



## PATIENT

Angel Munson

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Spayed Female

## AGE

5 years

## WEIGHT

6 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Shannon Matthies

## HOSPITAL NAME

Saugerties AH

## REFERRING VET

Dr. Matthies

## INVOICE

78351

## DATE

6/3/26

## PRESENTING CLINICAL SIGNS

History: Chronic, intermittent diarrhea that is partially responsive to diet change but she refuses to eat most diets. Just trying to rule out any major underlying intestinal issues before continuing to try different diets.

Abnormal PE/Chem/CBC/UA Results: PE - WNL CBC/Chem - WNL Fecal - WNL Texas GI panel in 2022 - WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is normal in shape and size, measuring 2.92×1.57 cm. Cortical thickness measures 0.29 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 2.75×1.62 cm. Cortical thickness measures 0.30 cm in the sagittal plane.

In both kidneys, the renal cortex is mildly hyperechoic relative to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation 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 0.22 cm The right adrenal gland measures 0.20 cm at the cranial pole and 0.23 cm at the caudal pole.

### Spleen

Splenic thickness is 0.74 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 tract***

The stomach is empty and folded, containing a very small amount of fluid within the lumen. Gastric wall thickness measures 1.02 mm and normal wall layering is preserved. The pyloric wall measures 3.41 mm.

The duodenal wall measures 1.56 mm.

The jejunal wall measures 1.75 mm. Individual wall layers measure as follows: mucosa 0.96 mm, submucosa 0.39 mm, and muscularis propria 0.14 mm. The muscularis-to-mucosa ratio is approximately 0.15.

The ileal wall measures 1.83 mm. Individual wall layers measure as follows: mucosa 0.63 mm, submucosa 0.85 mm, and muscularis propria 0.32 mm. The muscularis-to-mucosa ratio is approximately 0.51.

Normal wall layering is preserved throughout the examined gastrointestinal tract. The ileoceocolic junction was not confidently visualized.

No sonographic evidence of gastrointestinal obstruction, focal mural lesions, ileus, or foreign material is identified.

The colonic wall measures 0.85–0.98 mm and contains formed fecal material within the descending colon.

## ***Pancreas***

The pancreas measures approximately 5.14–5.87 mm in thickness and demonstrates normal echogenicity. The pancreatic duct measures 0.87 mm in diameter. No peripancreatic hyperechoic mesentery, peripancreatic fluid accumulation, or focal pancreatic lesions are identified.

## ***Free Abdomen***

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

## **PRIMARY FINDINGS**

- Small amounts of fluid are present within multiple intestinal segments,

## **SECONDARY FINDINGS**

- Mild bilateral renal cortical hyperechogenicity.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant structural gastrointestinal abnormalities are identified. Mild diffuse fluid distension of



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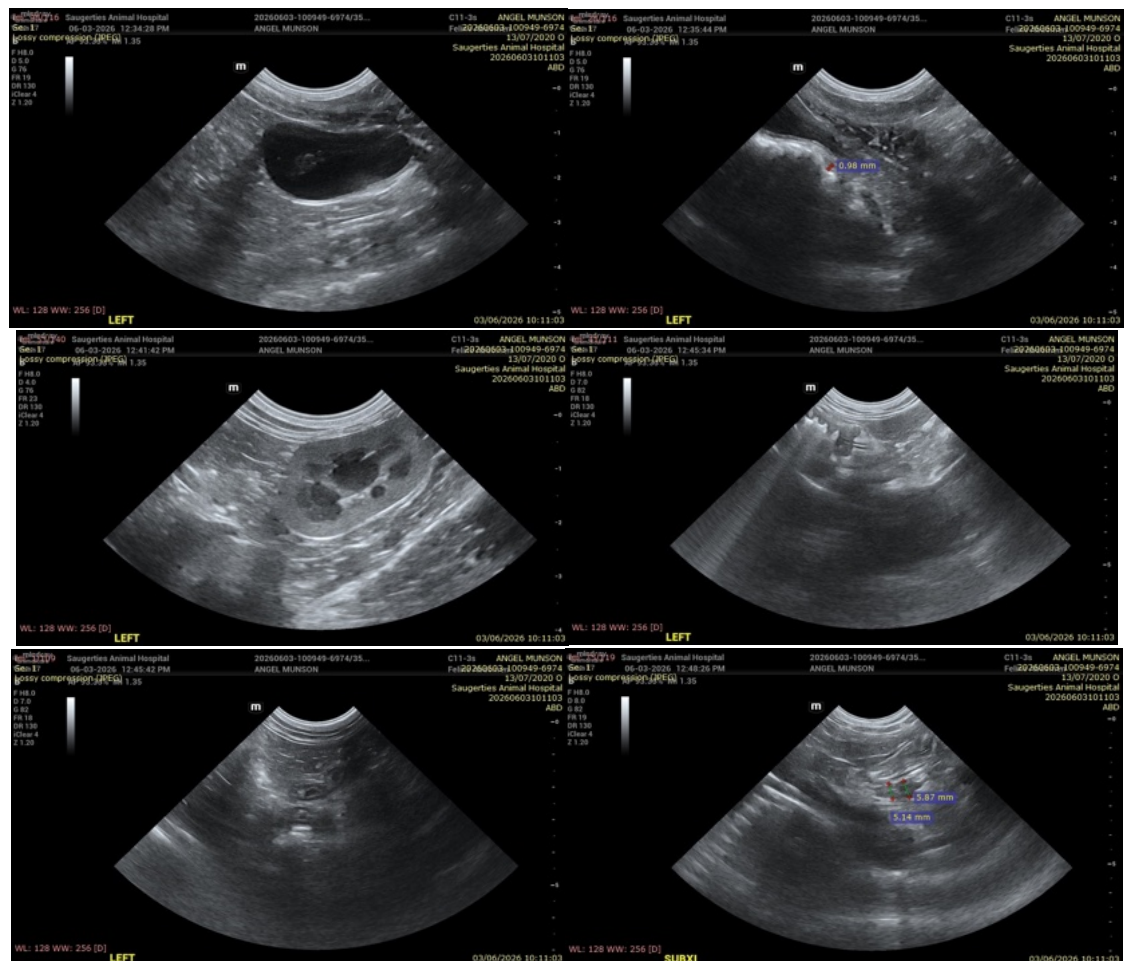
multiple intestinal segments is present and may be consistent with the reported history of chronic intermittent diarrhea, although this finding is nonspecific. No sonographic evidence of inflammatory bowel disease, infiltrative intestinal disease, gastrointestinal obstruction, or other significant intestinal pathology is identified.

