



## PATIENT

Horus Thayer

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

8 years

## WEIGHT

10.4 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dana Kraeutler, CVT

## HOSPITAL NAME

Pocono Peak VC

## REFERRING VET

Dr. Santore

## INVOICE

68853

## DATE

11/19/25

## PRESENTING CLINICAL SIGNS

History: Recently increased/ravenous appetite, weight loss, increased aggression toward dog in home, decreased grooming.

Abnormal PE/Chem/CBC/UA Results: 11/15/25: CBC/CHEM WNLs, T4:2.9

## 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, containing small amounts of floating debris or suspended sediment. The proximal urethra and vesicoureteral junction appear normal. No calculi or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 4.42×2.76 cm, with a cortical thickness of 0.40 cm in sagittal view. The right kidney is normal in shape and size, measuring 3.69×2.40 cm, with a cortical thickness of 0.39 cm. Both kidneys show a cortex that is slightly increased in echogenicity, resulting in enhanced corticomedullary contrast, but renal architecture remains preserved. There is no pyelectasia, no nephrolithiasis, and no hydronephrosis. Color Doppler shows a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Left adrenal gland: 0.26 cm (cranial pole), 0.29 cm (caudal pole). Right adrenal gland: 0.35 cm (cranial pole), 0.32 cm (caudal pole). All measurements are within normal limits for a cat of this size.

### *Spleen*

Only a small portion of the spleen was visualized. Splenic thickness is 0.7 cm. The parenchyma shows normal echogenicity and a fine 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 regular contour. Hepatic echogenicity is uniform and isoechoic compared to falciform fat, with a normal fine echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin, and the lumen contains a small amount of biliary sludge. No dilation of the cystic or common bile ducts is identified.



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## *Gastrointestinal*

The stomach is distended with food material. The gastric wall thickness is 1.69 mm, and layering is preserved.

Pyloric wall: 2.18 mm, duodenum: 1.38 mm, jejunum: 2.02-2.25 mm, ileum: 1.29-1.63 mm. All segments display normal wall layering and no signs of inflammation, obstruction, or foreign material. Ileocecal junction measures 3.03 mm with a muscularis layer of 1.11 mm.

Colon wall: 1.02 mm, with formed feces in the descending segment.

## *Pancreas*

The pancreas could not be clearly visualized in any of the video clips, likely due to food-related acoustic interference from the stomach.

## *Peritoneal Cavity*

No free abdominal fluid, peritonitis, or organ displacement is identified.

Cranial mesenteric and ileocecal lymph nodes were not visualized, but surrounding regions appear unremarkable.

The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Mildly turbid urine with suspended debris.
- Mild generalized cortical hyperechogenicity in both kidneys.
- Mildly thickened ileocecal junction (3.03 mm; muscularis 1.11 mm).

### SECONDARY FINDINGS

- Stomach markedly distended with ingesta.
- Mild biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys show mild cortical hyperechogenicity, but overall size, architecture, and corticomedullary definition are normal. These findings can be seen with early or subclinical chronic kidney disease, age-related cortical changes, or dehydration or prerenal factors (especially with mild USG reduction).

The gastric distension with food is a likely incidental finding but may relate to recent feeding or delayed gastric emptying.



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The ileocecal junction shows mild thickening (3.03 mm) with a slightly prominent muscularis layer (1.11 mm). Although this degree of thickening is subtle and may fall within the upper limits of normal variation, focal muscularis prominence can be associated with early or mild chronic inflammatory enteropathy, particularly in the ileocecal region.

