



## PATIENT

Billy Supparits

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

11.6 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Anshu Gupta

## HOSPITAL NAME

Liverpool Village  
Animal Hospital

## REFERRING VET

Dr. Anshu Gupta

## INVOICE

71819

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

Presented 11/10 for acting disoriented, weight loss over last few months. Possible increased drinking. Intermittent vomiting over the last 1 month.

Abnormal PE/Chem/CBC/UA Results: CBC: Mild anemia HCT 27% Chem: BUN 52, Creat 1.6, hypocalcemia 7.8 Total T4: 1.0 Overweight, possibly painful abdomen GI panel pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is mildly turbid, without visible mineral sediment. The proximal urethra and vesicoureteral junction appear normal. No calculi or inflammatory/neoplastic changes are identified.

The left kidney is normal in shape and size (3.81×2.70 cm), with a cortical thickness of 0.42 cm. The renal cortex is mildly hyperechoic with increased corticomedullary distinction. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler flow is normal.

The right kidney is normal in shape and size (4.10×2.68 cm), with a cortical thickness of 0.49 cm. The cortex is hyperechoic, with increased corticomedullary distinction. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler flow is normal.

### Adrenal Glands

The left adrenal gland measures 0.27 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland could not be visualized.

### Spleen

Splenic thickness measures 0.75 cm. The parenchyma has normal echogenicity and homogeneous echotexture with no focal lesions. The splenic capsule is smooth and regular.

### Liver

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

The gallbladder is normally distended. The wall is thin and normal, with anechoic content. No dilation of the cystic or common bile ducts is observed.

### Gastrointestinal

The stomach contains small amounts of food material; mural thickness is normal and wall layering is preserved.

Duodenum: 1.75 mm.

Jejunum: 2.42 mm (Mucosa 1.47 mm, Submucosa 0.49 mm, Muscularis 0.20 mm).

Ileum: 2.39 mm (Mucosa 1.10 mm, Submucosa 0.53 mm, Muscularis 0.37 mm).



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Wall layering is preserved throughout. The ileocecal junction is not visualized. No signs of obstruction, ileus, foreign material, or abnormal motility are noted.

Colonic wall thickness is 0.69 mm, with formed feces in the descending colon.

### **Pancreas**

Pancreatic thickness is 5 mm. The parenchyma is isoechoic to the surrounding omental fat. The pancreatic duct measures 0.87 mm. No ultrasonographic signs of pancreatitis or neoplastic disease are identified.

### **Free Abdomen**

No free abdominal effusion or signs of peritonitis are observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, but surrounding tissues appear unremarkable. The iliac trifurcation is normal.

## **PRIMARY FINDINGS**

- Bilateral renal cortical hyperechogenicity.
- Mild gastric food retention despite fasting.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastrointestinal tract demonstrates normal wall layering and mural thickness throughout, with measurements falling within published reference ranges for adult cats. The mucosa, submucosa, and muscularis proportions remain appropriate, without segmental thickening, loss of layering, or mass effect. The ileocecal junction could not be visualized in the available videos, so this region remains partially unevaluated.

Mild gastric food retention despite the reported fasting period may be incidental, secondary to delayed gastric emptying, or due to incomplete fasting.

The pancreas appears normal, without structural changes indicative of pancreatitis. No abdominal effusion, peritonitis, or lymphadenopathy is identified.

The bilateral renal cortical hyperechogenicity may be compatible with early or mild chronic kidney disease. (However, in overweight or geriatric cats, increased cortical echogenicity can also occur due to benign renal lipid accumulation or age-related cortical changes). Renal size, shape, and architecture are preserved, and there is no pyelectasia, obstruction, nephrolithiasis, or significant Doppler abnormality. Therefore, additional diagnostics are required to correlate ultrasonographic findings with clinically significant renal disease and to establish the IRIS stage.

Recommendations:

- Complete urinalysis (including USG, sediment, and urine protein:creatinine ratio).
- SDMA
- Blood pressure measurement (repeat, if needed): Systemic hypertension can contribute to lethargy, vomiting, and neurologic signs in geriatric cats.
- Ionized calcium: The patient has a low total calcium; ionized calcium is required to confirm whether true hypocalcemia is present.



