARY FINDINGS

- Mild sediment within the right renal collecting system (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound with only subtle pancreatic changes. The pancreas is mildly hypoechoic without enlargement, ductal dilation, or peripancreatic fat changes. However, when integrated with the markedly elevated fPL and compatible clinical signs, they support a diagnosis of clinically relevant pancreatitis, despite the absence of more overt ultrasonographic abnormalities. This discrepancy is well recognized in cats, where pancreatitis may be present with minimal or even normal ultrasound findings. The lack of peripancreatic fat changes does not exclude active disease in this species.

There is no ultrasonographic evidence of biliary obstruction or significant hepatic involvement to support concurrent cholangitis, and intestinal measurements, including a normal jejunal muscularis-to-mucosa ratio (~0.37), do not support inflammatory bowel disease or small cell lymphoma. Therefore, there is no strong imaging support for triaditis in this case.

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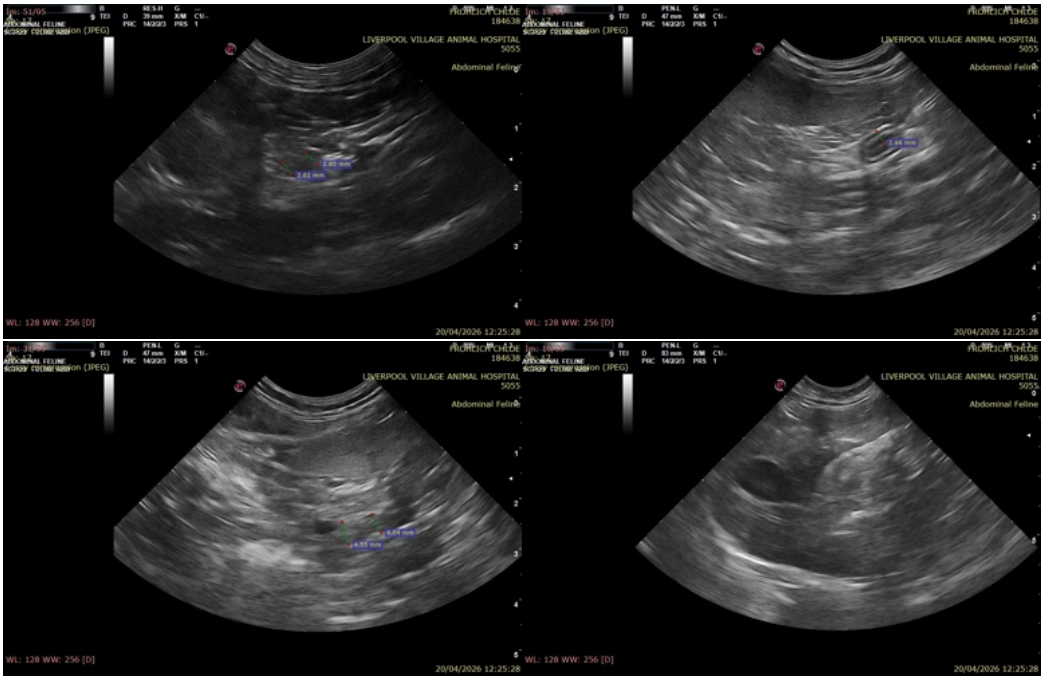
Overall, the findings are most consistent with biochemically supported pancreatitis with minimal ultrasonographic expression.

Recommendations

- Manage clinical pancreatitis. Continue supportive care with particular attention to maintaining caloric intake.
- Consider cobalamin/folate assessment, given potential functional gastrointestinal involvement despite normal imaging.
- Re-evaluation is recommended if clinical signs worsen or fail to improve, as ultrasonographic changes may evolve over time.

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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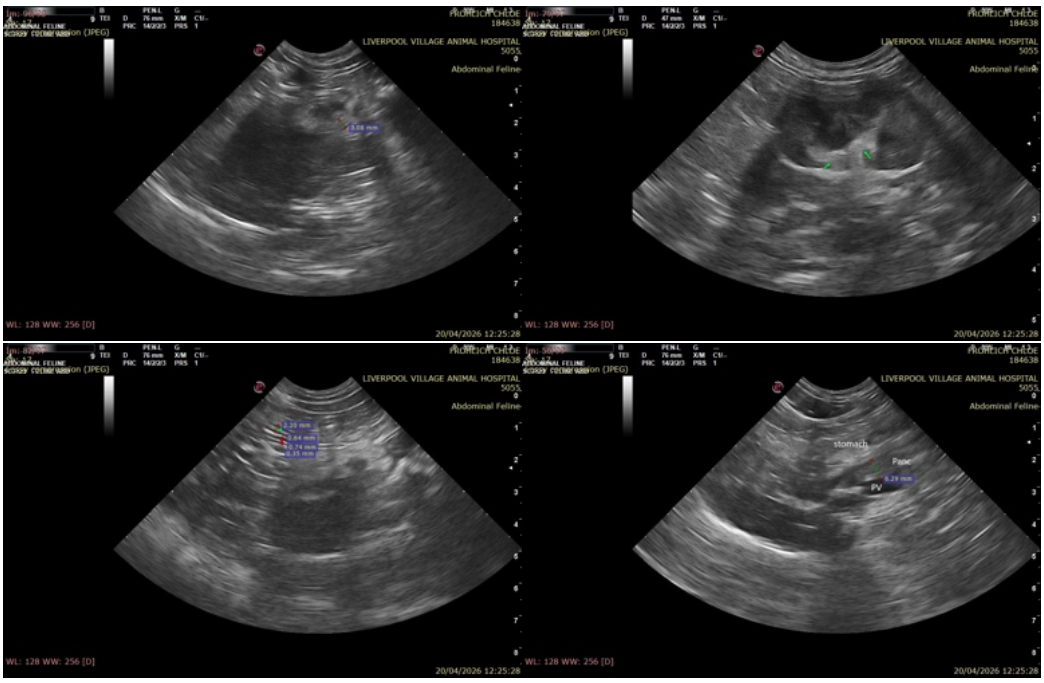

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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