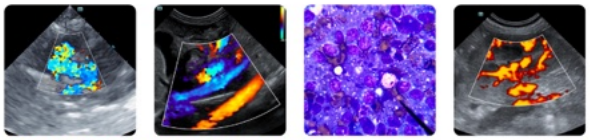


PATIENT

Tessie Huse

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Vet Clinic

REFERRING VET

Dr. Federow

INVOICE

69478

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: P is a 17 yo F DSH with history of hyperthyroidism managed on 2.5 mg felimazole BID and CKD stage 2, and hypokalemia managed on K powder. P presented for weight loss (9 lbs- 6.8lbs in one year) and intermittent inappetence. Suspect underlying GI disease or methimazole side effects.
BW November 2025- latest IDEXX SDMA 26 (0 - 14 µg/dL) BUN 38 (16 - 36 mg/dL) Potassium 3.5 (3.5 - 5.8 mmol/L)- very low normal 8/29/25: RBC 6.23 (6.50 - 11.53 M/µL) Hematocrit 27.0 (31.0 - 51.0 %) Hemoglobin 9.2 (10.6 - 16.7 g/dL) Heart murmur 2/6 heard today (new)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a thin, smooth wall. Urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of cystitis or neoplasia are identified.

Both kidneys are normal in size and shape. The left kidney measures 3.35×1.97 cm with a cortical thickness of 0.33 cm, and the right kidney measures 3.20×2.08 cm with a cortical thickness of 0.30 cm (sagittal plane). Renal cortices are isoechoic relative to the liver, corticomedullary definition and ratio are preserved, and no pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands are normal in size, shape, and echogenicity. The left adrenal gland measures 0.30 cm (cranial pole) and 0.31 cm (caudal pole), and the right adrenal gland measures 0.33 cm and 0.34 cm, respectively.

Spleen

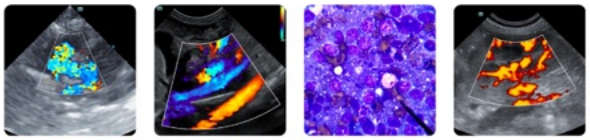
The spleen is normal in size (thickness 0.63 cm) with homogeneous echotexture and smooth margins. No focal splenic lesions are identified.

Liver

The liver is subjectively normal in size and contour, with a uniform echotexture and normal echogenicity relative to falciform fat. A small, well-defined multicystic lesion measuring approximately 1.08×1.34 cm is identified at the caudal margin of the left lateral hepatic lobe. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended with a thin wall and anechoic contents. The common bile duct measures approximately 3.92 mm proximally, tapering to 2.11 mm distally, which is within acceptable limits for a geriatric cat.

Gastrointestinal



PATIENT

Tessie Huse

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Vet Clinic

REFERRING VET

Dr. Federow

INVOICE

69478

DATE

12/22/25

The stomach is empty and folded, containing a small amount of fluid. Gastric wall thickness is within normal limits (1.67 mm) with preserved layering. The pylorus measures 2.68 mm.

The duodenum, jejunum, and ileum demonstrate normal wall thickness and preserved wall layering. Mild prominence of the muscularis layer is noted at the ileocecal junction (total thickness 3.55 mm; muscularis 1.62 mm), without mass effect or loss of wall layering. No evidence of obstruction, ileus, or foreign material is identified. The colon contains formed feces without evidence of impaction.

Pancreas

The pancreas is not clearly visualized; however, the regions evaluated do not demonstrate ultrasonographic evidence of pancreatitis or peripancreatic inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are identified. Cranial mesenteric and ileocecal lymph nodes are not visualized and the surrounding mesentery appears unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Small multicystic lesion at the caudal margin of the left lateral hepatic lobe.
- Mild muscularis prominence at the ileocecal junction.
- Kidneys structurally normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the abdominal ultrasound reveals largely preserved abdominal organ architecture, with a limited number of mild but clinically relevant findings that should be interpreted in the context of this patient's advanced age, chronic hyperthyroidism, stage 2 chronic kidney disease, anemia, and significant weight loss.

Renal morphology is within normal limits; however, given the elevated SDMA, borderline azotemia, hypokalemia, and anemia, these kidneys should be considered functionally compromised despite relatively benign ultrasonographic appearance, consistent with early-to-moderate chronic kidney disease rather than an acute process.

The small multicystic lesion identified at the margin of the left lateral hepatic lobe is most consistent with a benign cystic process (biliary cyst, focal cystic degeneration or early cystadenoma). There are no ultrasonographic features suggestive of hepatic neoplasia, mass effect, or diffuse hepatopathy. This lesion is considered an incidental finding at this time.

