



PATIENT

Suba Downey

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

6 years

WEIGHT

9 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Allison Cornwall

HOSPITAL NAME

Onion River Animal
Hospital

REFERRING VET

Dr. Lauren Quinn

INVOICE

11843

DATE

4/30/2026

PRESENTING CLINICAL SIGNS

A few months of intermittent but increasing vomiting. No weight loss.

Abnormal PE/Chem/CBC/UA Results: FPL normal, CBC/Chem normal including solidly normal T4, proBNP, and Cr/BUN.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 2.96×1.87 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.25×1.74 cm, with a cortical thickness of 0.38 cm in the sagittal plane.

In both kidneys, 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, nephroliths, or hydronephrosis. Color Doppler demonstrates 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 0.24 cm at the caudal pole. The right adrenal gland measures 0.27 cm at the cranial pole and 0.28 cm at the caudal pole.

Spleen

Splenic thickness is 0.78 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 primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.39 mm and preserved wall layering. The pylorus measures 2.91 mm.

Duodenum: 1.61 mm.

Jejunum: 1.51 mm (mucosa 1.02 mm, submucosa 0.24 mm, muscularis propria 0.18 mm).

Ileum: 2.05 mm (mucosa 0.76 mm, submucosa 0.85 mm, muscularis propria 0.29 mm). Wall layering is



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preserved.

The ileocecal junction is not visualized.

No evidence of mechanical ileus, obstruction, or foreign material is identified.

Colon: ascending colon 1.63 mm (partially empty), transverse colon 0.82 mm, and descending colon 0.80 mm, with formed feces present.

Pancreas

No pancreas measures 4.95–6.92 mm in thickness, which is within the upper limits of normal for cats. The parenchyma is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct measures 1.22 mm (mildly prominent; typically, ≤1 mm, though may increase slightly with age). No hyperechogenicity of the peripancreatic fat is identified.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized; the surrounding region appears unremarkable. The ileocecal lymph node measures 1.85 mm and is normal in size, shape, and echogenicity. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild pancreatic hypoechogenicity with mildly prominent pancreatic duct (1.22 mm)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal limits, with normal wall thickness and preserved layering throughout. The muscularis-to-mucosa ratios in the jejunum (~0.18) and ileum (~0.38) are within accepted reference ranges and do not support infiltrative enteropathy. There is no evidence of focal lesions, obstruction, or significant inflammatory disease, making moderate to severe IBD or lymphoma unlikely based on imaging.

The pancreas is mildly hypoechoic with a slightly prominent duct (1.22 mm). In cats, these findings are nonspecific and may represent mild or subclinical pancreatic change, normal age variation, or incidental findings. The previously normal fPLI reduces the likelihood of clinically significant pancreatitis

In this clinical context the ultrasonographic study finding is most consistent with mild or early functional gastrointestinal disorder, such as food-responsive enteropathy or intermittent gastric dysfunction, rather than advanced inflammatory or neoplastic disease.

Recommendations

- Consider a strict dietary trial (novel or hydrolyzed protein), ensuring complete compliance, as this is the most likely and most treatable cause.
- Symptomatic management (antiemetics, feeding modification) may be appropriate depending on clinical severity.
- If vomiting persists or worsens despite appropriate dietary and medical management, further evaluation (cobalamin assessment, endoscopy) can be considered, although current findings do not strongly support the need for invasive diagnostics.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best



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integrate these findings with the patient's clinical status.