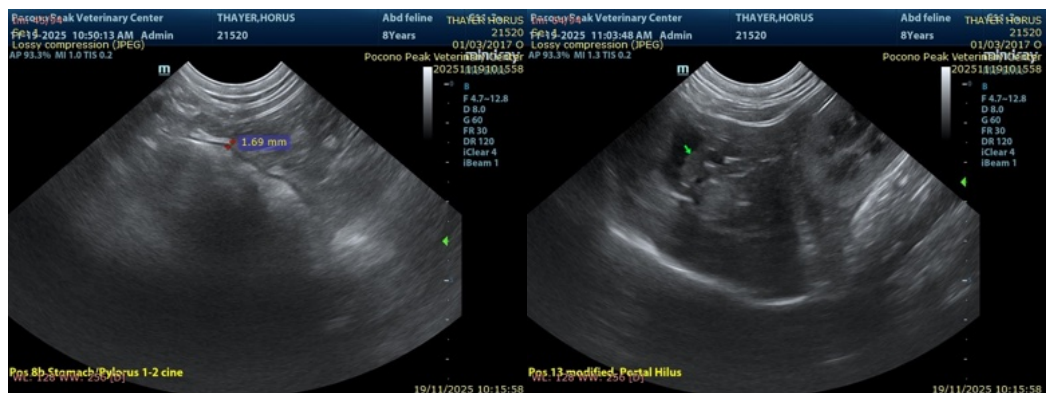
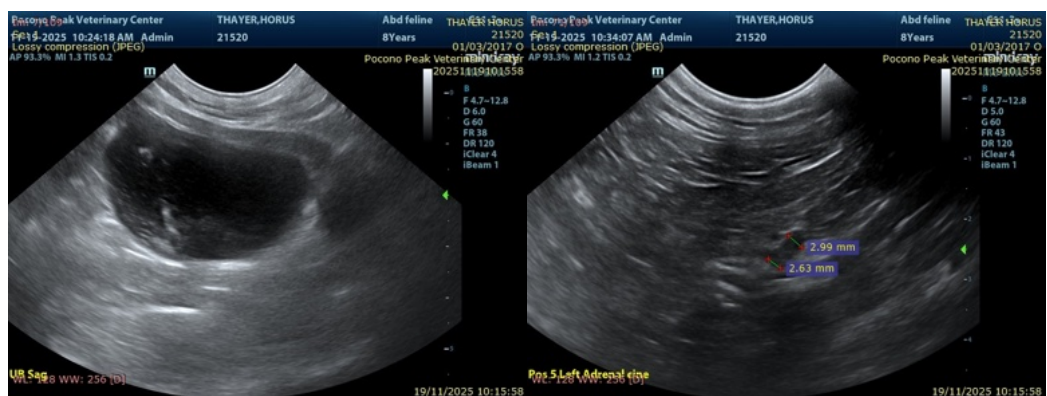
Lymph nodes and pancreas could not be fully evaluated; however, no secondary changes suggestive of systemic inflammation or abdominal pathology were identified.

The mild biliary sludge is common and generally clinically insignificant unless accompanied by cholestasis, which is not present.

Behavioral changes, weight loss, and polyphagia combined with a TT4 of 2.9 (upper reference range), raise suspicion for early, fluctuating, or "high-normal" hyperthyroidism, which can present before overt laboratory elevation.

### Recommendations

- Repeat urinalysis, including: sediment exam, UPC (urine protein:creatinine ratio) to assess for proteinuria, and also perform SDMA for early functional renal assessment.
- GI panel including fPLI is recommended.
- Consider repeat total T4 in 2-4 weeks and, if necessary, free T4 by equilibrium dialysis.





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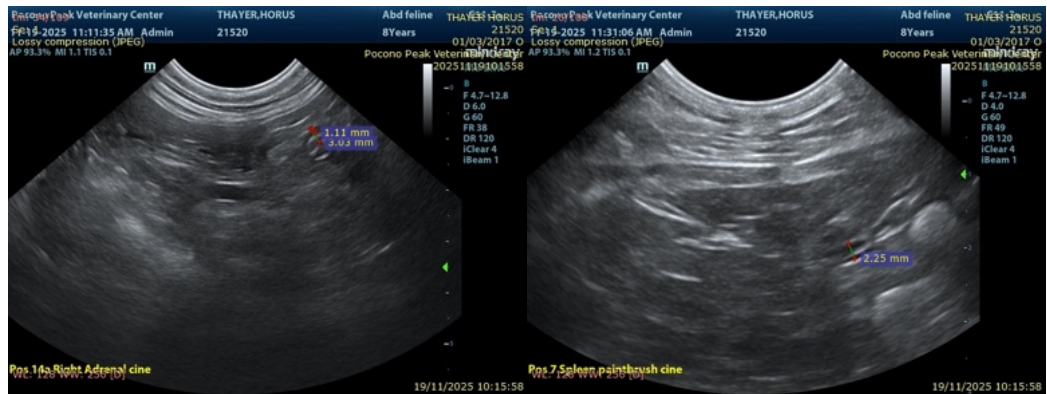
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

[info@SonoPath.com](mailto:info@SonoPath.com)