The gastrointestinal tract demonstrates preserved wall layering and thickness throughout, without focal masses or diffuse infiltrative changes. Mild muscularis prominence at the ileocecal junction may reflect chronic low-grade enteropathy or functional change, which can be seen in geriatric cats and in

PATIENT

Tessie Huse

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Vet Clinic

REFERRING VET

Dr. Federow

INVOICE

69478

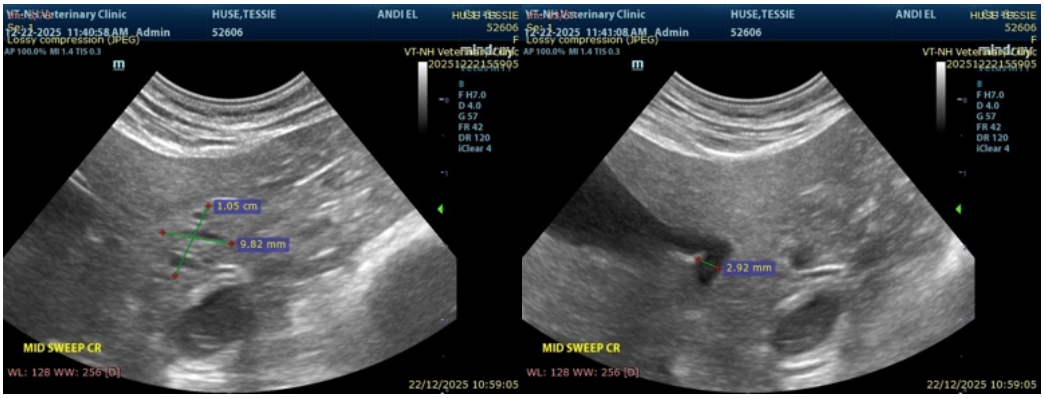
DATE

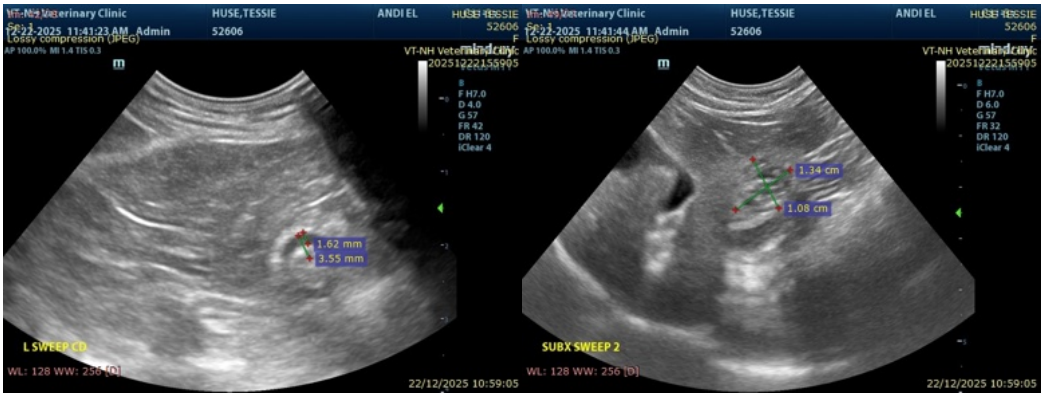
12/22/25

association with chronic systemic disease (hyperthyroidism, CKD), medication effects, or early IBD. Currently there are no ultrasonographic features strongly supportive of alimentary lymphoma.

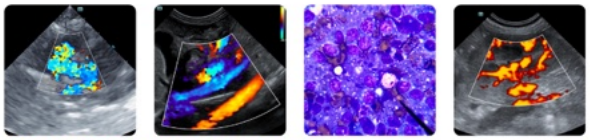
Recommendations

- GI panel is recommended as a non-invasive next step to further assess for functional gastrointestinal disease (cobalamin deficiency, malabsorption, or chronic low-grade pancreatitis), particularly given the patient's weight loss and intermittent inappetence despite the absence of marked structural abnormalities on ultrasound.
- Continued clinical and biochemical monitoring of renal function, including SDMA, creatinine, potassium, and hematocrit, given evidence of CKD despite mild ultrasonographic changes.
- Serial ultrasonographic monitoring of the hepatic cystic lesion to document stability over time.





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Tessie Huse

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Vet Clinic

REFERRING VET

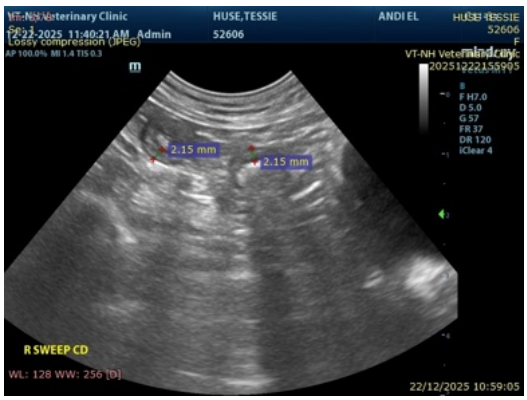
Dr. Federow

INVOICE

69478

DATE

12/22/25



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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com