



## PATIENT

Marley Aszman

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

13 years

## WEIGHT

7.4 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Christian Diaz

## HOSPITAL NAME

St Georges VH

## REFERRING VET

Dr. Ariel Smith

## INVOICE

77712

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

History: - Wheezing on and off for approximately one month  
- Intermittent diarrhea, possibly related to food type (seems to occur with pate vs. gravy formulations of Fancy Feast)  
- Weight loss (was previously overweight) for the past 2 years  
- Indoor cat with brief supervised outdoor access on deck  
- No vomiting except hairballs  
- No current medications or supplements  
- Previous ultrasound last summer with unremarkable findings  
- Previously recommended steroid with dewormer, B12 supplementation, and hypoallergenic diet transition (client did not pursue)  
Represented 4 days later for lethargy and anorexia, mm pale, moderate dehydration.  
Chemistry: alb2.3 (L), Glob 5.6 (H), Na/K 27 (L) CBC: WBC 53.1 (H), Plt 549 (H), Neu 48,321 (H), 0 bands, Monos 1062 (H) T4: 1.4 WBC density and differential are confirmed. A mature neutrophilia (no left shift or toxic change, though) and a monocytosis are present - most consistent with inflammation.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.52×2.20 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal 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: 3.90×2.15 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The renal 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.

### Adrenal Glands

The left adrenal gland measures 0.32 cm at the cranial pole and 0.35 cm at the caudal pole, which are within normal limits for a cat of this size. The right adrenal gland is not confidently visualized.

### Spleen

Splenic thickness is 0.79 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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## 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 smooth, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is identified. The common bile duct measures 1.64-1.15 mm along its visualized course.

## Gastrointestinal

The stomach is moderately distended with food material, with preserved wall layering and a wall thickness of 1.33 mm. Delayed gastric emptying cannot be excluded if the patient was appropriately fasted prior to the examination.

The duodenal wall measures 1.76 mm and demonstrates mild corrugation. The jejunal wall measures 3.07 mm, with mucosa measuring 2.16 mm, submucosa 0.56 mm, and muscularis propria 0.47 mm. The ileal wall measures 3.04 mm, with mucosa measuring 1.12 mm, submucosa 0.66 mm, and muscularis propria 1.19 mm. Wall layering remains preserved throughout the visualized small intestine. The ileocecal junction is not confidently visualized.

The descending colonic wall measures 0.69 mm and contains formed fecal material within several segments.

## Pancreas

The pancreas measures approximately 5.54-6.09 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.81-1.31 mm in diameter. No convincing active inflammatory change is identified within the surrounding peripancreatic fat.

## Free Abdomen

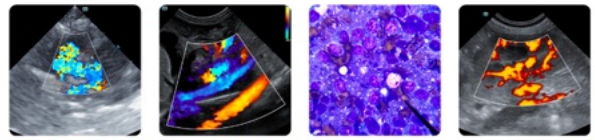
No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

## PRIMARY FINDINGS

- Mild-to-moderate ileal muscularis thickening
- Mild duodenal corrugation
- Mild pancreatic hypoechogenicity with mild pancreatic duct prominence

## SECONDARY FINDINGS

- Gastric food retention



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild diffuse small intestinal thickening is present, most notably involving the jejunum and ileum, with preserved wall layering.

Mild-to-moderate muscularis thickening is identified within the ileum, with an increased muscularis:mucosa ratio. These findings are nonspecific but may be seen with chronic inflammatory enteropathy and low-grade alimentary lymphoma in cats. However, the ultrasonographic abnormalities remain relatively mild overall, and the absence of marked muscularis thickening, intestinal mass formation, loss of wall layering, abdominal effusion, or abdominal lymphadenomegaly reduces suspicion for aggressive/high-grade intestinal neoplasia at this time.

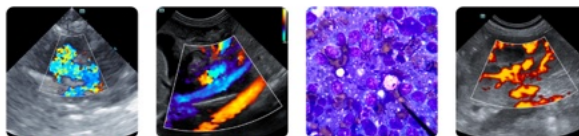
The pancreas is mildly hypoechoic with mild pancreatic duct prominence but without convincing active peripancreatic inflammatory change. These findings are nonspecific and may reflect age-related change or mild chronic pancreatopathy/chronic low-grade pancreatic inflammation. Severe active pancreatitis is considered less likely ultrasonographically at this time.

