



PATIENT

Tilly Mills

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

3 years

WEIGHT

11.06 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Kelly Hill

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Dr. Hill

INVOICE

71963

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- FUO (lethargy, anorexia) last week; client declined all diagnostics except UA and AUS. Patient treated with Onsior and Orbax; improved. Currently not showing clinical signs, normal rectal temp today.
- UA performed 2/20; wnl In house feline snap today: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. 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: 4.03 x 2.05 cm, and the cortical thickness is 0.34 cm in the sagittal plane. 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.

The right kidney is normal in shape and size: 3.96 x 1.98 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.22 cm at the cranial pole and 0.22 cm at the caudal pole. The right adrenal gland measures 0.22 cm at the cranial pole and 0.24 cm at the caudal pole.

Spleen

Splenic thickness is 0.97 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 parenchyma appears uniform and slightly hypoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic. The common bile duct measures 1.68 mm.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.65 mm and preserved wall layering. Pylorus: 3.53 mm, containing a small amount of fluid.

Duodenum: 1.59 mm. Jejunum: 1.97 mm. Mucosa: 1.04 mm, Submucosa: 0.53 mm, Muscularis propria: 0.23 mm Ileum: 1.69 mm. Mucosa: 0.67 mm, Submucosa: 0.71 mm, Muscularis propria: 0.25 mm

Wall layering is preserved throughout. The ileocecal junction was not visualized. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 0.80 mm, with formed feces in the descending segment.

Pancreas

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

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

No clinically significant ultrasonographic abnormalities are identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound examination is unremarkable. No structural abnormalities are identified in the liver, spleen, gastrointestinal tract, pancreas, kidneys, adrenal glands, or peritoneal cavity. There is no evidence of abdominal effusion, lymphadenopathy, organomegaly, or focal inflammatory change.

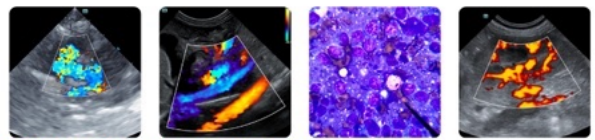
Intestinal wall thicknesses and muscularis-to-mucosa ratios are within normal limits. There is no ultrasonographic evidence to support inflammatory bowel disease, lymphoma, pancreatitis, pyelonephritis, cholangitis, or intra-abdominal abscessation at this time.

Given the complete absence of structural abnormalities, the prior clinical episode most likely represented a transient inflammatory or infectious process that has since resolved.

Recommendations

No further imaging is indicated at this time given the normal examination and current absence of clinical signs.

If fever, lethargy, or anorexia recur, repeat evaluation including CBC and potential infectious disease testing may be considered based on clinical progression.



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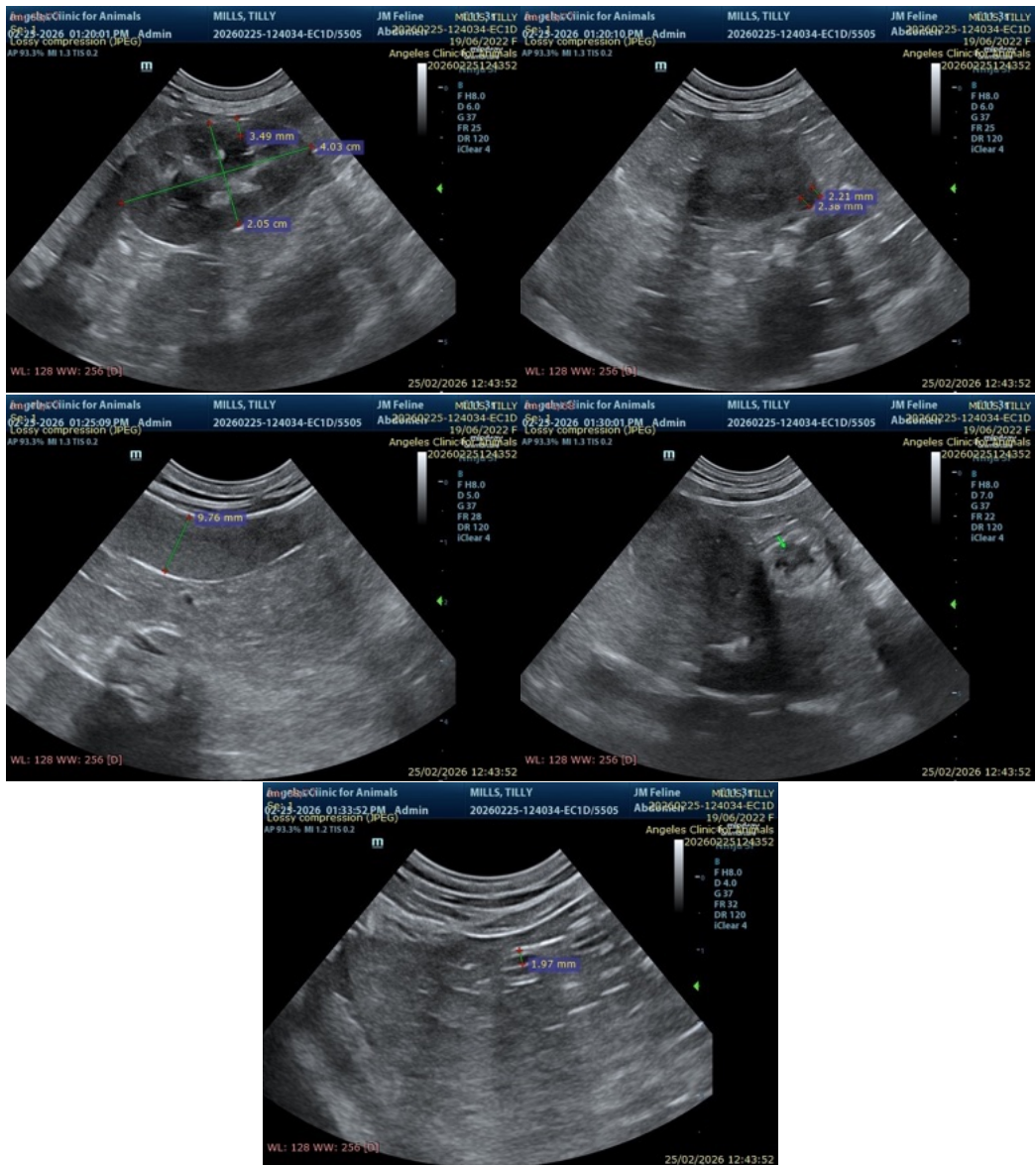
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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