



## PATIENT

Mochi Romine

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

4 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Catherine Alexander,  
LVT

## HOSPITAL NAME

NorthStar Veterinary  
Sonography

## REFERRING VET

Dr. Sullivan

## INVOICE

71827

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

History of inappetence and weight loss  
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is normally distended, with a thin, smooth wall. The urine is anechoic. The proximal urethra and vesicoureteral junction are normal. No uroliths, sediment, or evidence of inflammatory or neoplastic disease are identified.

The left kidney measures 3.74×2.50 cm with a cortical thickness of 0.51 cm. The cortex is diffusely hyperechoic, resulting in increased corticomedullary distinction. There are also several triangular, wedge-shaped hyperechoic cortical regions consistent with renal infarcts or focal cortical fibrosis. A mild medullary rim sign is present. No pyelectasia, nephroliths, or hydronephrosis are observed.

The right kidney measures 4.19×3.20 cm. The cortex is diffusely hyperechoic with increased corticomedullary distinction and a mild medullary rim sign. A smooth, circumferential hypoechoic peri-renal rim surrounds the kidney, creating a thin halo-like appearance between the renal capsule and surrounding retroperitoneal tissue. There is no fluid accumulation, mass effect, peri-renal distortion, or capsular disruption. No pyelectasia, nephroliths, or hydronephrosis are identified.

### *Adrenal Glands*

Not visualized.

### *Spleen*

Splenic thickness is 0.79 cm. The parenchyma shows normal echogenicity and a fine homogeneous texture, with a 3.36×4.04 mm hypoechoic focus, likely incidental. The capsule is smooth and regular, and splenic vasculature appears normal.

### *Liver*

The liver is normal in size with sharp margins and a regular contour. Parenchymal echogenicity is uniform and slightly hyperechoic relative to falciform fat. No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended with a thin wall and anechoic contents, with a small amount of biliary sludge. The common bile duct measures 2.55 mm, within normal range for a cat of this size.

### *Gastrointestinal*

The stomach is empty and partially folded, with normal wall layering and mural thickness (1.79–2.24 mm).

Duodenum: 1.72 mm.

Jejunum: 1.86 mm (Mucosa 0.87 mm, Submucosa 0.54 mm, Muscularis 0.28 mm).



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Ileum: 1.79 mm (Mucosa 0.89 mm, Submucosa 0.61 mm, Muscularis 0.30 mm).  
Ileocecal junction: 1.77 mm (Muscularis 0.53 mm).

Colon: 0.77 mm, containing formed feces.

All intestinal segments show normal wall layering and mural thickness, with no evidence of inflammation, ileus, or foreign material.

### **Pancreas**

The right limb, body, and left limb of the pancreas have normal size and echogenicity, remaining isoechoic to the surrounding omental fat. The pancreatic duct is not dilated. No signs of pancreatitis or pancreatic neoplasia are present.

### **Free Abdomen**

No abdominal effusion or peritonitis is identified.

The ileocecal lymph node is mildly enlarged (5 mm thick) but maintains normal shape and echogenicity.

Cranial mesenteric lymph nodes are not visualized, and surrounding tissues appear normal.

The iliac trifurcation is normal.

## **PRIMARY FINDINGS**

- Bilaterally hyperechoic renal cortices with mild medullary rim sign.
- Left kidney: wedge-shaped cortical hyperechoic areas.
- Right kidney: circumferential smooth peri-renal hypoechoic rim.

## **SECONDARY FINDINGS**

- The liver is mildly hyperechoic compared to perihepatic fat.
- Small splenic hypoechoic focus.
- Mild biliary sludge.

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

Both kidneys are normal in overall size and shape but show marked cortical hyperechogenicity, mild medullary rim sign, findings that raise concern for early or subclinical renal disease, including chronic tubulointerstitial nephropathy. The presence of triangular cortical hyperechoic regions in the left kidney is suggestive of focal cortical infarcts or localized fibrosis, which may occur secondary to hypertension, vasculopathy, or chronic inflammatory renal disease.

On the right side, a circumferential mildly hypoechoic peri-renal rim is present. Although nonspecific, this pattern has been described with chronic inflammatory or infiltrative processes, and occasionally with early lymphomatous infiltration. Importantly, there is no renal enlargement, no distortion of architecture, no pyelectasia, and no retroperitoneal effusion, making aggressive or advanced disease less likely at this time.



