



## PATIENT

Bubba Maverick

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

4 years

## WEIGHT

5.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Field

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Field

## INVOICE

70927

## DATE

1/26/26

## PRESENTING CLINICAL SIGNS

- presented with 24 hr hx of weakness, vomiting (vomited up grubs?). presented weak, v painful abdomen tachycardic, febrile
- Rads unremarkable CBC neuts low 0.8 (2.3-10.3) monos high 0.7 (0.05-0.67) eos low 0.05 (0.17-1.57) plt low 82 (151-600)- slow pull pltct low 0.17-0.86) K low 3.1 (3.5-5.8) glob high 55 (28-51) alt high 134 (12-130) tbili high 43 (0-15) cpl high 7.7 (0-4.4) felv/fiv snap neg/neg UA cysto orange sl cloudy usg 1.049 ph 6.5 pro 30mg/dl bld 250 ery/ul bili 6 mg/dl urobili 12mg/dl wbc 4/hpf rbc 2/hpf suspec cocci bili crystals 1-5/hpf cbc is worse, still febrile, tbili up higher still v painful despite 36hr tx w 20ml/hr lrs, abx (ampicillin, bay,doxy) cerenia, bup, gaba. vector prc pending, path review of cbc pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.29×2.08 cm, with a cortical thickness of 0.40 cm measured 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. Color Doppler evaluation demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 4.28×2.33 cm, with a cortical thickness of 0.39 cm measured in the sagittal plane. Renal cortical echogenicity relative to the liver parenchyma is not clearly characterized in the original report. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

### Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.40 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland measures 0.38 cm at the cranial pole and 0.40 cm at the caudal pole.

### Spleen

Splenic thickness is 0.78 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities. The splenic capsule is smooth and regular.



## PATIENT

Bubba Maverick

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

4 years

## WEIGHT

5.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Field

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Field

## INVOICE

70927

## DATE

1/26/26

### *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. There is no evident dilation of the cystic duct or common bile duct. The common bile duct measures 2.79 mm proximally and 2.16 mm distally.

### *Gastrointestinal*

The stomach is empty, folded, and contains gas. Gastric mural thickness is 1.22 mm, with preserved wall layering. The pylorus measures 2.89 mm.

Duodenal wall thickness is 2.08 mm. Jejunal wall thickness ranges from 1.67–1.76 mm. Ileal wall thickness is 1.65 mm. Wall layering is preserved throughout the evaluated intestinal segments.

The ileocecal junction is not visualized. No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.

The colon has a wall thickness of 1.02 mm and is largely empty throughout its course.

### *Pancreas*

The evaluated portions of the pancreas show no ultrasonographic evidence of overt inflammation.

### *Peritoneal Cavity*

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes measure 5.43 mm and 3.81 mm in thickness and are normal in shape and echogenicity. Ileocecal lymph nodes are not visualized; the surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

One cranial mesenteric lymph nodes measure up to 5.43 mm in thickness and is within the upper limits of normal for the species, with preserved shape and echogenicity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatobiliary system, pancreas, gastrointestinal tract, kidneys, and urinary tract are structurally unremarkable, and there is no evidence of biliary obstruction, intestinal disease, or abdominal effusion.

The lack of significant ultrasonographic abnormalities should be interpreted in the context of the patient's marked systemic illness. The clinicopathologic findings, including severe hyperbilirubinemia with only mild ALT elevation, neutropenia, thrombocytopenia, hyperglobulinemia, persistent fever, and



## PATIENT

Bubba Maverick

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

4 years

## WEIGHT

5.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Field

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Field

## INVOICE

70927

## DATE

1/26/26

severe abdominal pain, are not consistent with a primary structural hepatobiliary disorder. Instead, this pattern may support a mild hepatic dysfunction secondary to a systemic inflammatory or infectious process.

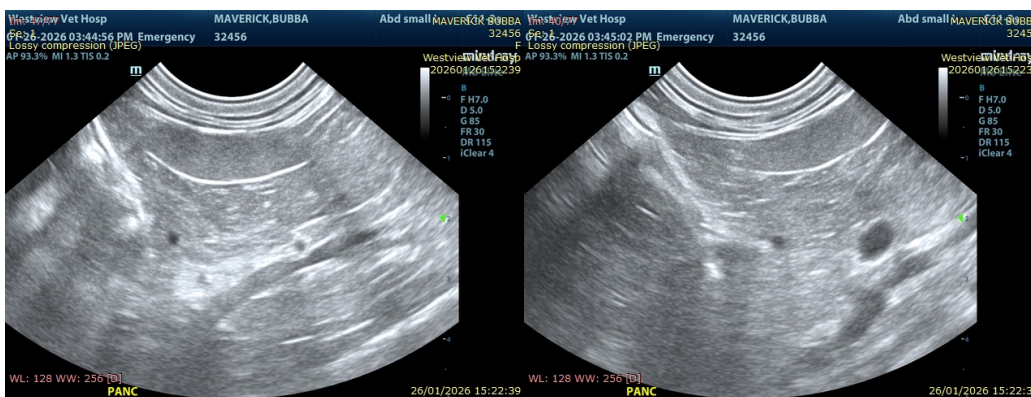
The pancreas does not demonstrate ultrasonographic changes of overt pancreatitis; however, given the known low sensitivity of ultrasound for feline pancreatitis and the elevated feline pancreatic lipase, pancreatic inflammation cannot be excluded and may represent a contributing component of a broader systemic inflammatory syndrome.

One cranial mesenteric lymph nodes is within the upper limits of normal in size, with preserved morphology, and are considered most consistent with reactive change in the context of acute systemic illness rather than infiltrative disease.

