



PATIENT

Jackson Mummy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Vincent

INVOICE

70363

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Gradual weight loss, about 1lb noted since November 2025
- Inappropriate urination despite amitriptyline for stress cystitis
- PE, Chem, CBC, T4, ProBNP all WNL Blood noted in UA Gradual weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly underdistended. The bladder wall appears subjectively thickened; however, accurate assessment of mural thickness and degree of inflammation is limited due to inadequate luminal distension, and mural thickening may be overestimated under these conditions. At least one intraluminal urolith measuring approximately 0.78 cm is identified.

The left kidney is normal in shape and size, measuring 3.42×2.31 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.50×2.20 cm, with a cortical thickness of 0.37 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. A mild medullary rim sign is noted bilaterally. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.27 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland is partially visualized and measures 0.29 cm.

Spleen

Splenic thickness is 0.94 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 uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin. A small amount of biliary sludge is present. 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 1.96 mm and preserved wall layering. The pylorus measures 2.61 mm.

The duodenum measures 1.54 mm. The jejunum measures 1.92–1.99 mm (mucosa 1.58 mm, submucosa 0.36 mm, muscularis propria 0.26 mm). The ileum measures 1.75–2.11 mm (mucosa 0.53 mm, submucosa 0.58 mm, muscularis propria 0.57 mm).

Most intestinal segments demonstrate preserved wall layering; however, in some segments, evaluation of mural stratification is limited due to suboptimal image quality. The ileocecal junction is not visualized. No evidence of obstruction, ileus, or foreign material is identified.

The colon measures 0.76 mm in wall thickness and contains a small amount of formed fecal material within the descending colon.

Pancreas

The pancreas is not clearly visualized.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Urinary bladder urolith measuring approximately 0.78 cm.
- Subjectively thickened bladder wall with limited assessment due to underdistension.

SECONDARY FINDINGS

- Mild bilateral medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant ultrasonographic finding is the presence of a urinary bladder urolith measuring approximately 0.78 cm, identified in the setting of a markedly underdistended bladder. Although the bladder wall appears thickened, accurate assessment of mural inflammation is limited by inadequate distension, and the degree of cystitis cannot be reliably quantified on this examination. The identified urolith provides a plausible explanation for the persistent hematuria and inappropriate urination.

The kidneys are within normal size limits and maintain preserved architecture, with mild bilateral medullary rim signs. In cats, this finding is nonspecific and may be incidental or associated with early or



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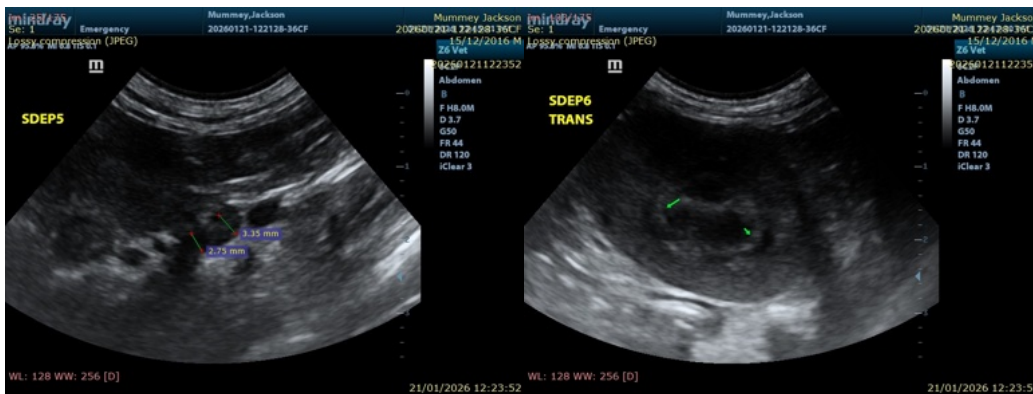
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subclinical renal change; correlation with renal laboratory parameters is advised, particularly given the history of gradual weight loss.

The gastrointestinal tract does not demonstrate ultrasonographic evidence of significant inflammatory, infiltrative, or obstructive disease. Intestinal wall thicknesses are within expected limits, and mural layering is largely preserved, recognizing that image quality limitations prevent complete exclusion of subtle or microscopic involvement. No abdominal lymphadenopathy is identified.

Recommendations

- Clinical correlation and further evaluation of the urinary bladder urolith is recommended, including consideration of urolith analysis, dietary management, or procedural intervention as clinically indicated.
- Correlation with renal laboratory values and continued monitoring of renal function are advised.
- Continued clinical monitoring of body weight and gastrointestinal signs is recommended, with further diagnostics considered if weight loss progresses or additional clinical abnormalities develop.





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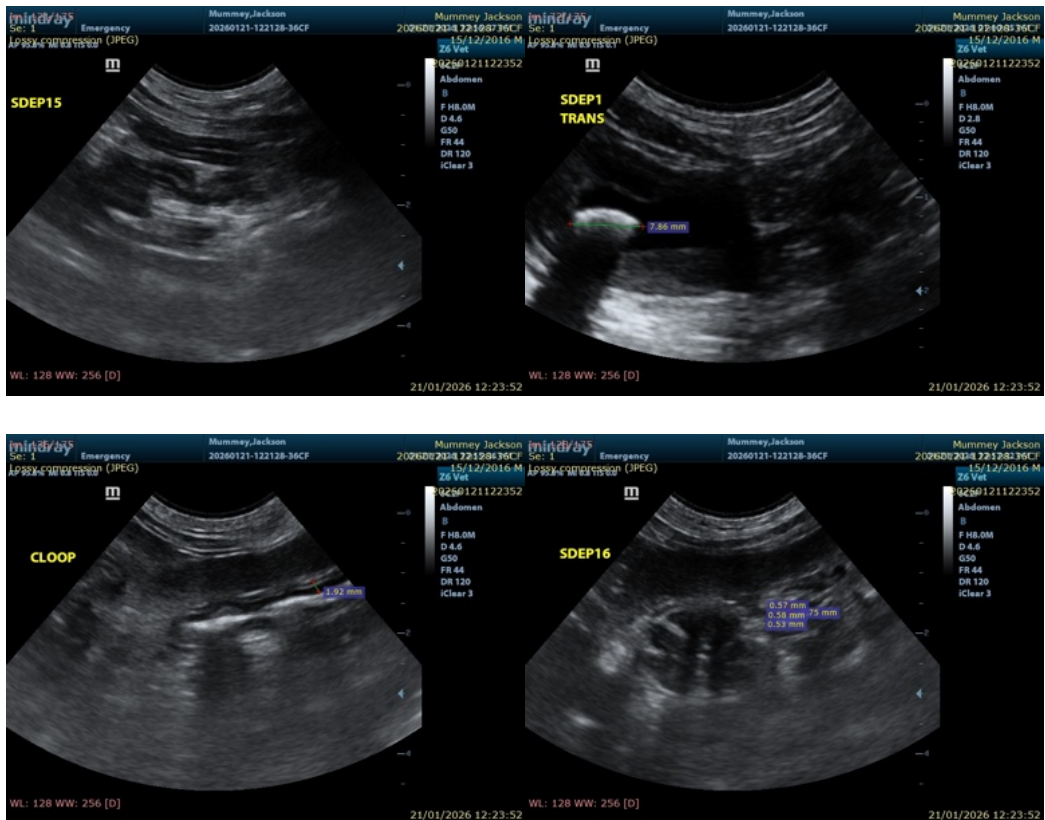
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

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