



PATIENT

Oreo Cangliosi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 ½ years

WEIGHT

14.8 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Casulli

INVOICE

69937

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: polydypsia, creat - 1.6/ SDMA - 14 - look for underlying cause BP - 140

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears 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 evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.46×2.33 cm. Cortical thickness is 0.34 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.28×2.11 cm. Cortical thickness is 0.37 cm in the sagittal plane. Both Kidneys: The renal cortices are increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

The left adrenal gland is not visualized. The right adrenal gland measures 0.32 cm at the cranial pole and 0.34 cm at the caudal pole.

Spleen

Splenic thickness is 0.69 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 appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

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

Gastrointestinal

The stomach is empty and folded, with normal mural thickness (1.46 mm) and preserved wall layering.

Pylorus: 2.80 mm. Duodenum: not clearly visualized. Jejunum: 2.28 mm, Mucosa: 1.44 mm, Submucosa: 0.49 mm, Muscularis propria: 0.30 mm, Ileum: 1.55–1.74 mm, Mucosa: 0.57 mm, Submucosa: 0.68 mm,



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Muscularis propria: 0.40 mm. Wall layering is preserved. The ileocecal junction measures 1.45 mm. No evidence of inflammation, ileus, or foreign material is identified.

Colonic wall thickness is 2.06 mm. The colon is completely empty.

Pancreas

The pancreas measures 4.43 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct is not dilated. No evidence of active inflammation is identified.

Peritoneal Cavity

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 2.73 mm in thickness and have normal shape and echogenicity. Ileocecal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally increased renal cortical echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals bilaterally increased renal cortical echogenicity with enhanced corticomedullary distinction, while renal size, shape, and corticomedullary architecture are otherwise preserved. These findings are compatible with early or mild renal parenchymal change and may represent early chronic kidney disease, or prior/subclinical renal insult (dehydration, nephrotoxic exposure).

The urinary bladder is unremarkable, with no evidence of lower urinary tract disease to explain the reported polydipsia.

Overall, the ultrasonographic findings support the presence of mild, bilateral renal parenchymal changes, but no definitive ultrasonographic cause for the polydipsia is identified. Continued clinical and laboratory correlation is recommended, as early renal disease may be dynamic and evolve over time.

Recommendations

- Urinalysis with protein quantification if not already performed.
- Monitor renal values (creatinine, SDMA) and urine specific gravity over time to assess progression or stability.
- Ensure adequate hydration and consider dietary strategies supportive of renal health if trends progress.
- Periodic blood pressure monitoring.



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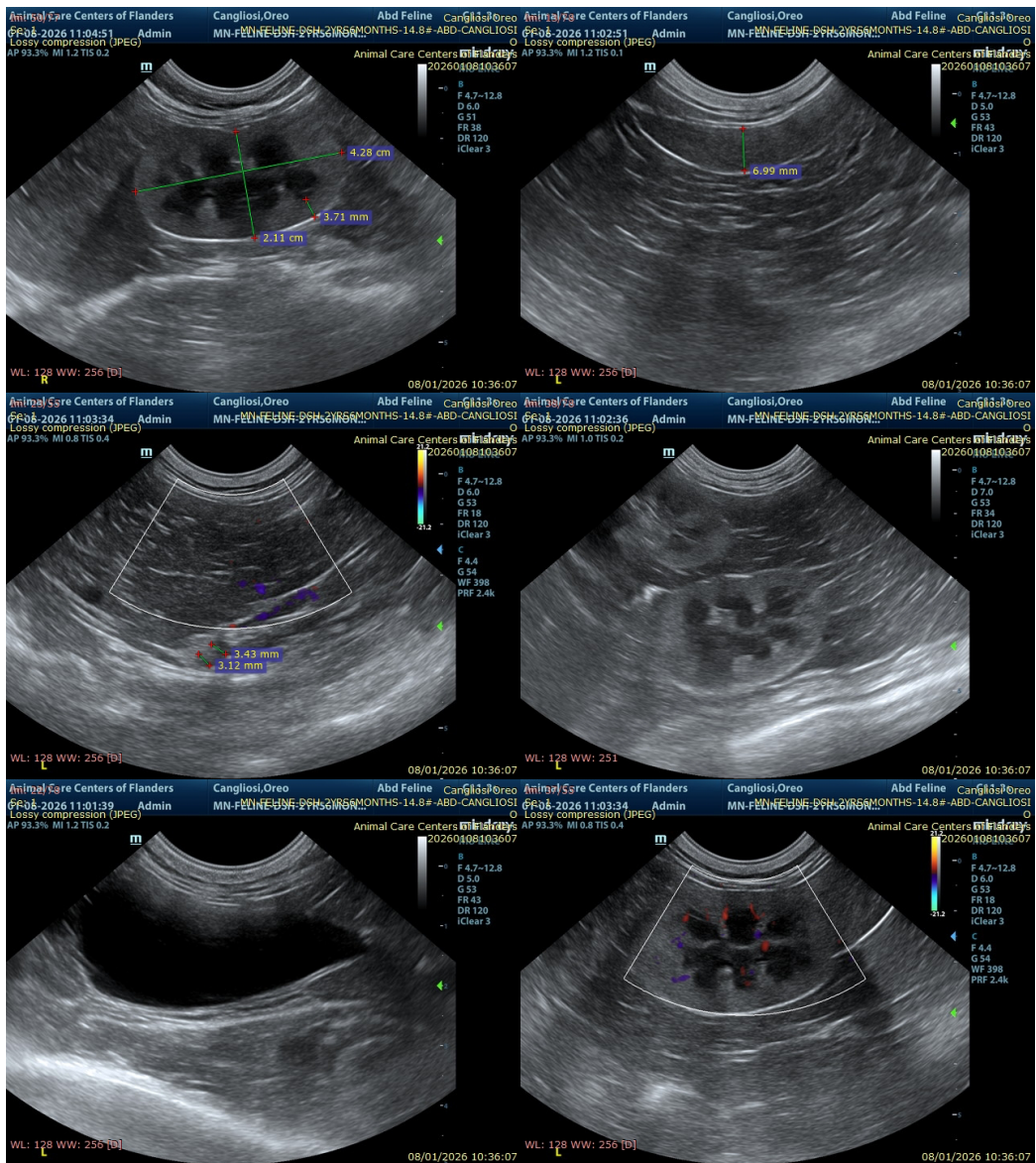
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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