Overall, the ultrasonographic findings are most compatible with a systemic inflammatory or infectious process. In this clinical context, vector-borne or infectious etiologies, sepsis, or inflammatory systemic disease remain higher priorities than primary hepatobiliary pathology, and correlation with pending infectious disease testing and hematologic review is essential.

### Recommendations

- Prioritize completion and review of pending infectious disease diagnostics, particularly vector-borne disease testing (including Bartonella spp. and hemotropic Mycoplasma species), given the combination of fever, cytopenias, hyperglobulinemia, and disproportionate hyperbilirubinemia.
- Correlate serial hematologic and biochemical trends.
- Continue supportive care, including analgesia and fluid therapy, as clinically indicated, with close monitoring for hemodynamic stability and development of abdominal effusion or organ dysfunction.





### PATIENT

Bubba Maverick

### SPECIES

Feline

### BREED

Domestic Shorthair

### SEX

Neutered male

### AGE

4 years

### WEIGHT

5.8 lbs

### INTERPRETED BY

Dr. Alicia Angosto Guerrero

### IMAGING PERFORMED BY

Dr. Field

### HOSPITAL NAME

Westview VH

### REFERRING VET

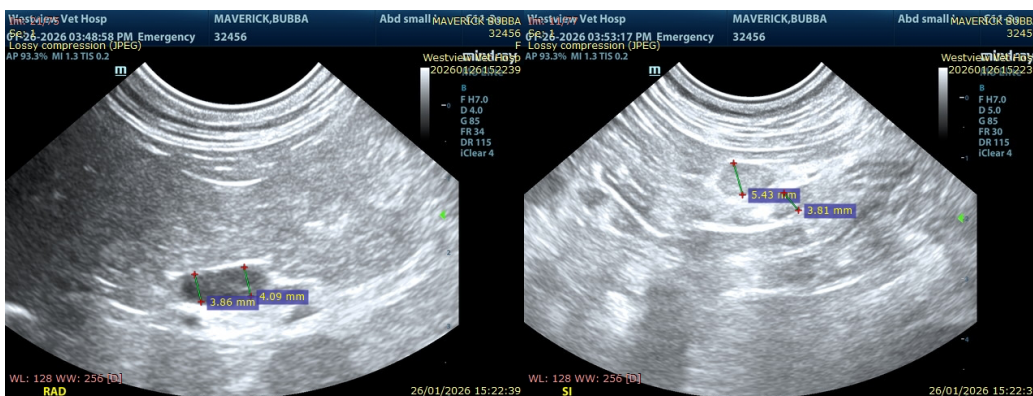
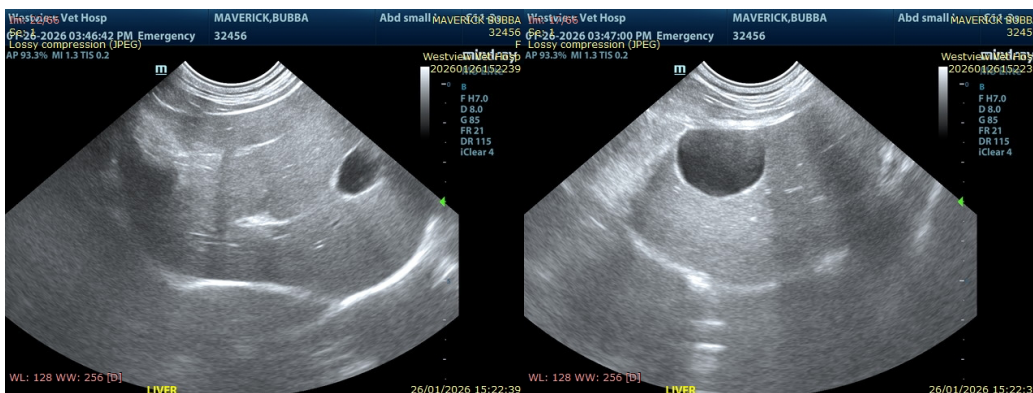
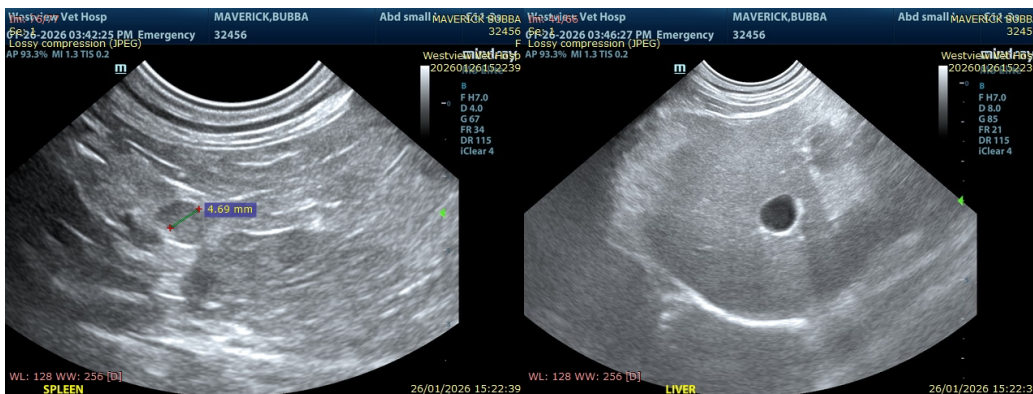
Dr. Field

### INVOICE

70927

### DATE

1/26/26



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  
[info@SonoPath.com](mailto:info@SonoPath.com)