



PATIENT

Luna Wolfe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

13.91 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

Dr. Keck

INVOICE

74692

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: started one month ago. paddling and making weird noises, U & D. Bit tongue. When she comes out of it is WNL

Three times during the night had seizures. In the last 24 hours had 5 seizures. 3 during the night. Prior seizure ONE MONTH AGO

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 3.60×2.42 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.10×2.42 cm, with a cortical thickness of 0.39 cm. In both kidneys, the cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 0.66 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 partially visualized in multiple views, with a significant proportion of the imaging field occupied by falciform fat. The portions of hepatic parenchyma that are visualized, particularly within the right lobes and caudate lobe, demonstrate normal echogenicity and echotexture. Subjectively, the liver may appear mildly reduced in size, although this assessment is limited by incomplete visualization. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall measures 1.21 mm, which is within normal limits (<2–3 mm), and the contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is distended with ingesta, with a mural thickness of 1.70 mm and preserved wall layering. The duodenum measures 1.69 mm, and the jejunum measures 2.02 mm, both within normal limits (<5



PATIENT

Luna Wolfe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

13.91 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

Dr. Keck

INVOICE

74692

DATE

4/21/26

mm), with preserved wall layering. The ileocecal junction is not visualized. No signs of inflammation, ileus, or foreign material are identified. The colon measures 0.79 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Limited hepatic visualization of the left lobes; subjective impression of possible mild hepatic volume reduction (inconclusive).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is incompletely visualized due to interference from falciform fat, which limits confident assessment of hepatic size. While there is a subjective impression of possible mild reduction in hepatic volume, the portions of liver that are adequately visualized demonstrate normal echogenicity and echotexture.

All other abdominal organs, including the urinary tract, gastrointestinal tract, spleen, and pancreatic regions, appear within normal ultrasonographic limits.

Recommendations

- If there is ongoing clinical concern for hepatic disease, correlation with biochemical parameters and clinical findings is recommended, as ultrasound may be limited in detecting early or functional hepatic disorders.
- If there is clinical concern for possible portosystemic shunting, pre- and post-prandial bile acids are recommended as an initial screening test. If elevated, further evaluation with targeted Doppler ultrasound or, preferably, CT angiography may be considered for definitive assessment of the portal vasculature.

