



PATIENT

Nikki Sipe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

11 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Hollway

INVOICE

69396

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Patient presenting for ADR, hiding a lot after eating breakfast this morning. Was normal prior. Patient presented for ADR and hiding a lot. Owner stated this morning after eating breakfast she ran and hid the rest of the morning. She does have a history of getting into things she shouldn't have but owner said she is not aware of anything recently. Otherwise patient has been normal up until this morning. Hx Gi parasites - resolved with dewormer Hx ringworm Temp (°F): | H.R.: | R.R.: 56 | C.R.T. :1-2 sec | M.M.: Pink AXR/CXR to IDX this morning: CONCLUSIONS: • Concern for steatitis or mild peritoneal effusion/peritonitis in the left cranial abdomen such as from pancreatitis. It is quite possible that this somewhat wispy increased in soft tissue/fluid opacity is a normal variation/artifact. • Mild amount of non-obstructive granular mineral content within the small and large bowel is nonspecific though dietary indiscretion is possible. • Bronchial lung pattern, suggestive of bronchitis/asthma, likely an incidental finding.

Abnormal PE/Chem/CBC/UA Results: Physical Exam Summary: BAR 1yr FS DSH. Subjectively thick SI but no obvious masses on ABD palp. Cardio = NSF. Slightly harsh lung sounds bilaterally. Mild generalized gingivitis. Otherwise PE = NSF. CBC - RBC 13.21M/ μ L range 6.54-12.2 Hemoglobin 16.6g/dL range 9.8-16.2 MCV 31.3fL range 35.9-53.1 MCHC 40.2g/dL range 28.1-35.8 RDW 37.4% range 15-27 CHEM: NSF Lytes: NSF T4 = 1.3 normal Urinalysis (cysto) 1.050 USG 7pH 1+ protein otherwise quiet sediment

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 appears mildly turbid. There is a normal appearance of the proximal urethra and vesicoureteral junction. No calculi or evidence of inflammatory or neoplastic changes are observed.

The left kidney is normal in shape and size: 3.90x2.17 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size: 3.74x1.87 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.27 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen



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Splenic thickness is 0.85 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

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Liver

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

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The gallbladder lumen is normally distended. The wall measures 1.21 mm, and the contents are primarily anechoic with a very small amount of biliary sludge in the fundus. No dilation of the cystic duct or common bile duct is observed.

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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.43 mm and preserved wall layering. Within the gastric body, a small amount of fluid and a linear structure without acoustic shadowing are observed; this may represent a piece of grass (catnip) or thread.

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The pylorus measures 4.20 mm. Duodenum: 1.16 mm. Jejunum: 1.58 mm (mucosa: 0.85 mm, submucosa: 0.31 mm, muscularis propria: 0.27 mm). Ileum: 1.49 mm, with normal wall layering. The ileocecal junction measures 2.37 mm. Cecum: 1.71 mm. No dilation, altered peristalsis, or other foreign material is identified.

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Colon: ascending 1.17 mm, transverse 1.16 mm, descending 0.52 mm, with formed feces in the lumen.

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Pancreas

All pancreatic regions were evaluated in detail, with a high-frequency linear probe. No ultrasonographic abnormalities were detected in any of the provided videos of the pancreas or peripancreatic fat.

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Peritoneal Cavity

No abdominal effusion, steatitis or peritonitis is observed.

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Cranial mesenteric lymph nodes measure 4.64–5 mm in thickness and show normal shape and echogenicity.

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Ileocecal lymph nodes measure 3.23–4.67 mm in thickness, with normal shape and echogenicity.

The iliac trifurcation is normal.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS



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- A small, linear, non-shadowing structure within the gastric lumen, compatible with possible grass/plant material or string-like foreign material.
- Mild prominence of the pylorus though still within acceptable limits and with preserved layering.
- Cranial mesenteric and ileocecal lymph nodes at the upper end of normal size, consistent with mild reactive hyperplasia.

SECONDARY FINDINGS

- Turbid urine within an otherwise normal urinary bladder.
- Mild biliary sludge without ductal dilation or gallbladder wall changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings are largely unremarkable, with no evidence of, pancreatitis, peritonitis, or major hepatobiliary disease.

The most clinically relevant observation is the small linear structure within the gastric lumen, which does not cast an acoustic shadow. This is most consistent with grass, plant material, or a thin thread-like object. In the absence of clinical signs such as persistent vomiting or anorexia, this likely represents incidental or transiently ingested material. However, early or evolving gastrointestinal discomfort cannot be entirely excluded, and clinical monitoring is advised.

The mildly enlarged mesenteric lymph nodes are within normal physiologic variation for a young adult cat and are most consistent with reactive changes, potentially related to minor GI irritation.

The biliary sludge is a common incidental finding in cats and, given the normal gallbladder wall and absence of ductal dilation, is not suggestive of cholangitis or obstructive biliary disease.

