



## PATIENT

Daisy Smith

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

2 years

## WEIGHT

8.3 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village AH

## REFERRING VET

Dr. Gupta

## INVOICE

74817

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

History: Chronic vomiting- started at adopted ~1 year ago, increased in frequency in last few weeks/months

CBC: mild lymphocytosis (8.9), otherwise NSF Chem NSF normal PE

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 3.11×1.97 cm, with a cortical thickness of 0.34 cm in the sagittal plane, within normal limits for a cat (typically ~2.5–4.5 cm). The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

The right kidney measures 3.44×2.10 cm, with a cortical thickness of 0.34 cm, within normal limits. The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color 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 0.19 cm at the cranial pole and 0.15 cm at the caudal pole. The right adrenal gland measures 0.21 cm at the cranial pole and 0.22 cm at the caudal pole.

### Spleen

Splenic thickness is 0.63 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 is normally distended. The wall is thin (within normal limits). A mild to moderate amount of biliary sludge is present. The common bile duct measures 2.14 mm, within normal limits for a cat.

### Gastrointestinal

The stomach is empty and folded, with a small amount of fluid, with a mural thickness of 1.68 mm and preserved wall layering (within normal limits). The pylorus measures 3.28 mm. Duodenum: 2.70 mm. Jejunum: 2.15 mm (mucosa 0.97 mm, submucosa 0.46 mm, muscularis 0.36 mm). Ileum: 2.36 mm (mucosa 0.85 mm, submucosa 0.68 mm, muscularis 0.85 mm), with a muscularis-to-mucosa ratio of



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approximately 1. Wall layering is preserved throughout. The ileocecal junction is not clearly visualized. Colon wall thickness is 1.37 mm, within normal limits, and the colon appears relatively empty.

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### ***Pancreas***

The pancreas measures 4.54 mm in thickness, within normal limits. The parenchyma is isoechoic relative to the surrounding fat. The pancreatic duct measures 0.61 mm, within normal limits. No ultrasonographic evidence of pancreatitis or focal mass lesions is identified.

## BREED

Domestic Shorthair

### ***Free Abdomen***

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

## SEX

Spayed female

## PRIMARY FINDINGS

## AGE

2 years

- Muscularis thickening of the ileum (muscularis-to-mucosa ratio ~1)
- Mild to moderate biliary sludge.

## WEIGHT

8.3 lbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a subjective increase in muscularis thickness at the ileum, with a muscularis-to-mucosa ratio of approximately 1. In cats, this pattern is classically associated with chronic enteropathy, including inflammatory bowel disease and low-grade lymphoma; however, there is considerable overlap between these entities on ultrasound. In this case, the finding is mild and relatively localized, and there are no additional supportive abnormalities (such as diffuse intestinal involvement, loss of layering, or lymphadenopathy), which makes advanced or clinically aggressive disease less likely.

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The pancreas appears within normal ultrasonographic limits; however, as is well recognized in cats, pancreatitis cannot be excluded based on ultrasound alone, particularly in patients with chronic gastrointestinal signs.

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Mild to moderate biliary sludge is present and may be secondary to decreased or inconsistent food intake; it is considered unlikely to represent primary hepatobiliary disease in this context.

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Overall, the findings are most consistent with a mild or early chronic enteropathy, with dietary sensitivity or inflammatory bowel disease considered more likely in this young patient, although definitive differentiation is not possible on ultrasound alone.

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Recommendations

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- A strict dietary trial with a hydrolyzed or novel protein diet is recommended.
- Assessment of cobalamin and folate concentrations is advised.
- If clinical signs persist or worsen, further investigation (including gastrointestinal biopsy) may be considered for a definitive diagnosis.