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

Luna Wolfe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

13.91 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

**IMAGING
PERFORMED BY**

Jocelyn Smith CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

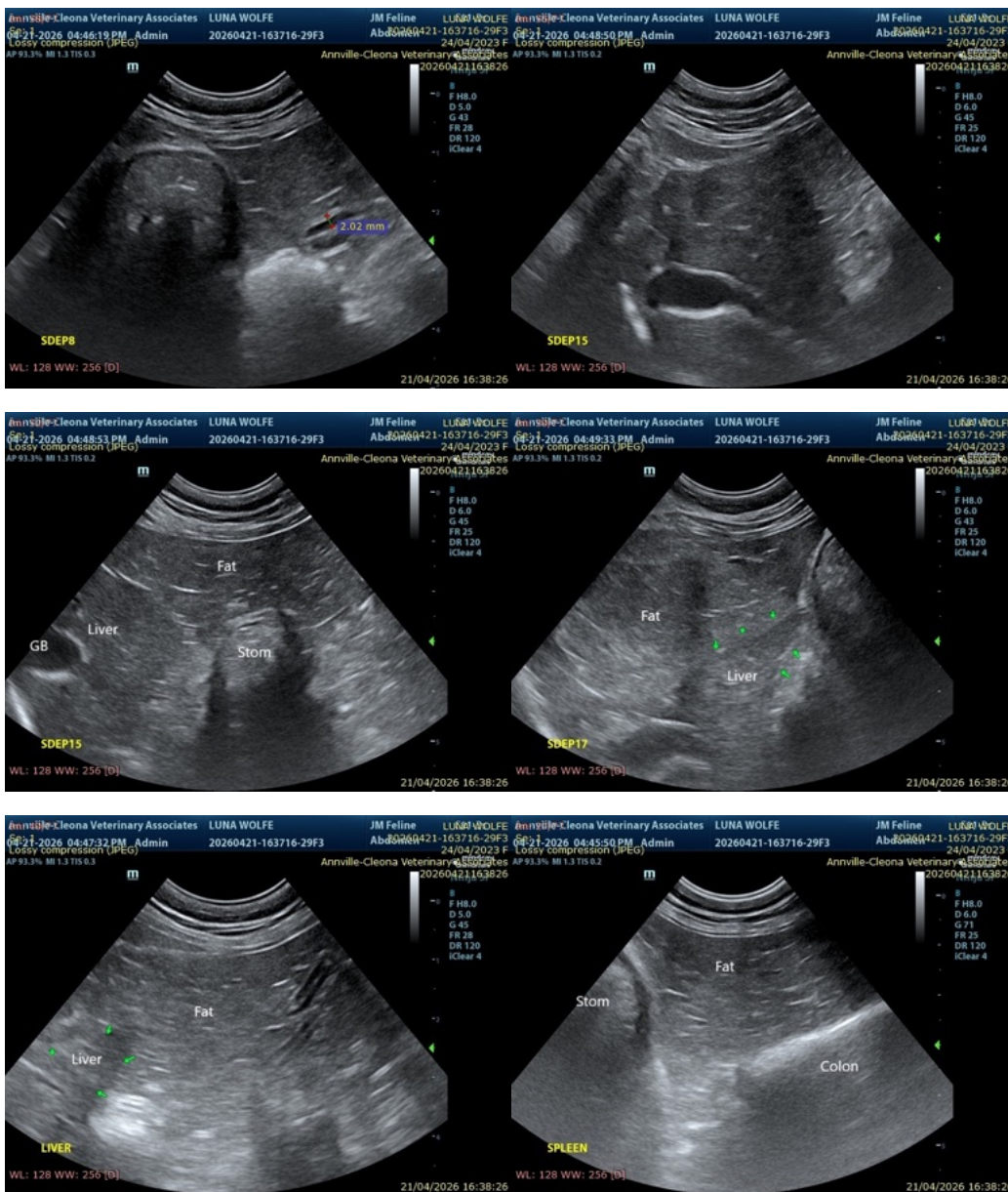
Dr. Keck

INVOICE

74692

DATE

4/21/26





PATIENT

Luna Wolfe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

13.91 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

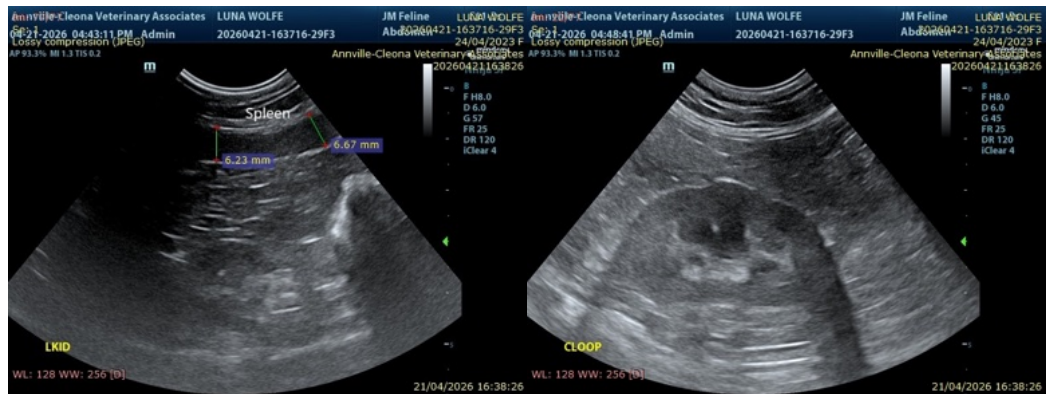
Dr. Keck

INVOICE

74692

DATE

4/21/26



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.

info@SonoPath.com