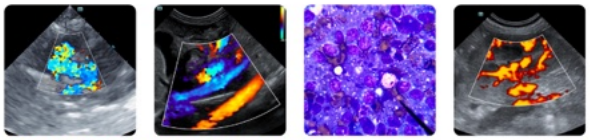


PATIENT

Jazz Gillikin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

9.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Samantha Hudgins DVM

HOSPITAL NAME

Pevacx AH

REFERRING VET

Dr. Kwong

INVOICE

69962

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Decreased appetite since mid December. One day with vomiting on January 6th. Even on maropitant and miratazapine appetite is inconsistent. Started grinding teeth when eating since dental which was performed in July and 108 and 109 were extracted.
Abnormal PE/Chem/CBC/UA Results: Extraction site appears well healed and there does not appear to be any inappropriate interference. Bloodwork normal except: MCHC - 36.2 (28.1-35.8); Basophils - 0.37 (0.01-0.26); BUN - 39 (16-36); Potassium - 3 (3.5-7.5)

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 turbid with 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 normal in shape and size, measuring 3.64×2.28 cm. Cortical thickness is 0.40 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.92x2.12 cm. Cortical thickness is 0.37 cm in the sagittal plane. The renal cortices are increased in echogenicity, resulting in increased corticomedullary distinction. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.25 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.20 cm at the cranial pole and 0.23 cm at the caudal pole.

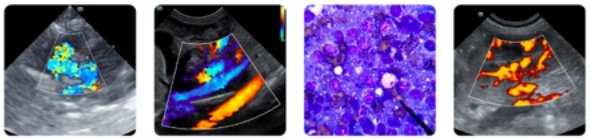
Spleen

Splenic thickness is 0.85 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with a focal hyperechoic nodule measuring 1.79×2.03 mm. 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. The common bile duct measures 0.35 mm.



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Gastrointestinal

The stomach is empty and folded, with normal mural thickness (1.23 mm) and preserved wall layering. Pylorus: 3.48 mm, with a small amount of luminal fluid.

Duodenum: 2.54 mm. Jejunum: 2.21 mm (Mucosa: 1.23 mm, Submucosa: 0.28 mm, Muscularis propria: 0.42 mm). Ileum: 1.90–2.09 mm (Mucosa: 0.71 mm, Submucosa: 0.64 mm, Muscularis propria: 0.54 mm). Wall layering is preserved. The ileocecal junction was not clearly visualized. No evidence of inflamation, ileus, or foreign material is identified.

Colon: Colonic wall thickness is 0.90 mm, with formed feces present in the descending segment.

Pancreas

The pancreatic body measures 6.40–8.84 mm. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.31–1.46 mm. No evidence of active inflammation of the peripancreatic fat is identified.

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

PRIMARY FINDINGS

- Increased renal cortical echogenicity and mild medullary rim sign.
- Mild pancreatic parenchymal hypoechogenicity with mild pancreatic duct dilation.

SECONDARY FINDINGS

- Turbid urinary bladder contents with suspended echoes.
- Small focal hyperechoic splenic nodule (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are normal in size and shape but demonstrate increased cortical echogenicity with enhanced corticomedullary distinction and a mild medullary rim sign. These changes are most consistent with early or mild chronic kidney disease, particularly in the context of a mildly elevated BUN. Renal changes alone may contribute to nausea, inappetence, and altered eating behavior in geriatric cats.

The pancreas appears mildly hypoechoic relative to the surrounding omental fat, with mild pancreatic duct dilation. No peripancreatic fat inflammation or secondary changes are identified. In cats, these findings are nonspecific but may be compatible with age-related changes, or mild chronic pancreatitis.

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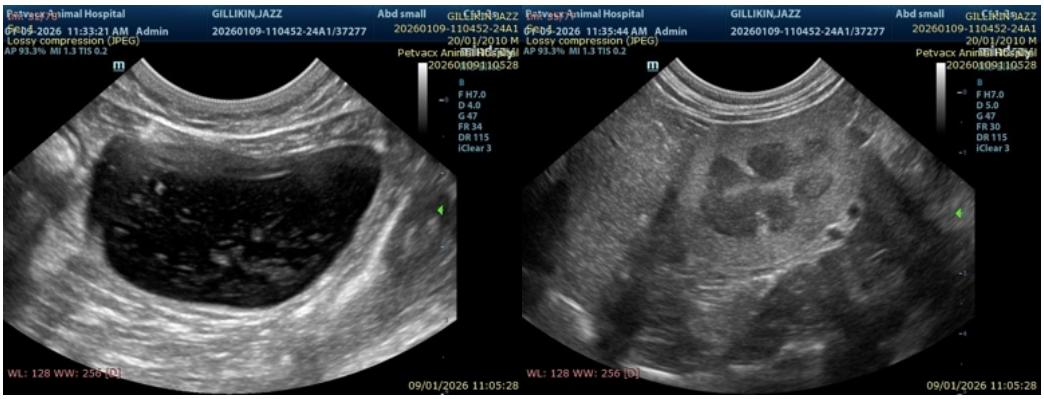
Given the clinical history of decreased appetite, nausea, and intermittent vomiting, pancreatic involvement remains a reasonable consideration, even in the absence of overt inflammatory changes.

The urinary bladder contains turbid urine with suspended echoes, which may reflect crystalluria, proteinaceous debris, or lipidic material.

A small, focal hyperechoic splenic nodule is noted and is most consistent with a benign incidental finding, such as nodular hyperplasia, a siderotic body, or myelolipoma.

Recommendations

- Correlate renal ultrasonographic findings with renal parameters, urine specific gravity, and electrolyte abnormalities, and consider renal-supportive management as clinically indicated.
- Blood pressure measurement is recommended to assess systemic hypertension, given the patient's age and mild renal ultrasonographic and biochemical changes.
- Feline-specific pancreatic lipase testing may be considered if there is ongoing clinical suspicion of pancreatitis.
- Continue multimodal management of nausea and appetite; consider alternative antiemetic or analgesic strategies if clinical signs persist.
- Monitor clinical progression, body weight, and appetite; further diagnostics should be guided by response to therapy and clinical evolution.



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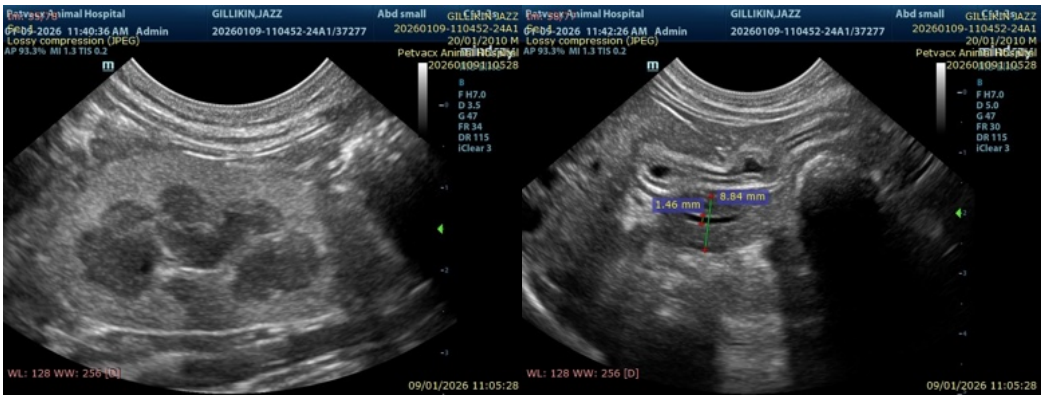

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com