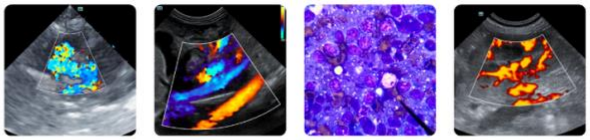


PATIENT

Somali Arnold

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

12.02

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Pamela Bay

INVOICE

12233

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine appears slightly turbid, although no mineral sediment is observed; this may be artifactual. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.39x2.31 cm, and the thickness of the cortex is 0.32 cm, in the sagittal plane. The cortical is slightly hyperechogenic resulting in increased corticomedullary distinction. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 4.51x2.07 cm, and the thickness of the cortex is 0.30 cm, in the sagittal plane. The cortical is slightly hyperechogenic resulting in increased corticomedullary distinction The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.27 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.24 cm at the caudal pole.

Spleen

Splenic thickness is 0.97 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

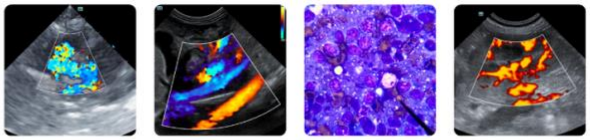
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents consist of abundant biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.39 mm and preserved wall layering. The pylorus measures 3.29 mm.
Duodenum: 1.39 mm. Duodenal papilla: 4.43×3.01 mm.
Jejunum: 1.89 mm (mucosa 0.89 mm, submucosa 0.44 mm, muscularis propria 0.20 mm).
Ileum: 1.20 mm (mucosa 0.69 mm, submucosa 0.51 mm, muscularis propria 0.24 mm).
The ileocecal junction measures 2.03 mm, muscularis 0.69 mm.



PATIENT

Somali Arnold

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

12.02

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Pamela Bay

INVOICE

12233

DATE

11/12/25

Wall layering is normal throughout. No signs of obstruction, ileus, or foreign material are identified. Colon: 0.64 mm, with formed feces in the descending segment.

Pancreas

5.14 mm thickness. The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 0.54 mm. No signs of active inflammation or neoplastic disease are evident.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity with preserved corticomedullary definition (nonspecific).
- Abundant biliary sludge without gallbladder wall changes or ductal dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract shows normal wall thickness and layering throughout, with no evidence of inflammatory thickening or infiltrative disease. The pancreas and pancreatic duct appear normal, with no sonographic signs of pancreatitis.

The kidneys show mild bilateral cortical hyperechogenicity, a nonspecific finding that in an older cat is most associated with early chronic kidney changes, or age-related parenchymal changes. Nevertheless, they may correlate with routine bloodwork and urinalysis.

The presence of abundant biliary sludge without gallbladder wall thickening or biliary duct dilation is also common in geriatric cats. This is usually incidental and reflects biliary stasis, which can occur with age, decreased appetite, or reduced motility. It is not suggestive of active hepatitis or cholangitis based on imaging alone.

Recommendations

- Perform a full senior blood panel (CBC, chemistry, UA, T4, SDMA).
- Measure blood pressure.
- Consider a GI panel (cobalamin, folate, TLI, fPL) if weight loss persists.
- Supplement cobalamin (B12) if levels are low or low-normal.

PATIENT

Somali Arnold

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

12.02

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

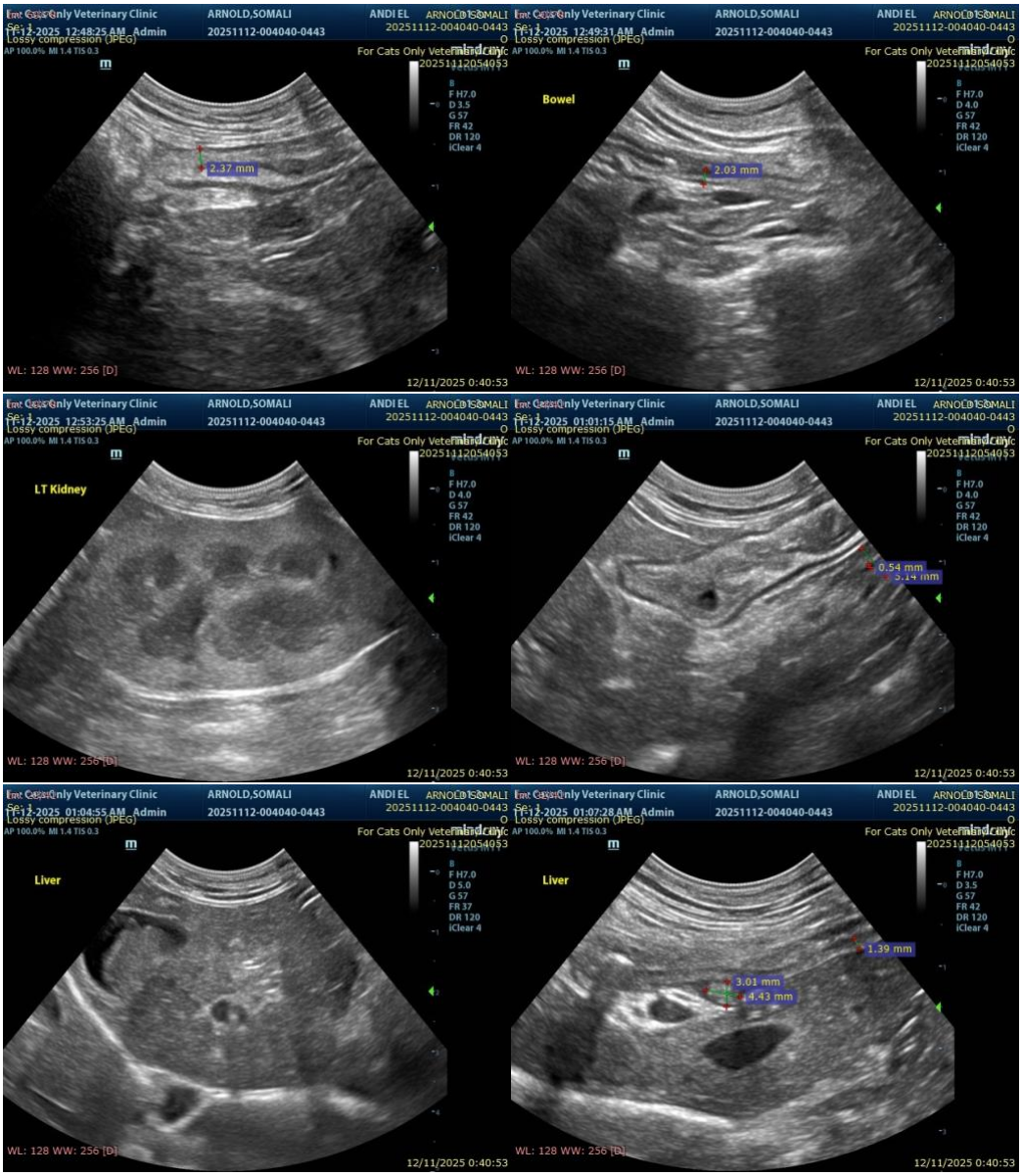
Dr. Pamela Bay

INVOICE

12233

DATE

11/12/25



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.

info@SonoPath.com