The turbid appearance of the urine is most likely attributable to the marked urine concentration and mild dehydration, rather than true urinary pathology, as no structural or inflammatory abnormalities of the urinary tract were identified.

Overall, the findings support a component of dehydration likely secondary to acute gastrointestinal discomfort or nausea. The chemistry panel is otherwise unremarkable, which reinforces the interpretation that the ultrasonographic findings represent a localized and potentially self-limiting gastrointestinal process rather than a systemic disease. However, the presence of a small linear structure within the stomach warrants correlation with clinical signs and close monitoring.



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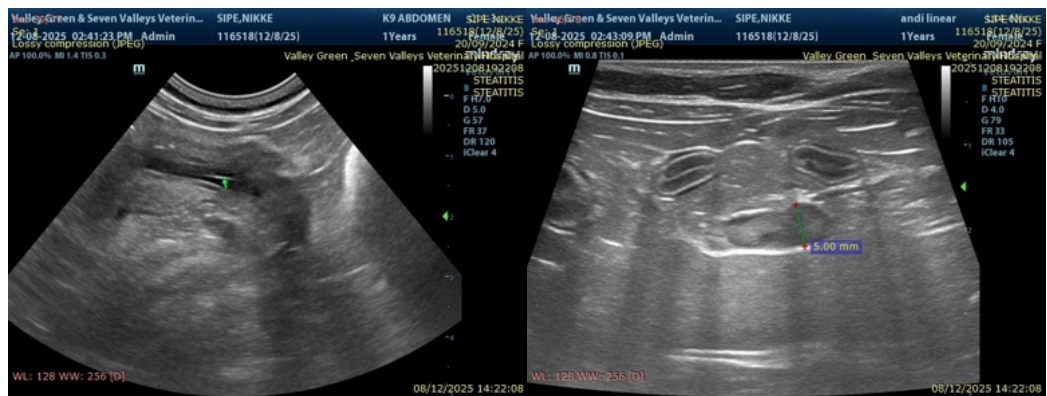
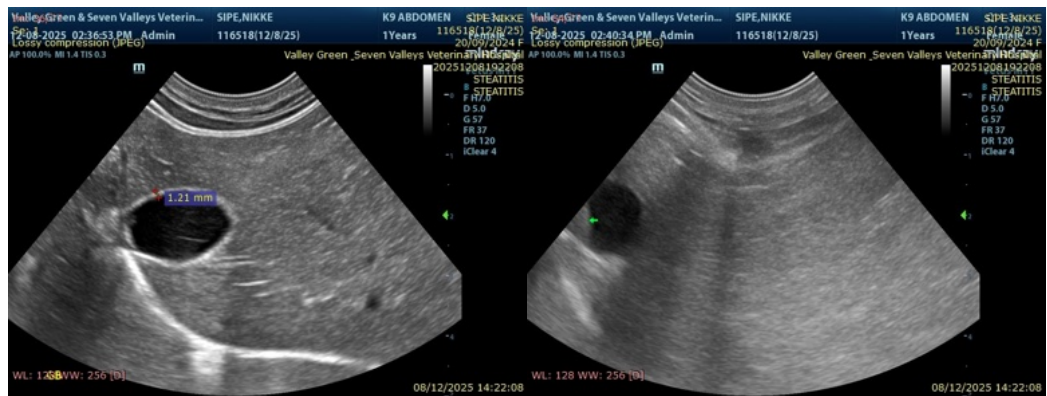
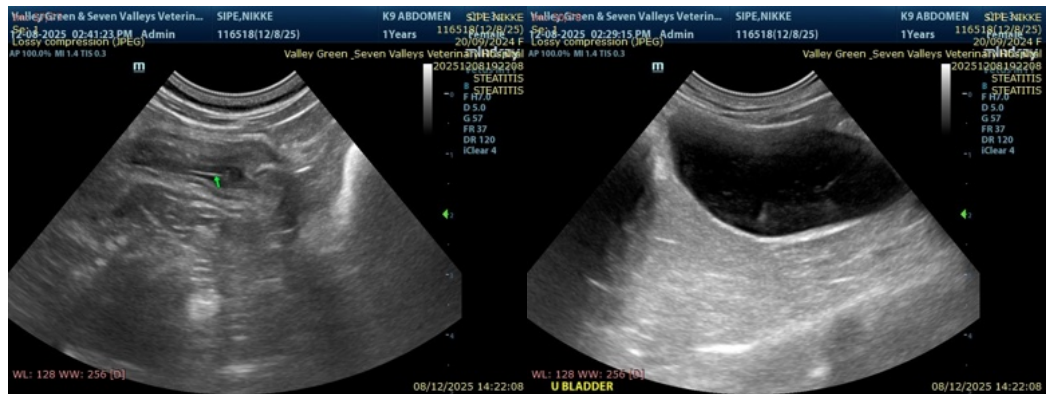
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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