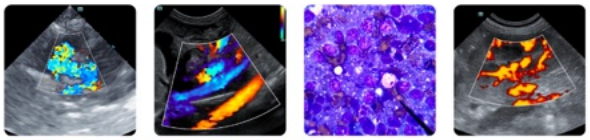


PATIENT

Theo Griscom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

12.41 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

71959

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Patient presented in December 2025 with hematuria and some erythema of the prepuce. Was not blocked at the time and urine culture came back negative and no crystalluria or casts. Has not had any urinary signs since treatment for FLUTD with Gabapentin.
- Screening ultrasound for bladder and kidneys

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is incompletely distended, and the bladder wall measures 1.34 mm in thickness and appears smooth and regular. Due to underdistension, wall measurement may be slightly overestimated. The urine is mildly turbid with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.96x2.37 cm, and the cortical thickness is 0.42 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A small developing nephrolith measuring approximately 2.83 mm is identified, along with scant mineral sediment within other calyceal regions. There is no evidence of pyelectasia or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 4.07x2.38 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.

Adrenal Glands

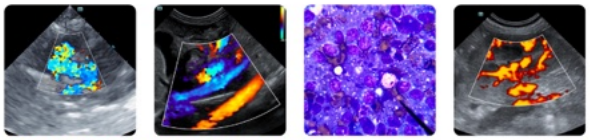
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.31 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness is 0.84 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

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



PATIENT

Theo Griscom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

12.41 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

71959

DATE

2/25/26

The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures 2.21–1.16 mm.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.26 mm and preserved wall layering.

Pylorus: 3.44 mm. Duodenum: 1.95 mm. Jejunum: 2.07 mm. Ileum: 1.55 mm. Wall layering is preserved throughout. The ileocecal junction measures 2.68 mm. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 1.69 mm, empty and collapsed.

Pancreas

Left limb thickness measures 5.22 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.81 mm. No sonographic evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Small developing left renal nephrolith, non-obstructive.
- Mild mineral sediment within the left renal calyces.
- Mildly turbid urine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall is within normal thickness limits, even with mild underdistension. No focal mural thickening, mass lesion, or intraluminal urolith is identified. Mild suspended echoes may represent cellular debris or physiologic sediment and are nonspecific.

A small developing nephrolith (approximately 2.83 mm) and minimal mineral sediment are present within the left kidney. These findings are incidental at this time and non-obstructive, with no evidence of pyelectasia or hydronephrosis. The right kidney is unremarkable.

No structural abnormalities are identified that would explain hematuria or lower urinary tract disease. The current study does not demonstrate evidence of obstructive uropathy, mass lesion, or active urinary tract inflammation.

