



PATIENT

Pumpkin Kaskovich

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

9.5 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

68944

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: decreased app, more vocal at night, eating less, pu/pd
Abnormal PE/Chem/CBC/UA Results: cbc/chem inc crea 2.6 inc SDMA 20.4 T4 2. ua sg 1.015

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 is anechoic. 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: 3.54×1.98 cm, and the cortical thickness is 0.43 cm in the sagittal plane. The right kidney is normal in shape and size: 3.22×2.26 cm, and the cortical thickness is 0.39 cm in the sagittal plane. The renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction. Medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.22 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.22 cm at the cranial pole and 0.23 cm at the caudal pole.

Spleen

Splenic thickness is 0.79 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with a 0.33×0.33 cm hyperechoic focus. 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 are primarily anechoic with a moderate amount of 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 (2.62 mm) and preserved wall layering. Duodenum: 1.78 mm.



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Jejunum: 2.13 mm; mucosa: 0.83 mm; submucosa: 0.88 mm; muscularis propria: 0.45 mm.
Ileum: 1.69–2.29 mm; mucosa: 0.64 mm; submucosa: 0.64 mm; muscularis propria: 0.22 mm.
Normal wall layering.

The ileocecal junction: 3.13 mm; muscularis 0.91 mm; cecum 2.05 mm. No signs of obstruction, ileus, or foreign material are identified. Colon: transverse 1.08 mm; descending segment 0.86 mm, with formed feces.

Pancreas

The pancreatic regions evaluated do not show clear signs of inflammation or neoplasia.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral increased renal cortical echogenicity with medullary rim sign.
- Mildly thickened ileocecal junction with preserved layering.
- Jejunal and ileal muscularis-to-mucosa ratios mildly increased compared with published feline reference ranges.

SECONDARY FINDINGS

- Small splenic hyperechoic focus (likely incidental).
- Moderate biliary sludge.
- Pancreas not clearly visualized, but surveyed regions normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound shows bilateral renal cortical hyperechogenicity with preserved corticomedullary definition and concurrent medullary rim sign. These findings, combined with the patient's elevated creatinine, increased SDMA, and poorly concentrated urine, are most consistent with chronic kidney disease. No evidence of obstruction, pyelectasia, or urolithiasis is seen.

The gallbladder contains a moderate amount of biliary sludge, which is common in older cats and typically incidental when the gallbladder wall remains thin, as in this case.



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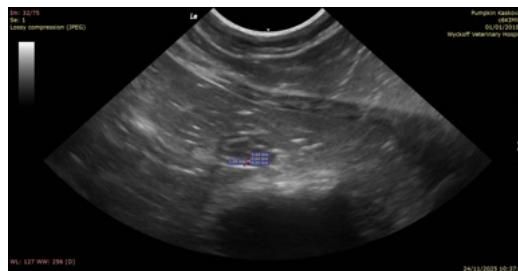
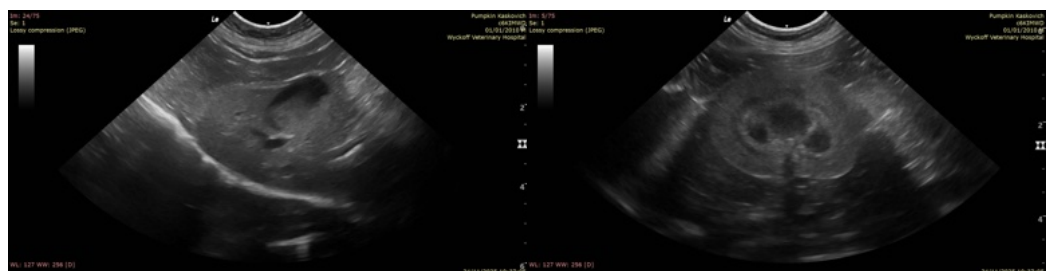
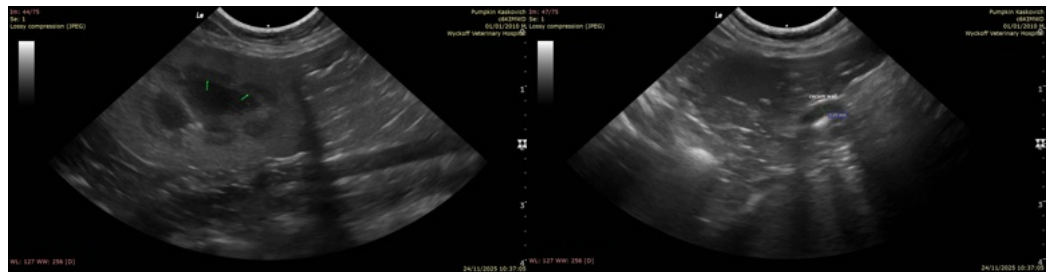
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The ileocecal junction and cecum show mild thickening, but with preserved wall layering and no regional lymphadenopathy. The jejunal and ileal muscularis-to-mucosa ratios are mildly increased compared with published feline reference ranges. These changes may represent mild or early IBD.

A small, focal hyperechoic splenic nodule likely represents a benign change such as myelolipomas or fibrosis, and is considered incidental.

Recommendations

- Monitor renal values (creatinine, SDMA, BUN, phosphorus).
- UPC.
- Ensure consistent hydration; consider fluids if needed.
- Consider GI panel (TLI, cobalamin, folate, fPLI).
- Trial of easily digestible GI diet.
- Measure blood pressure.



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.



PATIENT

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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MV Esp Ultrasound in Domestic and Wild Animals

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info@SonoPath.com

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