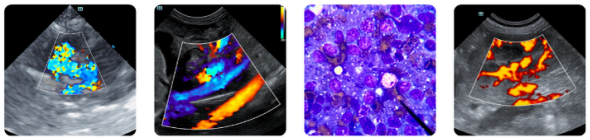


PATIENT

Garfunkel Symons

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 years

WEIGHT

9.7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brandon Holmes

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Dr. Brandon Holmes

INVOICE

10909

DATE

12/9/2025

PRESENTING CLINICAL SIGNS

10/31/2025: Presents for a checkup, vaccines, and a concern of inappropriate urination. For the past month, he has been urinating in corners of the house, which seems associated with the presence of two other cats in the home he does not get along with. He has a history of aggression toward these cats, but this has improved with intermittent Zylkene use. He is still occasionally aggressive. About two months ago, he had an episode of vomiting clear liquid, which has since resolved. His appetite is reportedly normal, and his diet consists of wet and dry food; the wet food brand was changed to Blue Buffalo two months ago, and water is added to it. He is an indoor-only cat but occasionally goes outside on a leash or in a stroller.

Abnormal PE/Chem/CBC/UA Results: Noted weight loss of 2 lb over the last 13 months. ALKP = 7, neutrophils = 2272, monocytes = 30, basophils = 148, BNP = 105, USG = 1.014. New USG today = 1.030 and patient regained 0.6 lb after switching diet back to the original diet.

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 slightly turbid with a few floating echoes. 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: 3.65×2.17 cm, and the cortical thickness is 0.38 cm in the sagittal plane. The right kidney is normal in shape and size: 3.71×2.26 cm, and the cortical thickness is 0.36 cm in the sagittal plane.

Both kidenys: The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.26 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland was not clearly visualized.

Spleen

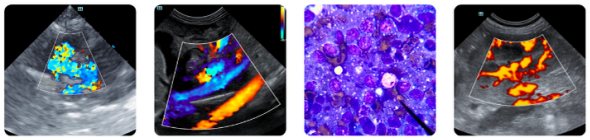
Splenic thickness is 0.80 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and is 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. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal



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The stomach is distended with a large amount of digested food, with a mural thickness of 1.61 mm and preserved wall layering. The pylorus measures 2.70 mm. Duodenum: 1.78 mm. Jejunum: 1.86 mm. Ileum: 1.92 mm. Wall layering is normal. No signs of inflammation, ileus, or foreign material are identified.
Colon: transverse segment 0.49 mm and 0.87 mm, with normal fecal content.

Pancreas

The pancreatic regions evaluated do not show evident signs of inflammation.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild bilateral medullary rim sign.

SECONDARY FINDINGS

- Mild bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are normal in size and architecture, with preserved corticomedullary definition. A mild medullary rim sign is present bilaterally; in cats, this is typically a nonspecific incidental finding and may be associated with normal variation, mild dehydration, or early/minimal renal mineral deposition, especially in the context of a previously documented low urine specific gravity. The more recent USG argues against clinically significant renal concentrating deficits at this time.

The urinary bladder contains small, low-level echogenic particles floating within the bladder lumen that do not form organized calculi and do not adhere to the bladder wall. This material commonly represents harmless elements such as lipidic material, cellular debris, tiny crystals, or proteins. In the absence of bladder wall thickening, stones, or inflammatory changes, this finding is not considered indicative of clinically significant lower urinary tract disease.

Recommendations

- Although no ultrasonographic evidence of lower urinary tract disease is present, a complete urinalysis with sediment evaluation—and urine culture if clinically indicated—may be helpful should inappropriate urination persist, in order to definitively exclude subclinical urinary tract infection or crystalluria.
- If early or mild renal dysfunction remains a clinical concern, measurement of SDMA and UPC may be considered to further characterize renal status. These tests are not mandatory based on current findings but may help fully exclude early renal involvement.
- Behavioral/environmental management.
- Monitor body weight and appetite.

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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.

info@SonoPath.com