



PATIENT

Lulu Cottingham

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Field

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Field

INVOICE

71040

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Presented for lethargy, which has become more pronounced over the last month. The owner reports the patient is less active and more mopey than usual. There is a chronic history of increased thirst and urination. The patient has a history of vomiting a couple of times per week, which the owner believes is related to hairballs, but this has recently improved. Her appetite is reportedly still good.
- Diagnostics: CBC: Non-regenerative anemia with a PCV of 28.5%. WBC count is within normal limits. rbc low 6.25 (6.5-12.2) hct low 28.5 (30-52) hgb low 9.3 (9.8-16.2) Chemistry: Renal, hepatic, pancreatic, and thyroid values are within normal limits. Electrolytes, proteins, and glucose are normal. urea low 5.5 (5.7-12.9) UA usg 1.014, ph 6 tr pro, 250 ery/ul bld

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.18×2.02 cm. Cortical thickness is 0.25 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.29×1.93 cm. Cortical thickness is 0.29 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.32 cm at the cranial pole and 0.27 cm at the caudal pole and has a normal appearance. The right adrenal gland is not visualized.

Spleen

Splenic thickness measures 0.81 cm. The splenic parenchyma has normal echogenicity and a 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 margins and a regular contour. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are primarily anechoic with a mild to moderate amount of biliary sludge. The common bile duct measures 1.61 mm proximally and 0.87 mm distally.

Gastrointestinal

The stomach is largely empty, with a small amount of ingesta present. Gastric wall thickness measures 1.79 mm, with preserved wall layering. The pylorus measures 2.54 mm.

Duodenal wall thickness measures 1.51 mm. Jejunal wall thickness measures 1.59 mm, with individual layer measurements as follows: mucosa 0.93 mm, submucosa 0.55 mm, and muscularis propria 0.33 mm. Ileal wall thickness measures 1.77 mm, with mucosa 0.44 mm, submucosa 0.72 mm, and muscularis propria 0.31 mm. Wall layering is preserved throughout. The ileocecal junction measures 2.42 mm, with muscularis measuring 0.77 mm. No ultrasonographic evidence of mural inflammation, infiltrative disease, ileus, or foreign material is identified.

The colonic wall measures 0.72 mm, with formed fecal material present within the descending colon.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography does not identify a structural abdominal cause for the patient's lethargy, chronic vomiting history, polyuria/polydipsia, or non-regenerative anemia. No abdominal masses, infiltrative gastrointestinal disease, organomegaly, or lymphadenopathy are identified to suggest an underlying abdominal neoplastic process.



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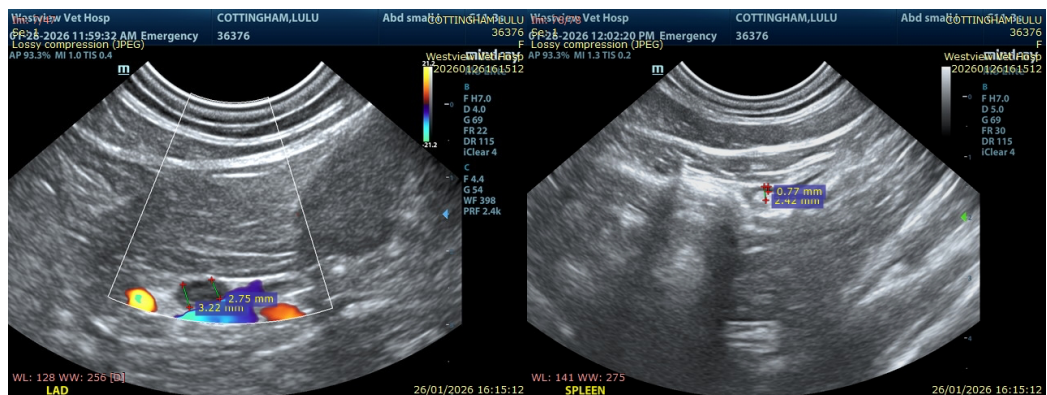
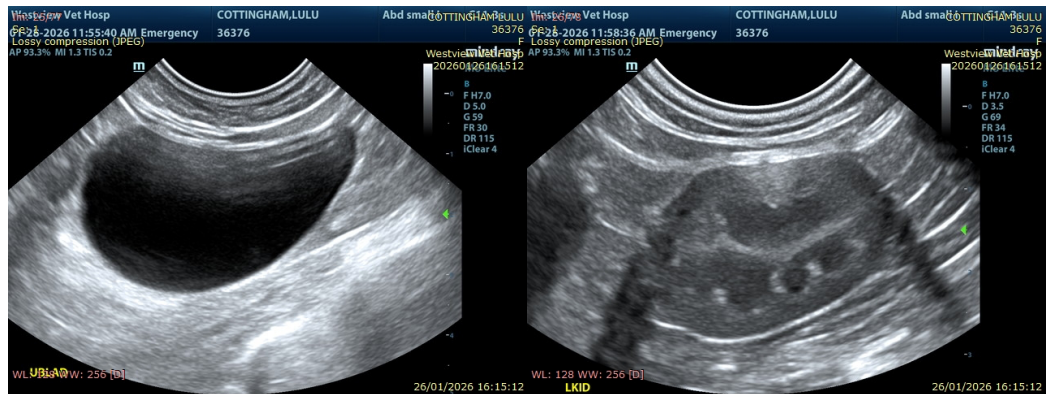
Intestinal wall thickness and layering are within expected limits for a feline patient, and there is no ultrasonographic evidence of gastrointestinal lymphoma or other infiltrative enteropathy. The liver, spleen, pancreas, and kidneys do not demonstrate abnormalities that would account for the anemia or clinical signs.

