

PATIENT

Crinkles Animals in
Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

12.05 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Pamela Bay

HOSPITAL NAME

For Cats OVC

REFERRING VET

Dr. Bay

INVOICE

69945

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Weight loss.

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 predominantly anechoic with several suspended echoes. 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 increased in size, measuring 5.55×2.76 cm, and is irregular in shape. Cortical thickness is 0.53 cm in the sagittal plane. The renal cortex is markedly hyperechoic, resulting in increased corticomedullary distinction. A mild, discrete subcapsular hypoechoic halo is suspected. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern. A small amount of perirenal fluid is noted.

The right kidney is increased in size, measuring 4.96×2.75 cm. Cortical thickness is 0.56 cm in the sagittal plane. The renal cortex is markedly hyperechoic, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

The adrenal glands could not be visualized.

Spleen

Splenic thickness is 1.17 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

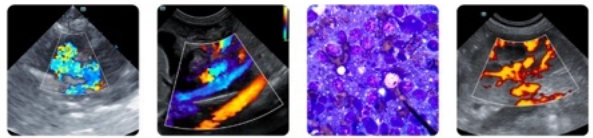
Liver

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 measures 0.75 mm, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is nearly empty, containing a small amount of ingesta, with mural thickness of 1.61–1.68 mm and preserved wall layering.



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Pylorus: 2.99 mm. Duodenum: 1.93 mm. Jejunum: 1.86 mm (Mucosa: 0.88 mm, Submucosa: 0.43 mm, Muscularis propria: 0.31 mm). Ileum: 1.66 mm (Mucosa: 0.63 mm, Submucosa: 0.67 mm, Muscularis propria: 0.48 mm) Wall layering is preserved in the majority of the intestinal segments. However, a well-defined, rounded soft tissue lesion measuring approximately 1.59×1.35 cm is identified adjacent to the ileum. The lesion is eccentrically located and appears to arise from or be closely associated with the outer layers of the intestinal wall or adjacent mesenteric/muscular tissues. It expands outward from the ileum without invasion of the intestinal lumen.

Colon: Transverse colon wall thickness is 0.53 mm, with formed feces present in the descending segment.

Pancreas

The pancreatic regions evaluated do not demonstrate evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is identified. Cranial mesenteric and ileocecal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

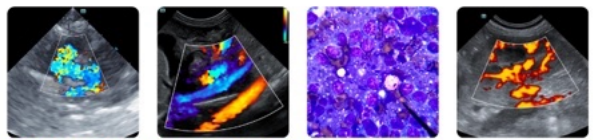
- Bilateral renal enlargement with irregular contours. Markedly increased renal cortical echogenicity with increased corticomedullary distinction.
- Mild subcapsular hypoechoic halo and small amount of left perirenal fluid.
- Eccentric, extraluminal soft tissue lesion adjacent to the ileum (1.59×1.35 cm) without luminal invasion or obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals marked bilateral renal abnormalities characterized by renomegaly, irregular renal contours, and markedly increased cortical echogenicity. A mild subcapsular hypoechoic halo and a small amount of perirenal fluid are noted adjacent to the left kidney. Renal perfusion appears preserved on Doppler evaluation. These findings are most consistent with significant renal parenchymal disease and may reflect active inflammatory, or infiltrative renal pathology.

Additionally, a well-defined, rounded soft tissue lesion measuring approximately 1.59×1.35 cm is identified adjacent to the ileum. The lesion is eccentrically located and expands outward from the intestine, appearing to arise from or be closely associated with the outer layers of the intestinal wall or adjacent mesenteric or muscular tissues.

The combination of bilateral renal enlargement with marked cortical hyperechogenicity, irregular contours, subcapsular changes, and perirenal fluid, together with a focal, eccentrically growing extraluminal ileal-associated soft tissue mass in a cat with weight loss, is highly suspicious for an



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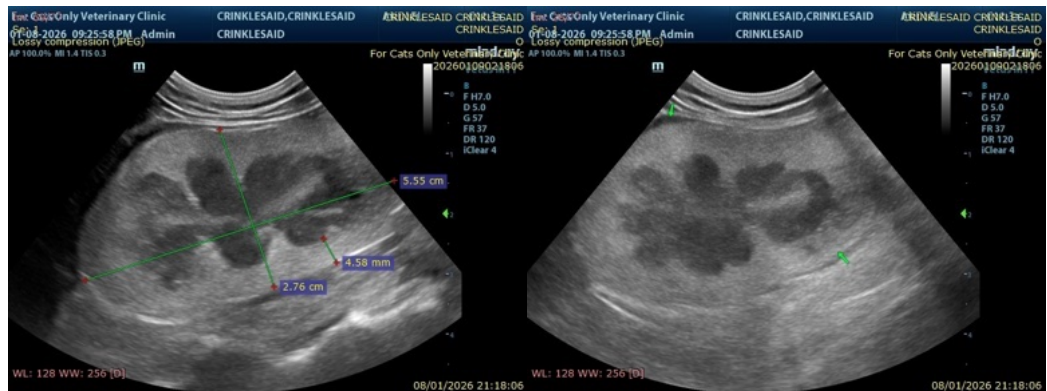
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infiltrative systemic disease process, particularly lymphoma with renal and intestinal involvement. An infiltrative intestinal lesion with concurrent nephritis is also considered possible. Definitive diagnosis requires tissue sampling.

Recommendations

- Ultrasound-guided fine-needle aspiration of the renal parenchyma and/or the ileal-associated soft tissue lesion to obtain a definitive diagnosis is recommended.
- Consider cytologic evaluation as an initial diagnostic step, recognizing that histopathology may be required if cytology is nondiagnostic.
- Correlate imaging findings with renal laboratory parameters.





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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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