



PATIENT

Blush DeVries

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.02 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

72041

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Previous vet suspicious of abdominal mass
- Abnormal ProBNP

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: 3.63 x 1.80 cm, and the thickness of the cortex is 0.31 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, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 3.42 x 1.69 cm, and the thickness of the cortex is 0.31 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, nephroliths, or hydronephrosis. Doppler color 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 0.32 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.27 cm at the cranial pole and 0.28 cm at the caudal pole.

Spleen

Splenic thickness is 0.64 cm. The parenchyma demonstrates normal echogenicity and 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 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. The common bile duct measures 3.79–2.53–1.87–1.70 mm from proximal to distal, progressively tapering.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering (mural thickness not recorded). The pylorus measures 2.20 mm. Duodenum: 1.71 mm. Jejunum: 2.56 mm, Mucosa: 1.60 mm, Submucosa: 0.44 mm, Muscularis propria: 0.18 mm. Ileum: 1.43 mm, Mucosa: 0.49 mm, Submucosa: 0.60 mm, Muscularis propria: 0.24 mm, with normal wall layering. The ileocecal junction measures 2.81 mm, Mucosa: 1.08 mm, Muscularis propria: 0.85 mm. A generalized intraluminal gas pattern is present throughout the intestines.

Colon: 0.92-1.28 mm. Heterogeneous intraluminal material in the descending colon, compatible with non-compacted fecal content.

Pancreas

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

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent proximal common bile duct with normal distal tapering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is unremarkable. No discrete abdominal mass is identified. The bladder, liver, spleen, kidneys, adrenal glands, pancreas, and gastrointestinal tract do not demonstrate focal mass lesions or infiltrative changes.

The common bile duct is mildly prominent proximally but demonstrates normal tapering distally and is not associated with gallbladder wall thickening, intrahepatic biliary dilation, or obstructive changes. In geriatric cats, this measurement may fall within the upper limits of normal variation when tapering is preserved.

Small intestinal wall thickness and layering are within normal limits. The ileocecal muscularis measurement remains proportionate to total wall thickness, without architectural distortion. No ultrasonographic evidence of intestinal mass, obstruction, or regional lymphadenopathy is present.



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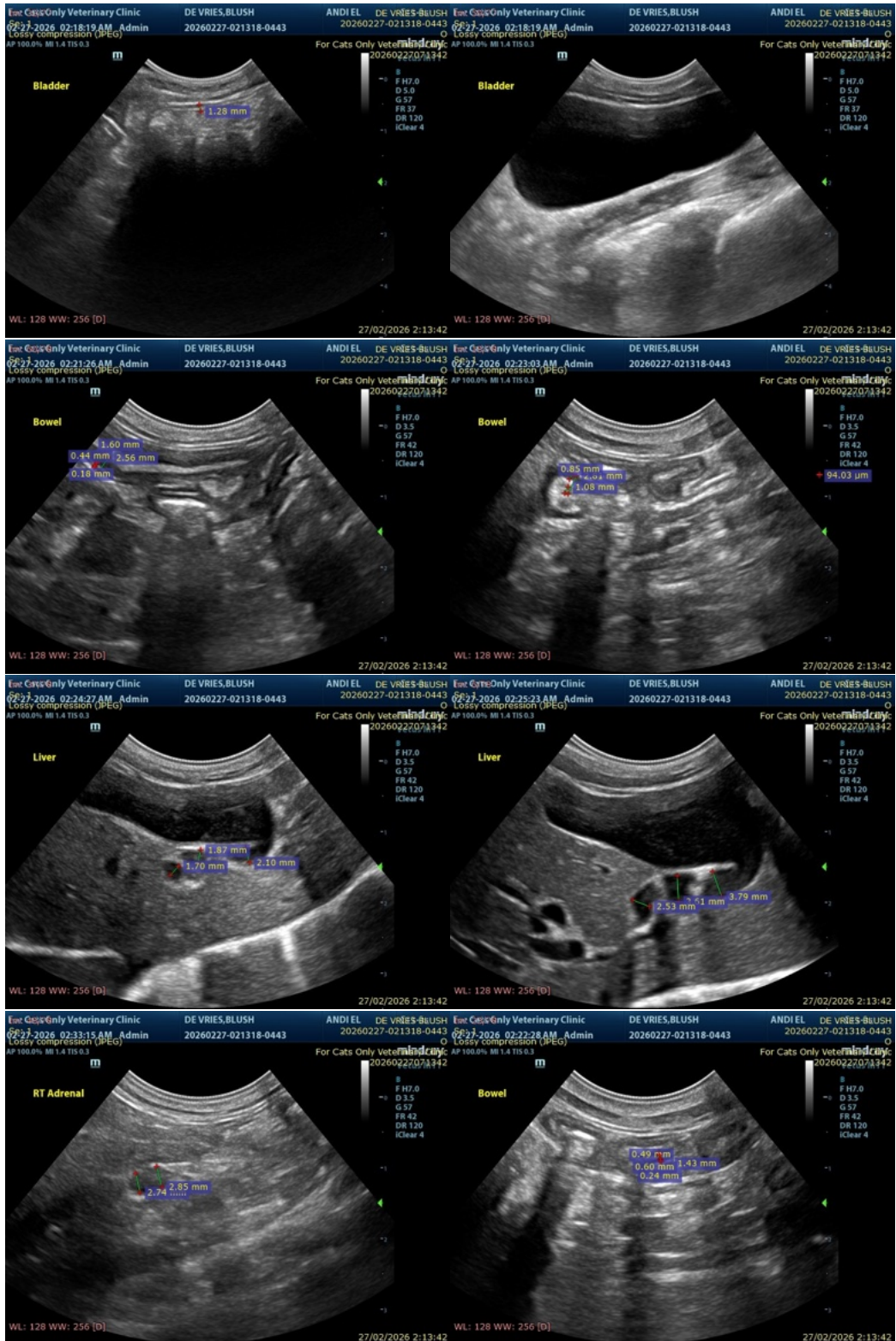
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com

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