



## PATIENT

Luna Stettner

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

7 years

## WEIGHT

16.3 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Arms

## HOSPITAL NAME

Gilbertsvilel VH

## REFERRING VET

Dr. Reist

## INVOICE

74339

## DATE

4/9/26

## PRESENTING CLINICAL SIGNS

History: Splenomegaly noted on AXR  
Hx Feline asthma controlled with oral prednisolone and oral cerenia. Had convenia 3/25. On radiology review of full body rads at time of asthma workup Splenomegaly was noted  
Abnormal PE/Chem/CBC/UA Results: No recent labwork

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size (4.09×2.35 cm), with a cortical thickness of 0.36 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size (4.50×2.03 cm), with a cortical thickness of 0.35 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.27 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.30 cm at the caudal pole.

### *Spleen*

Splenic thickness is 0.99 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. No evident dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is empty and folded, with a wall thickness of 1.47 mm and preserved layering. The pylorus measures 3.03 mm. The duodenum measures 1.77 mm. The jejunum measures 1.31–1.48 mm, and the ileum measures 2.02 mm. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. The colon measures 0.81 mm and contains a small amount of fecal material 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 appears normal.

## PRIMARY FINDINGS

- No abnormalities identified.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a sonographically unremarkable abdominal study.

The spleen is normal in size, echogenicity, and echotexture, with no ultrasonographic evidence of splenomegaly or infiltrative disease. It is important to note that splenic size in cats is highly variable and may be influenced by pharmacologic factors, including corticosteroid administration, as well as physiologic variation.

No ultrasonographic abnormalities are identified to support clinically significant splenic disease, and the previously reported splenomegaly on radiographs is not confirmed on this study. Overall, there is no evidence of clinically significant abdominal pathology.



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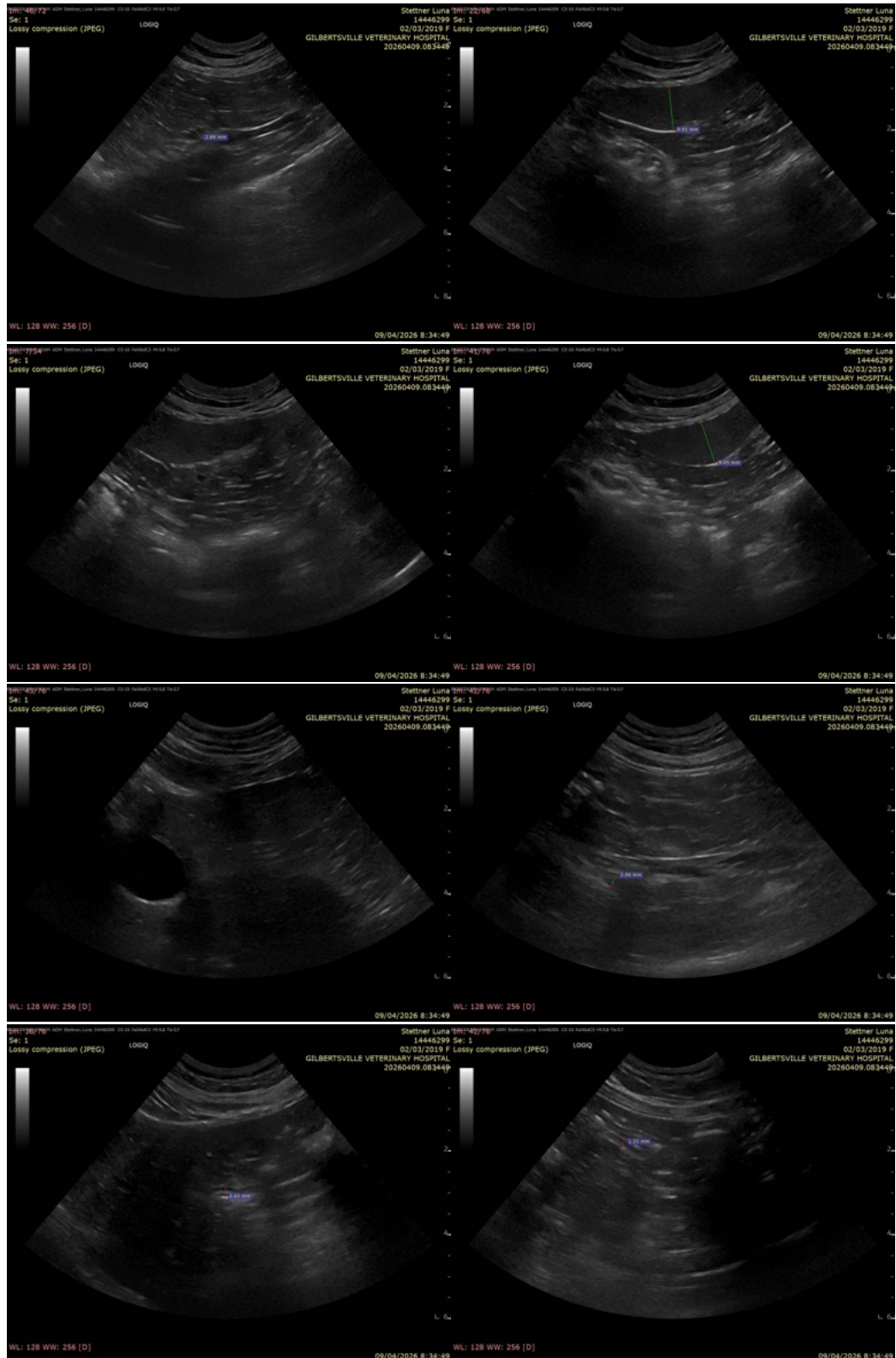
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)