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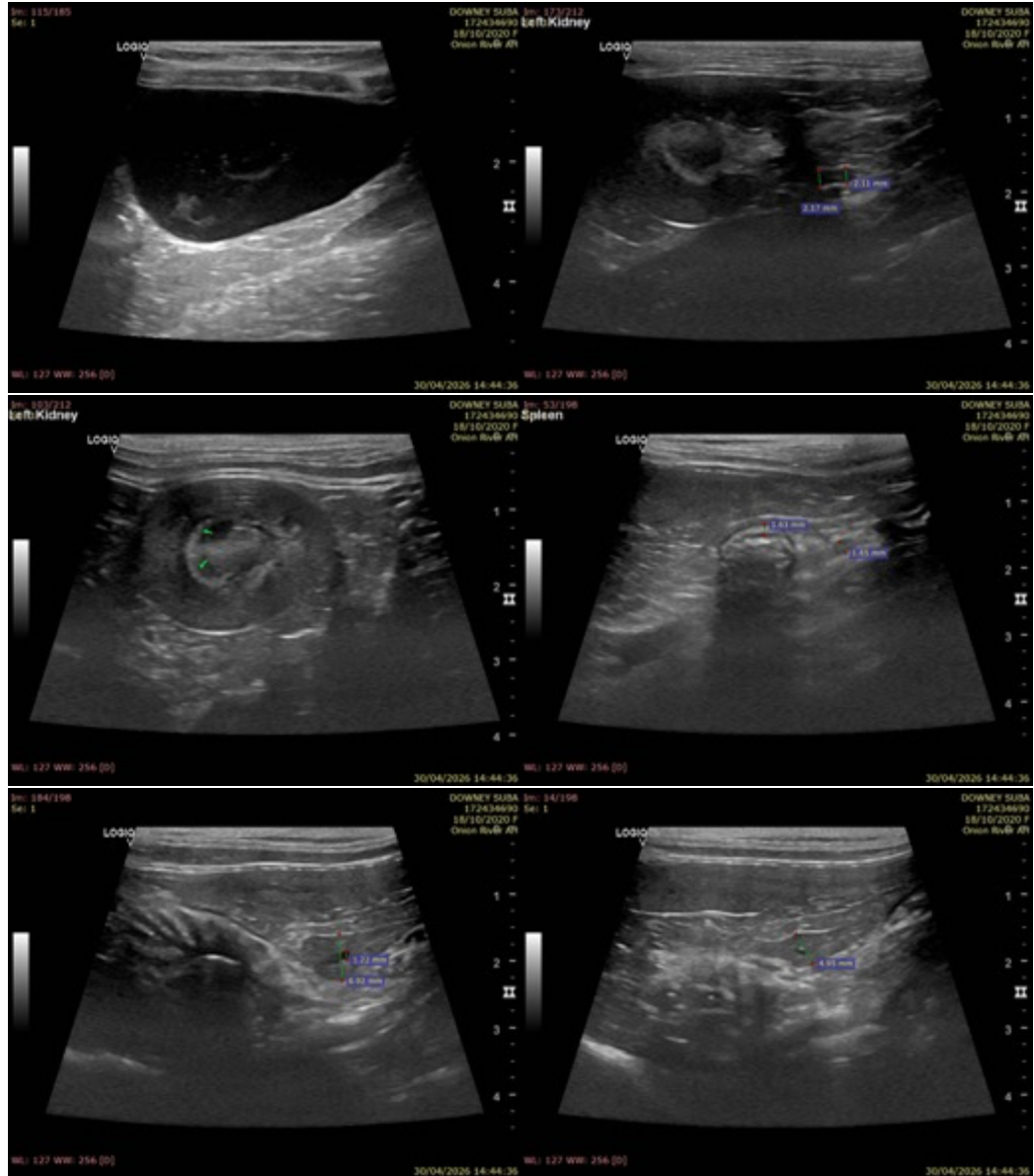
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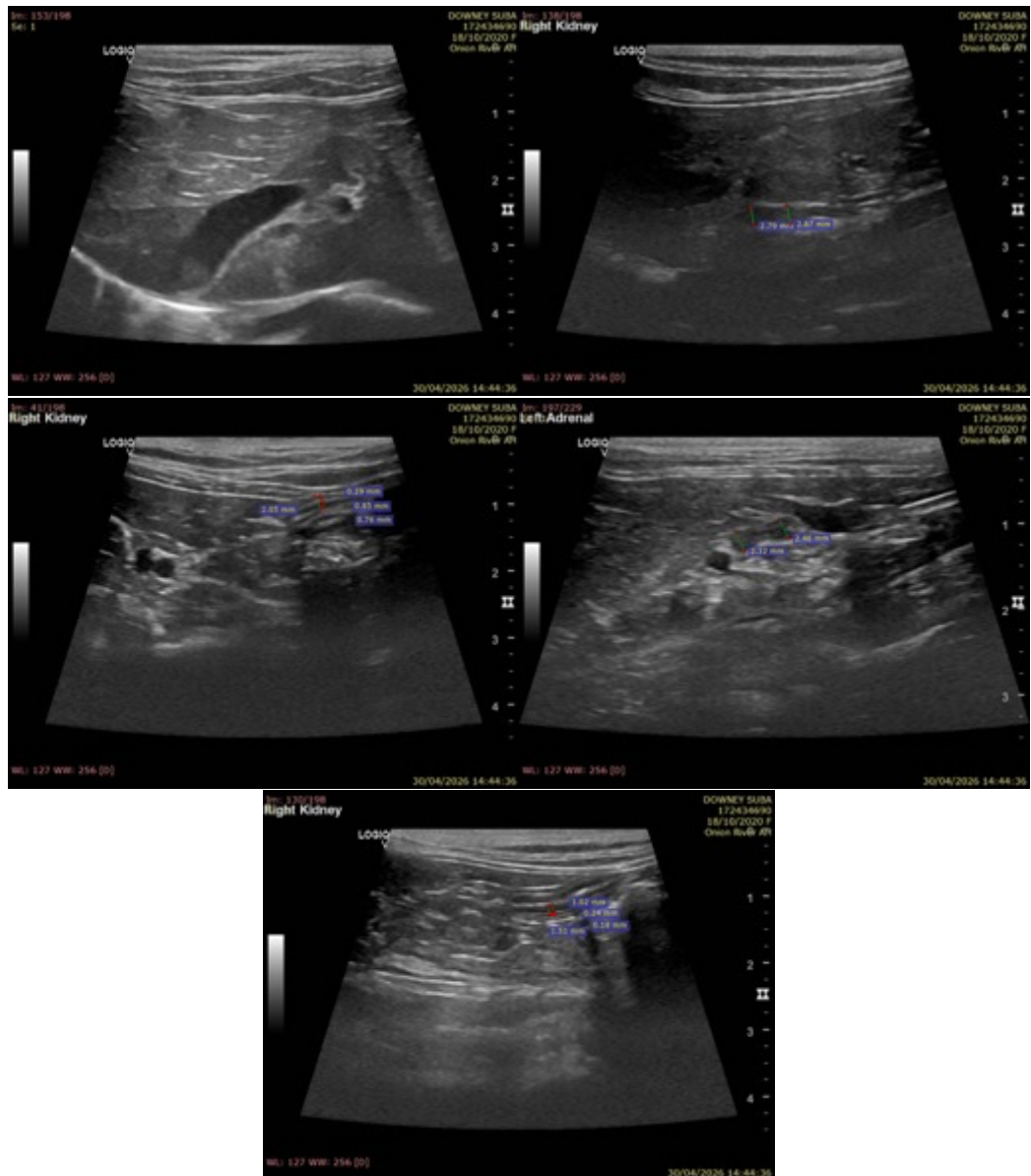
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com