Moderate gastric food retention is present. If the patient was appropriately fasted prior to the examination, delayed gastric emptying/functional ileus cannot be excluded.

Overall, the ultrasonographic findings are relatively mild compared with the severity of the patient's clinical and clinicopathologic abnormalities. The marked mature neutrophilic leukocytosis, hypoalbuminemia, hyperglobulinemia, lethargy, and anorexia may reflect a more significant systemic inflammatory or infiltrative process than is currently identifiable ultrasonographically.

### Recommendations

- Correlation with GI panel results, cobalamin status, fecal testing, and clinical response to dietary and medical management is recommended.
- Correlation with pancreatic lipase testing may also be helpful, as mild or chronic pancreatitis in cats may be clinically significant despite relatively subtle ultrasonographic findings.
- Correlation with thoracic imaging may also be helpful given the reported wheezing history and marked systemic inflammatory leukogram.
- Supportive gastrointestinal management, dietary modification, and cobalamin supplementation may be clinically appropriate as determined by the attending veterinarian.
- Endoscopic or full-thickness intestinal biopsy could be considered if gastrointestinal signs persist and definitive diagnosis is requested.



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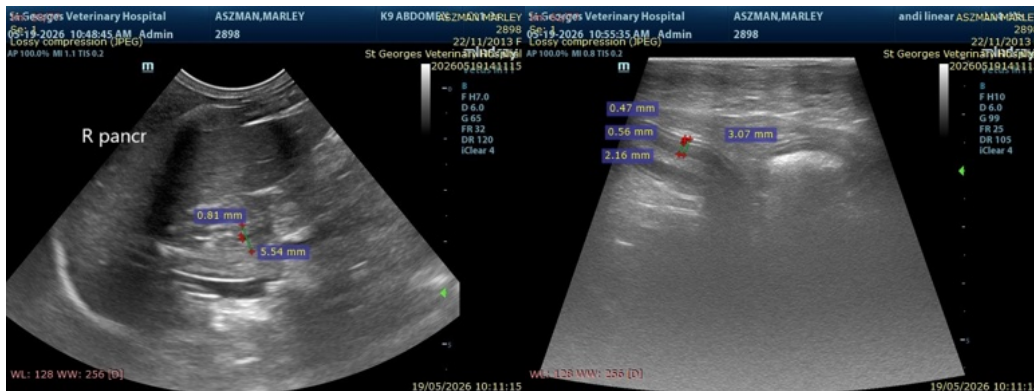
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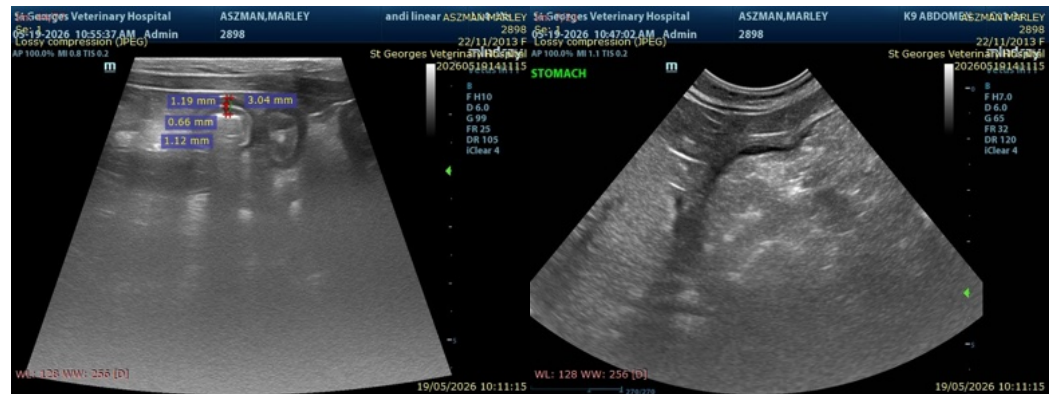
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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