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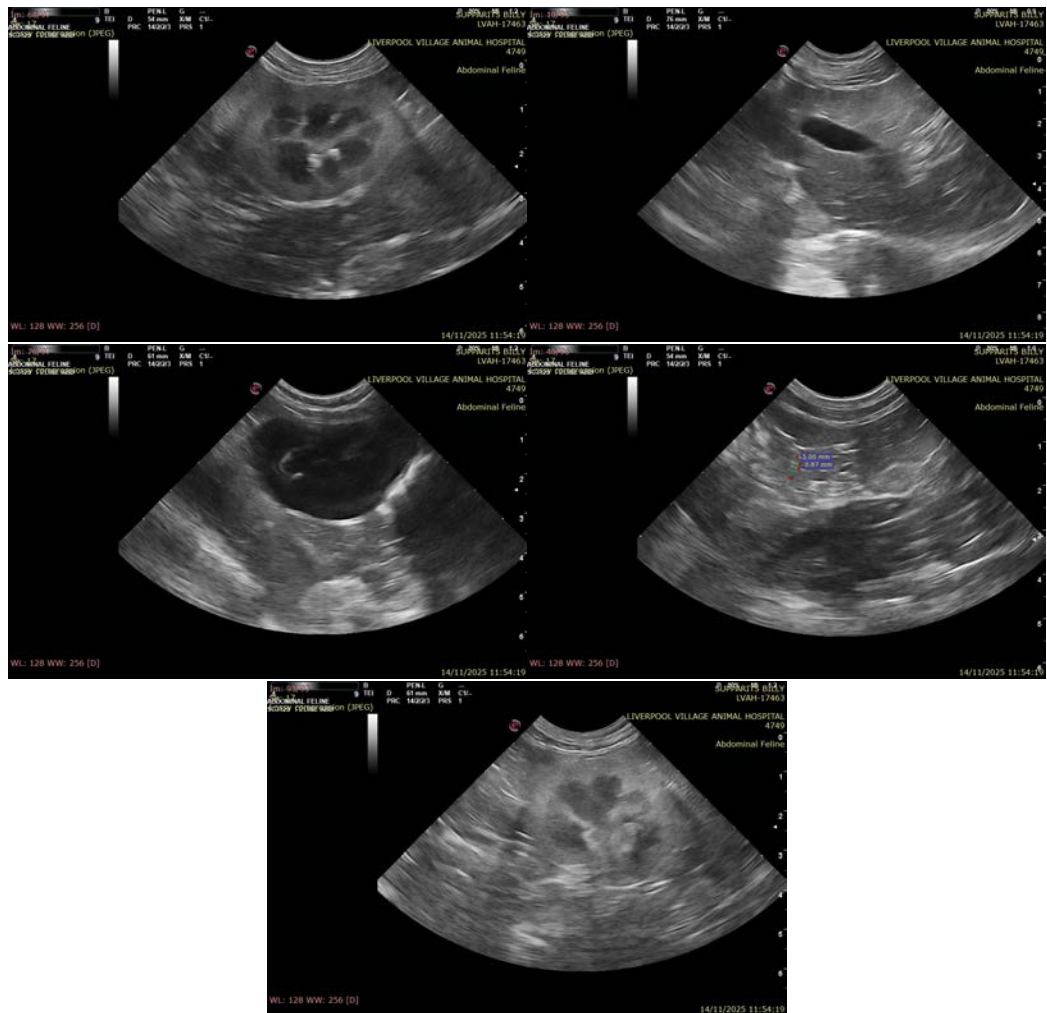
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- Free T4 (by equilibrium dialysis): It improves sensitivity for early or masked hyperthyroidism.
  - Serum cobalamin (pending).
- Spec fPL: Although the pancreas appears normal on ultrasound, chronic pancreatitis is common in older cats and can present with intermittent vomiting and weight loss.



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.

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