

PATIENT

Simon Christy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

10.4 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

INVOICE

71986

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Has had decreased appetite and increased lethargy for a few weeks
- Grade II heart murmur found 2/17/26
- 2/17/26: ALT:245, CREA: 2.4, LYM:8.73

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 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: 3.71x2.46 cm, and the thickness of the cortex is 0.46 cm, in the sagittal plane.

The right kidney is normal in shape and size: 3.56x2.38 cm, and the thickness of the cortex is 0.41 cm, in the sagittal plane.

Both kidneys: The cortex is slightly increased in echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. Mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows 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 0.34 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measures 0.37 cm at the cranial pole and 0.36 cm at the caudal pole.

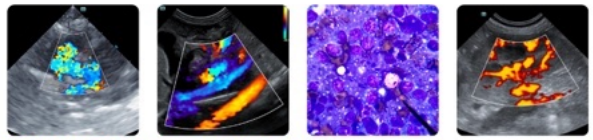
Spleen

Splenic thickness is 0.84 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal 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 hepatic parenchyma appears homogeneous and mildly hyperechoic compared to the surrounding fat, with a fine echotexture (hepatic lipidosis cannot be excluded). No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures 2.41-2.04-1.72 mm from proximal to distal.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (1.73 mm) and preserved wall layering.

Duodenum: 1.24 mm. Jejunum: 3.19 mm. Mucosa: 1.41 mm. Submucosa: 0.66 mm. Muscularis propria: 1.08 mm. Ileum: 3.13 mm. Mucosa: 0.98 mm. Submucosa: 1.12 mm. Muscularis propria: 0.94 mm. Normal wall layering is preserved. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.54 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Subtle bilateral renal cortical hyperechogenicity. Mild medullary rim sign.
- Diffuse, slightly increased hepatic echogenicity.
- Mild relative prominence of the intestinal muscularis layer.

SECONDARY FINDINGS

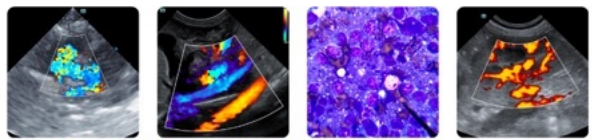
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild bilateral increase in renal cortical echogenicity with preserved architecture and a mild medullary rim sign. Renal size and cortical thickness are within expected limits. Findings are most consistent with early or chronic renal change and correlate with the reported creatinine of 2.4, if persistent and in a well-hydrated patient.

The liver is mildly and diffusely hyperechoic with homogeneous echotexture and normal contour. In an obese geriatric cat with elevated ALT, this findings most likely represents hepatocellular vacuolar change or lipidosis. There is no ultrasonographic evidence of biliary obstruction; the common bile duct measurements are within normal limits. Mild biliary sludge is present and is likely incidental.

Small intestinal wall thickness is within normal limits. There is disproportionate thickening of the muscularis propria relative to the mucosa (jejunum 0.76; ileum 0.96), with preserved wall layering and no lymphadenomegaly. This pattern of relative muscularis thickening has been described in association with both chronic enteropathy and small cell lymphoma in cats. Given the reported peripheral lymphocytosis in this geriatric patient, an underlying lymphoproliferative process cannot be excluded. However, the changes are subtle and lack supportive features such as lymphadenomegaly, focal mural