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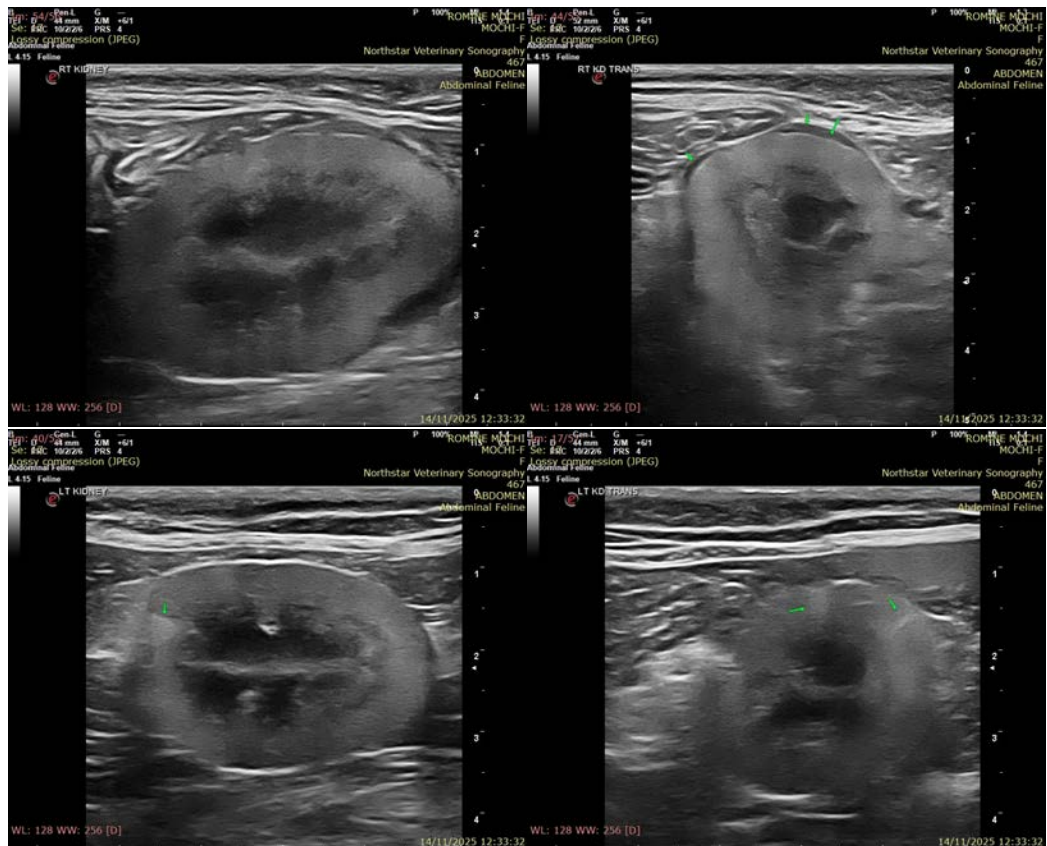
The spleen contains a single small, well-defined hypoechoic focus (3–4 mm), most consistent with an incidental lymphoid nodule or benign regenerative lesion.

The liver is mildly hyperechoic, which may be compatible with early or subclinical hepatic lipidosis, even if not yet reflected in current bloodwork.

Gastric and intestinal wall thickness and layering appropriate for species norms. The ileocecal junction is normal in thickness and morphology.

### Recommendations:

- Complete urinalysis + urine protein:creatinine ratio (UPC).
- SDMA.
- Blood pressure measurement.
- FeLV/FIV testing (if not current).
- If progression or if abnormalities appear:  
FNA of the kidneys could be considered—but only if new structural abnormalities develop; current findings do not mandate immediate sampling.





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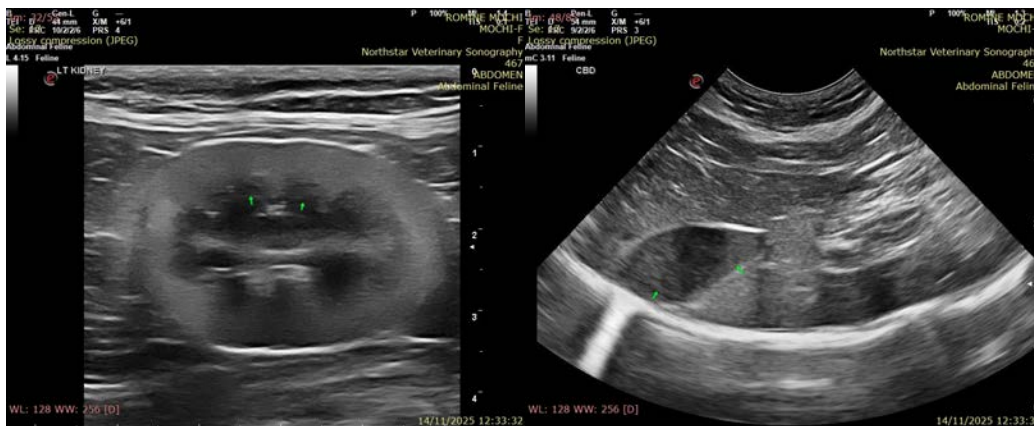
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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