



## PATIENT

Tabitha Ruby Roth

## SPECIES

Feline

## BREED

Tabby

## SEX

Spayed female

## AGE

18 years

## WEIGHT

7.92 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Animal Care Center of  
Flanders

## REFERRING VET

Dr. Casulli

## INVOICE

70040

## DATE

1/12/26

## PRESENTING CLINICAL SIGNS

History: not eating much, vomiting, hyperthyroidism, subcutaneous mass left ear region r/o benign vs malignant neoplasia, resp. effort r/o cardiac dz, pulmonary dz stress, thyroidism, mirtaz prn methimazole, elevated liver enzymes

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 2.85×1.94 cm, with a cortical thickness of 0.27 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.46×2.04 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. A well-defined, anechoic renal cyst measuring approximately 5.63×5.69 mm is identified. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### Adrenal Glands

The left adrenal gland measures approximately 0.32 cm at the cranial pole and 0.29 cm at the caudal pole and appears normal in shape and echogenicity. The right adrenal gland is not visualized.

### Spleen

Splenic thickness measures 0.92 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is empty and folded, with a mural thickness of approximately 1.66 mm and preserved wall layering. The pyloric wall measures approximately 2.47 mm.

Duodenal wall thickness measures approximately 2.14 mm. Jejunal wall thickness measures approximately 2.36 mm, with the mucosa measuring 1.39 mm, the submucosa 0.46 mm, and the muscularis propria 0.42 mm. Ileal wall thickness measures approximately 2.04 mm, with the mucosa measuring 0.69 mm, the submucosa 0.81 mm, and the muscularis propria 0.49 mm. Wall layering is preserved throughout.

The ileocecal junction measures approximately 1.82 mm, with a muscularis thickness of approximately 0.69 mm. No sonographic signs of obstruction, ileus, or foreign material are identified.

The colonic wall measures approximately 0.88 mm, with formed fecal material present in the descending colon.

## *Pancreas*

In cats, a normal pancreas is frequently not visualized on abdominal ultrasonography; therefore, the absence of identifiable pancreatic tissue in this study is not considered abnormal. No secondary sonographic changes suggestive of active pancreatitis are identified.

## *Peritoneal Cavity*

No abdominal effusion or sonographic signs of peritonitis are observed. Cranial mesenteric lymph nodes appear unremarkable. Ileocecal lymph nodes are not visualized; however, the surrounding region appears normal. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Small simple cyst within the right kidney (approximately 5.6 mm), consistent with an incidental renal cyst.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals no significant structural abnormalities to explain the patient's current clinical signs of anorexia and vomiting. The liver is normal in size and echogenicity, and no focal hepatic lesions or biliary obstruction are identified, despite a history of elevated liver enzymes.

A small, well-defined right renal cyst is identified and is considered an incidental finding of no current clinical significance.

No ultrasonographic evidence of gastrointestinal obstruction, infiltrative intestinal disease, pancreatitis, or abdominal neoplasia is identified.



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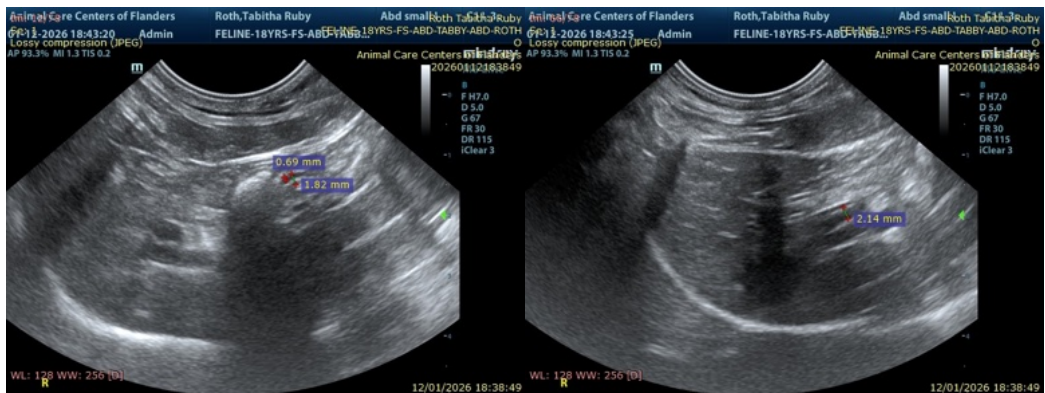
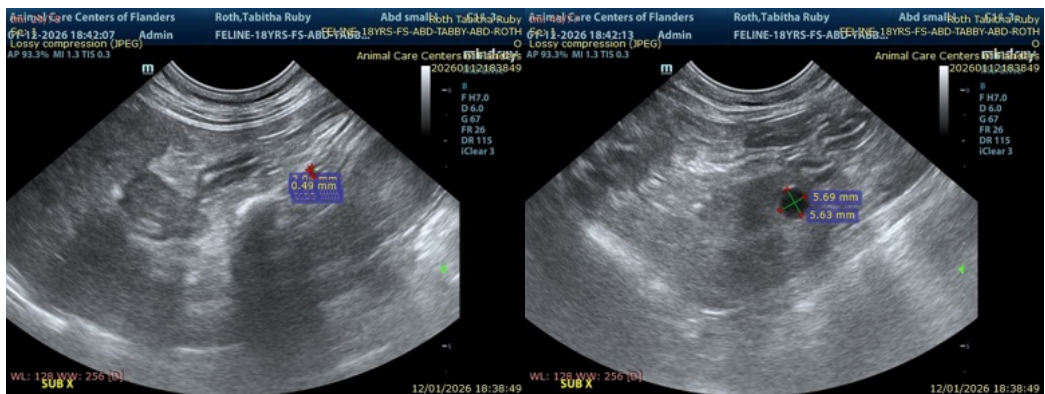
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Overall, the abdominal ultrasound examination is largely unremarkable, and the imaging findings do not provide a definitive explanation for the patient's gastrointestinal signs or weight loss.

Recommendations

- Medical management of hyperthyroidism should be reassessed, as uncontrolled or fluctuating thyroid levels may contribute to weight loss, vomiting, and altered liver enzymes.
- Supportive gastrointestinal management (antiemetics, appetite stimulants, dietary modification) may be considered.
- Follow-up abdominal ultrasonography may be considered if clinical signs progress or new abnormalities develop.





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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.

MV Esp Ultrasound in Domestic and Wild Animals

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