



PATIENT

Momma Jack

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

9 Pounds 6 Ounces

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC of Flanders

REFERRING VET

Dr. Hargadon

INVOICE

35895

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- Chronic UTIs, hematuria
- History of early CRD
- Medication: 2/18/26: convenia given, gabapentin 100mg/ml - Gave 1 ml po 2 hours prior to scan
- Abnormal PE/Chem/CBC/UA Results: UA: RBC's 6-10 HPF , Cocci <9, USG: 1.017

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended. The urinary bladder wall is thin (0.81–0.94 mm) and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 3.83 x 2.70 cm in the sagittal plane. Cortical thickness measures 0.35 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney measures 3.54 x 2.36 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

Splenic thickness is 0.71 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

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

Gastrointestinal

The stomach contains small amounts of ingesta, with mural thickness measuring 1.51 mm and preserved wall layering.



PATIENT

Momma Jack

Duodenum: 1.62 mm.
Jejunum: 1.91 mm.
Ileum: 1.78 mm.

SPECIES

Feline

Wall layering is preserved throughout. No signs of inflammation, ileus, or foreign material are identified.

BREED

DSH

Colon: 0.95 mm, with formed feces in the lumen.

SEX

Spayed Female

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

AGE

13 Years 10 Months

PRIMARY FINDINGS

- Abdominal ultrasonography is unremarkable.

WEIGHT

9 Pounds 6 Ounces

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall thickness (0.81–0.94 mm) is within normal limits for a moderately distended feline bladder (generally ≤ 1.5 mm when distended), with no evidence of mural thickening, polypoid change, urolithiasis, or mass effect. There are no sonographic features to support active cystitis, neoplasia, or structural lower urinary tract disease at the time of examination.

Renal dimensions are within accepted feline reference ranges, with preserved corticomedullary definition and no evidence of renal pelvic dilation or structural progression of chronic kidney disease. Given the urine specific gravity of 1.017, functional renal insufficiency cannot be excluded despite normal sonographic appearance, as early chronic kidney disease may lack ultrasonographic changes.

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC of Flanders

No ultrasonographic explanation for the reported hematuria or history of recurrent urinary tract infections is identified on this study.

REFERRING VET

Dr. Hargadon

Recommendations

- Urine culture and sensitivity testing if not recently performed, given history of recurrent UTIs and hematuria.
- Renal monitoring (creatinine, SDMA, UPC ratio) in light of isosthenuria and history of early chronic kidney disease.
- Consider repeat ultrasound during an active hematuria episode if clinical signs persist.
- Cystoscopy may be considered if hematuria continues without identifiable cause on imaging.

INVOICE

35895

DATE

2/20/26



PATIENT

Momma Jack

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

9 Pounds 6 Ounces

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC of Flanders

REFERRING VET

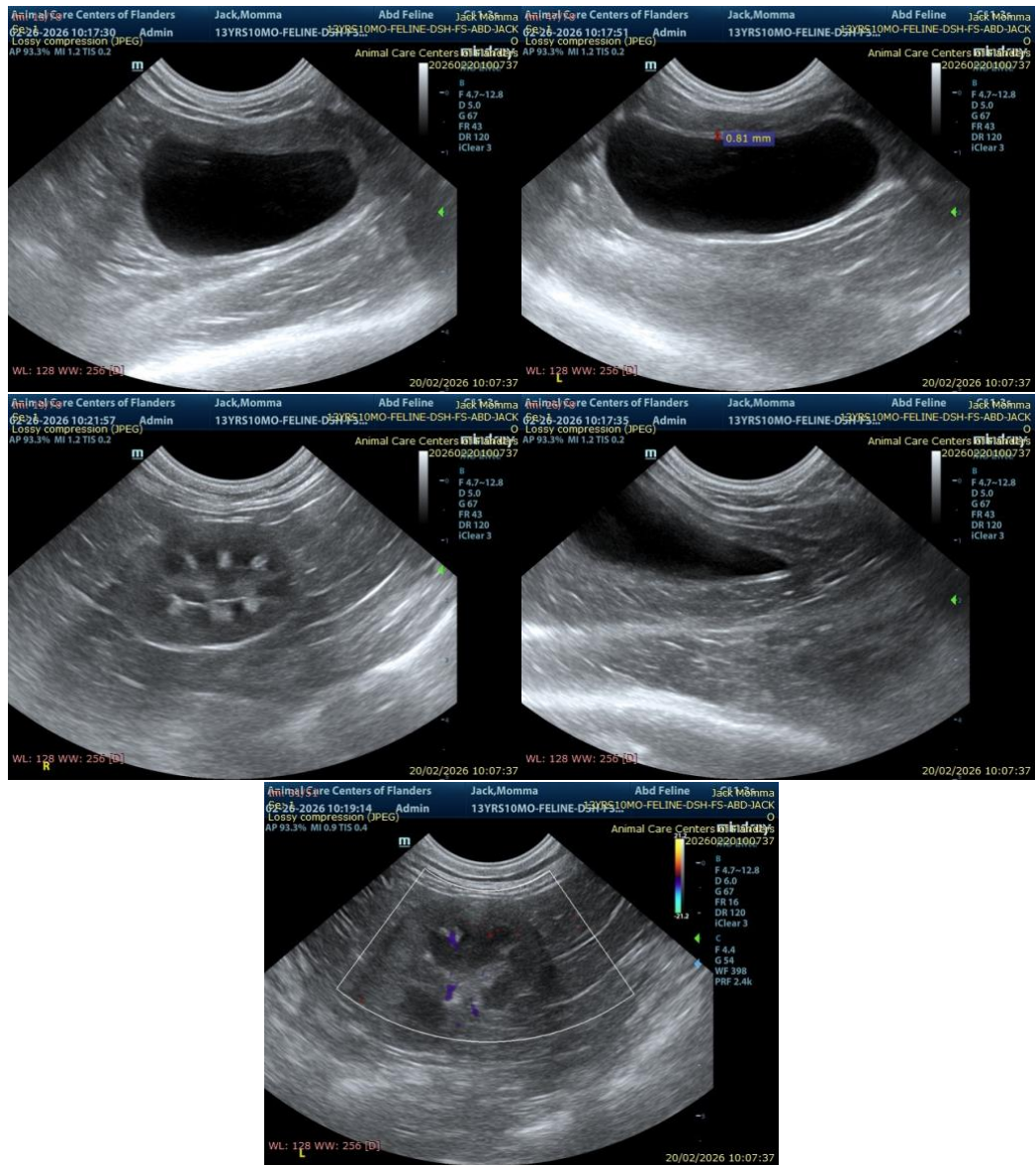
Dr. Hargadon

INVOICE

35895

DATE

2/20/26



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