Mild to moderate biliary sludge is present but is considered an incidental finding in the absence of biliary obstruction, hepatic changes, or compatible clinical signs.

Based on the available clinical and laboratory data, early chronic kidney disease with associated non-regenerative anemia is a primary consideration. Abdominal ultrasonography does not support an abdominal neoplastic process but does not exclude non-abdominal or hematologic disease.

Recommendations

- Further characterization of renal function: Measurement of serum SDMA and UPC are advised to evaluate early or pre-azotemic chronic kidney disease.
- Targeted evaluation of the non-regenerative anemia: Additional hematologic evaluation, including a reticulocyte count and consideration of iron status, is recommended to further characterize the anemia. Serial monitoring of PCV is advised.
- Assessment for non-abdominal or systemic disease if clinical concern persists: Thoracic imaging is a reasonable next step to assess non-abdominal neoplastic or cardiopulmonary disease.





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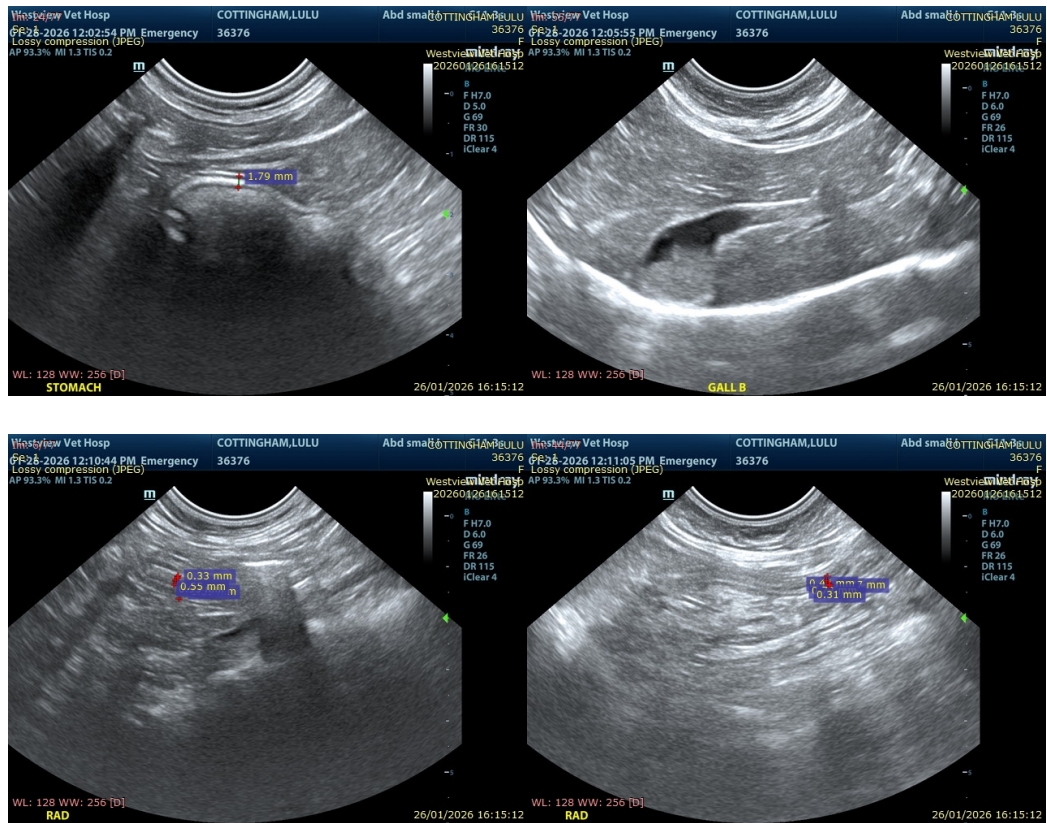
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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