PATIENT

Theo Griscom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

12.41 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

71959

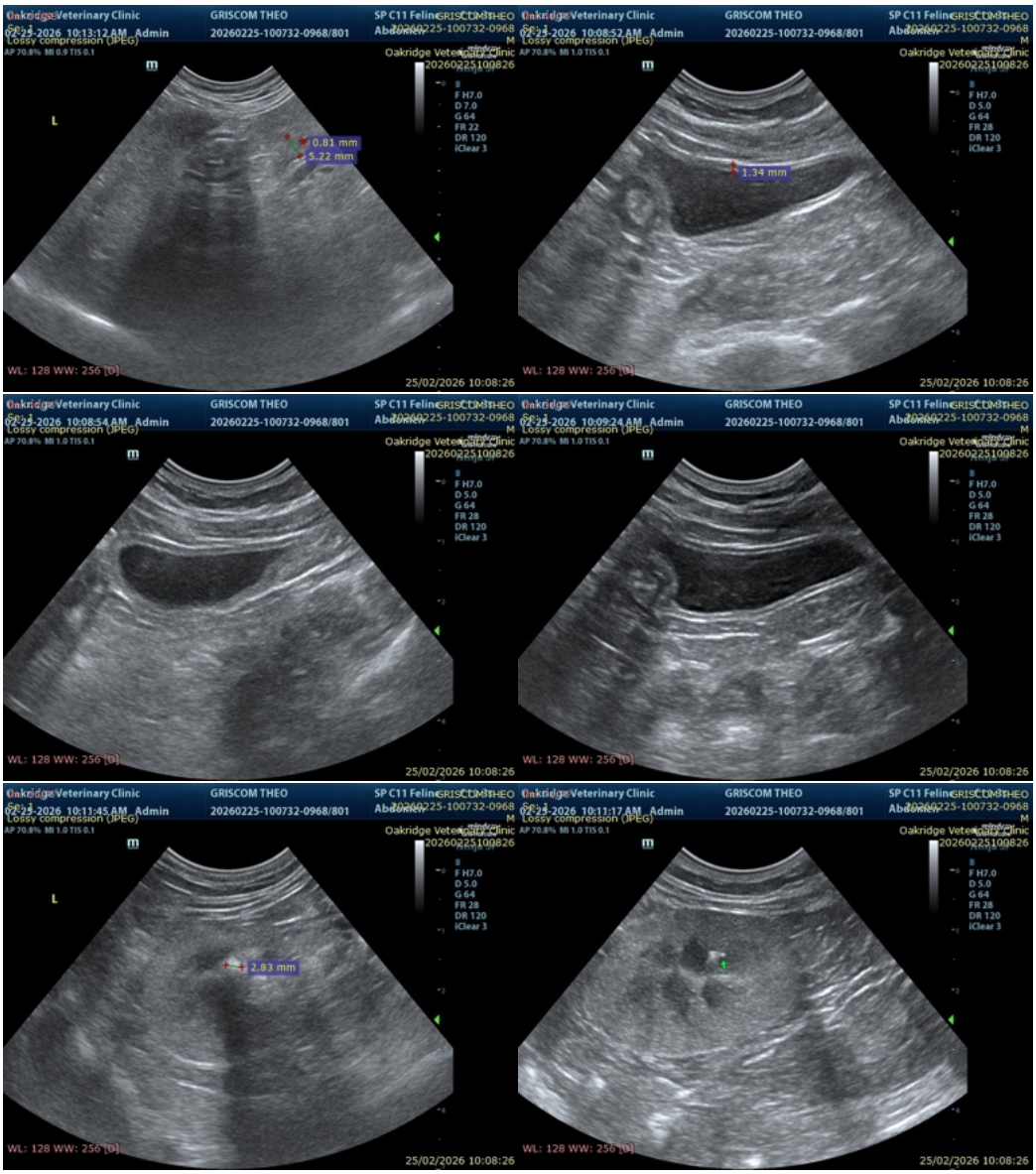
DATE

2/25/26

In the context of a previously negative urine culture and resolution of clinical signs, the prior episode remains most consistent with idiopathic feline lower urinary tract disease.

Recommendations

- Given the presence of mild suspended echoes within the urinary bladder, a complete urinalysis with sediment examination is recommended if not recently performed. This will help characterize the nature of the suspended material (cellular debris, crystals, inflammatory cells).
- A previous urine culture was negative; therefore, repeat culture is not indicated at this time in the absence of recurrent clinical signs or new inflammatory sediment findings.



PATIENT

Theo Griscom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

12.41 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

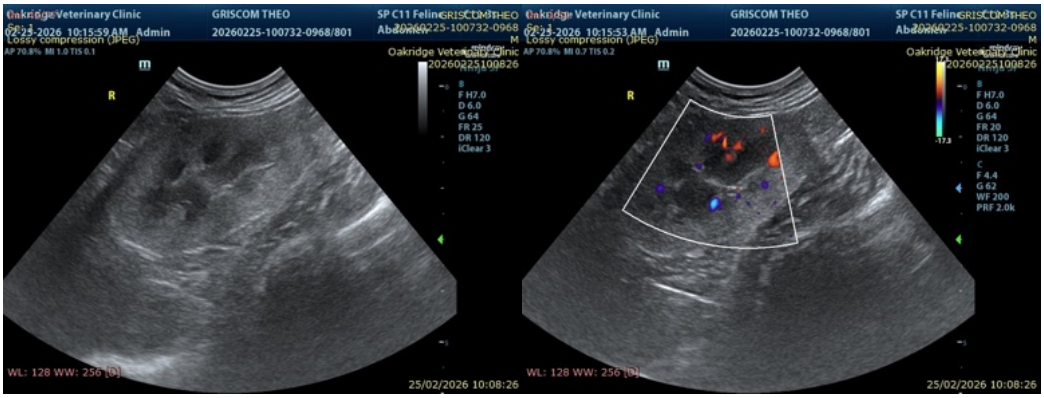
Dr. Boyd

INVOICE

71959

DATE

2/25/26



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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com