Mild bilateral renal cortical hyperechogenicity is present and is of uncertain clinical significance in the absence of additional renal abnormalities.

### Recommendations

- Continued dietary investigation and dietary trials may be considered at the discretion of the attending veterinarian.
- If clinical signs persist despite appropriate dietary trials, further investigation may include serum cobalamin assessment or complete GI panel.

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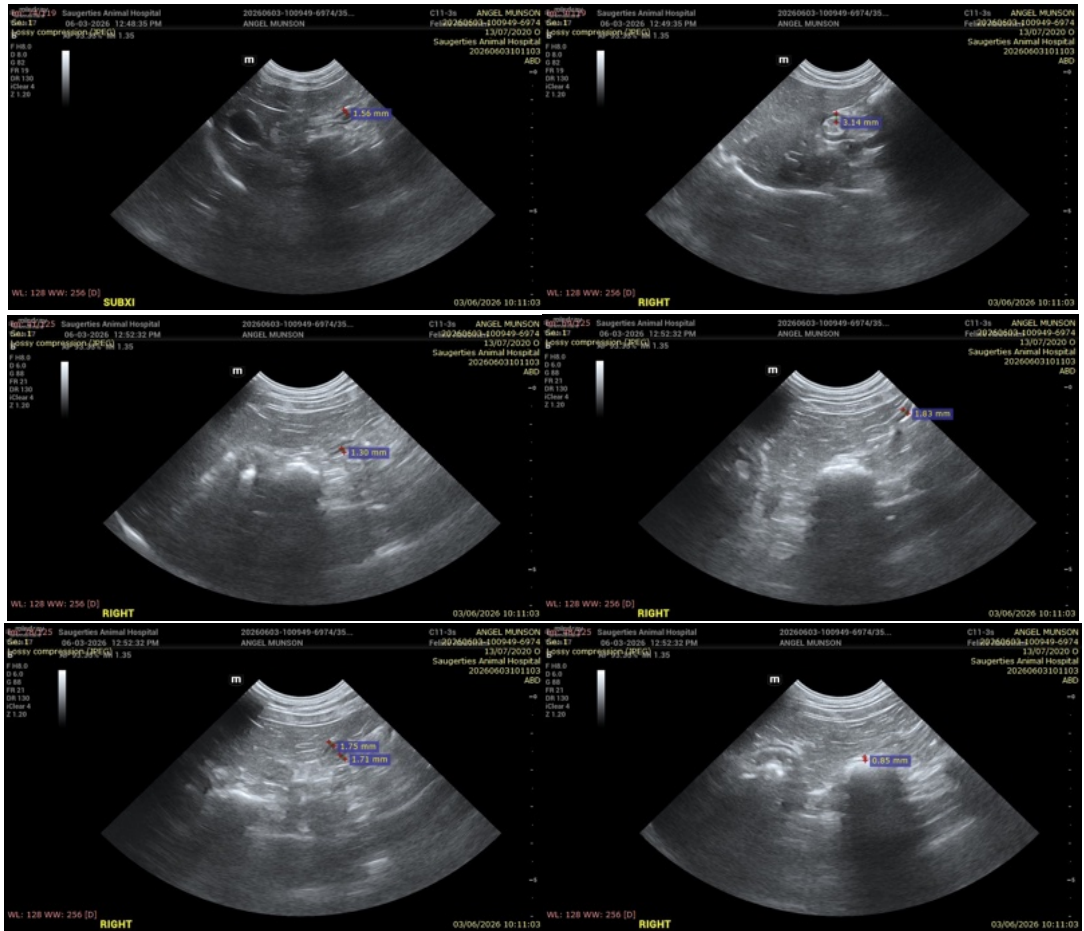
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)