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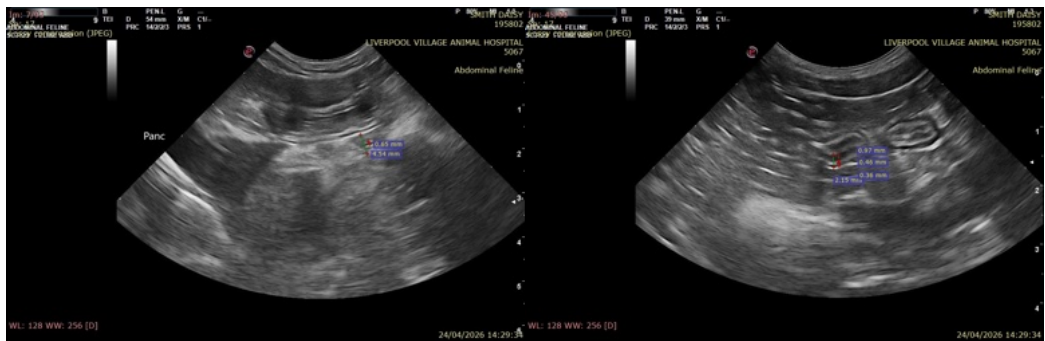
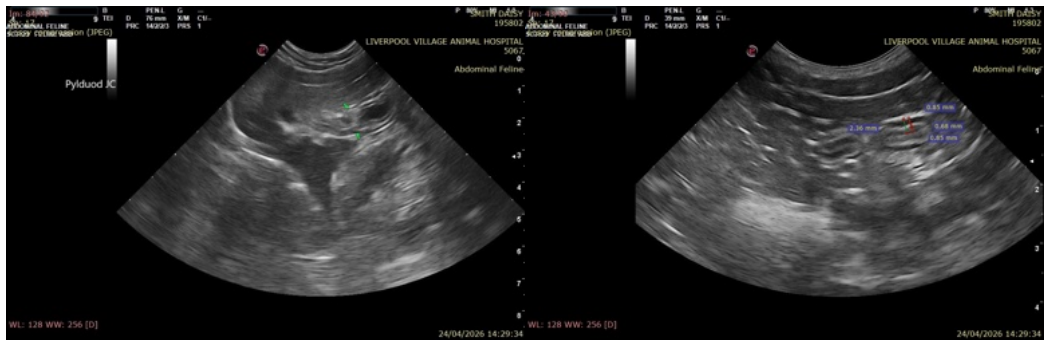
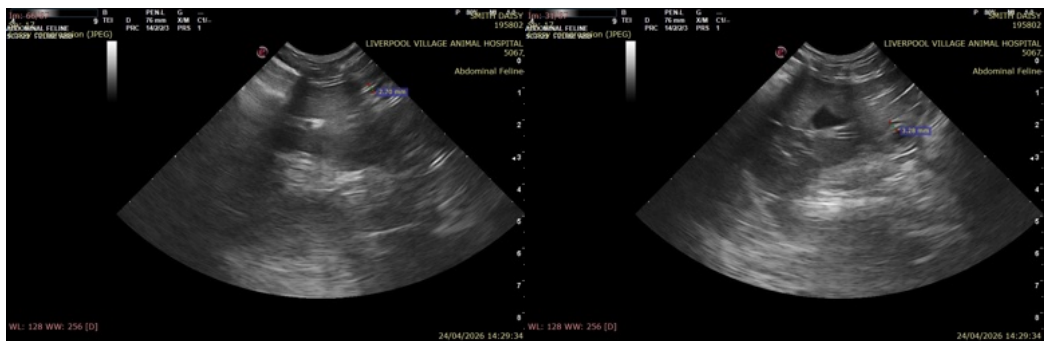
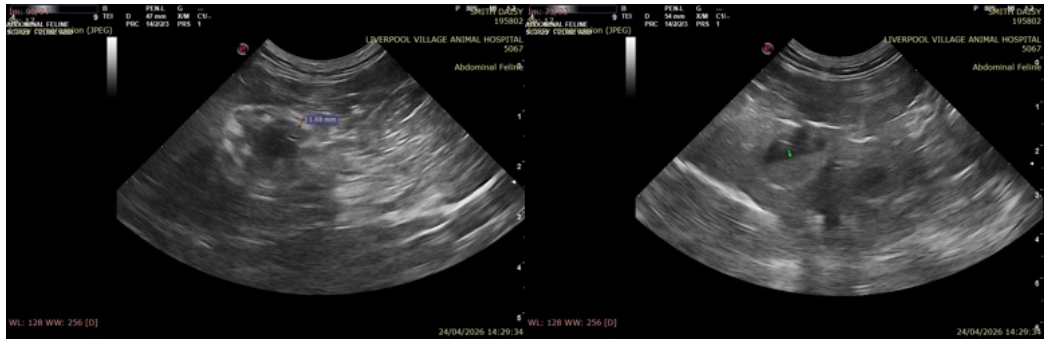
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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](mailto:info@SonoPath.com)