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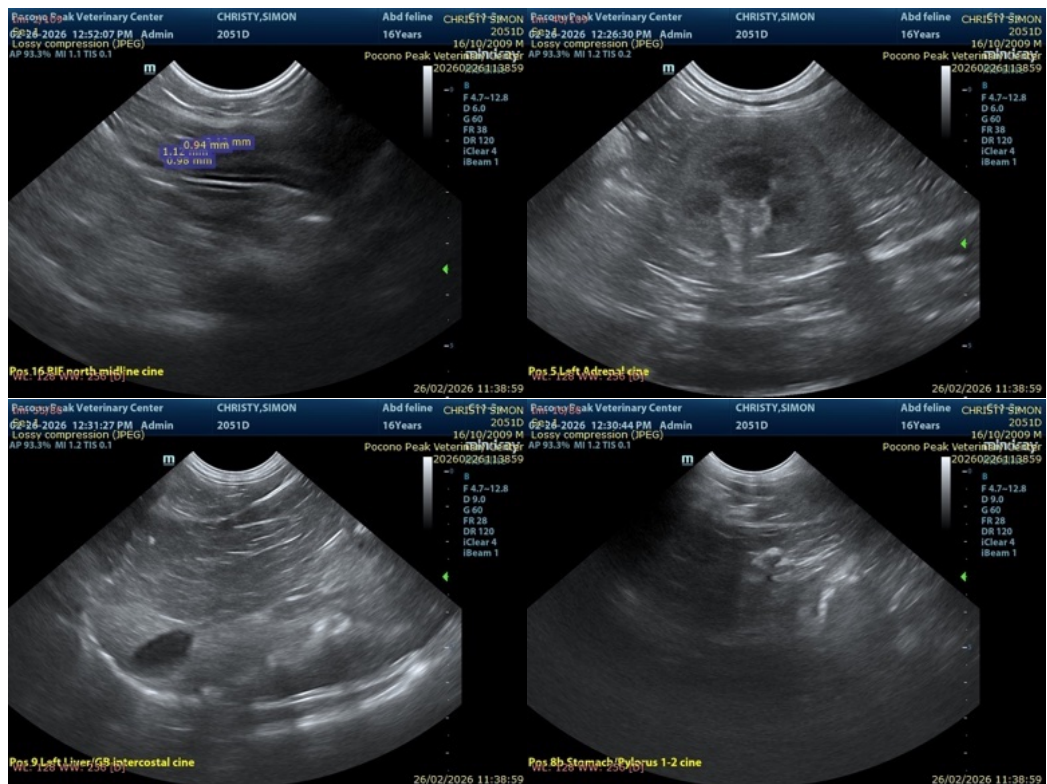
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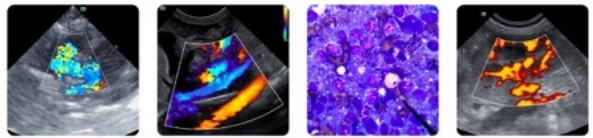
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thickening, or loss of layering. Ultrasonographically, inflammatory bowel disease and small cell lymphoma remain indistinguishable at this stage.

Recommendations

- Confirm persistent azotemia (repeat chemistry, urinalysis with USG, UPC, SDMA, blood pressure) and stage for CKD if appropriate.
- Monitor liver enzymes.
- Further evaluate persistent lymphocytosis (blood smear review, FeLV/FIV testing, consider flow cytometry or PARR if indicated).
- Consider a complete GI panel to further evaluate for chronic enteropathy; at minimum, assessment of serum cobalamin concentration is recommended.





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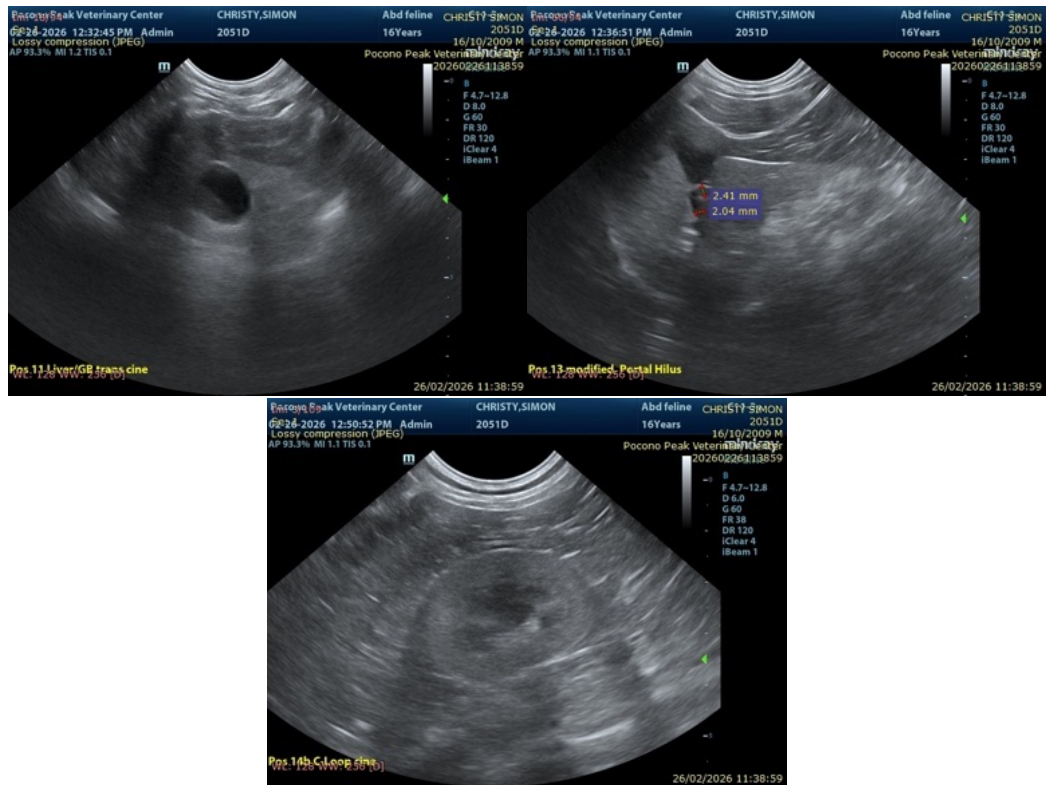
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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