



PATIENT

Sawyer Colarelli

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

23 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

71179

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Acute anorexia, lethargy, hematuria
- Newly diagnosed diabetic with slight electrolyte abnormalities UA- USG 1.035, blood, pH 6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 4.81×3.26 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.98×3.84 cm, with a cortical thickness of 0.52 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed.

Adrenal Glands

The adrenal glands are not clearly visualized; however, no focal abnormalities are identified in the expected adrenal regions.

Spleen

Splenic thickness is 0.42 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin and the contents are anechoic. The common bile duct measures 1.60 mm.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.40 mm and preserved wall layering. The pyloric wall measures 2.29 mm.



| | |
|--------------------------------|--|
| PATIENT | The duodenum measures 1.67 mm. The jejunum measures 2.22 mm. The ileum measures 1.56 mm. Wall layering is preserved throughout. The ileocecal junction is not visualized. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. |
| Sawyer Colarelli | |
| SPECIES | The colon wall measures 1.02 mm and contains a small amount of formed fecal material within the descending segment. |
| Feline | |
| BREED | <i>Pancreas</i> |
| Domestic Shorthair | The evaluated portions of the pancreas show no ultrasonographic evidence of overt inflammation. |
| SEX | <i>Peritoneal Cavity</i> |
| Neutered male | No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. |
| AGE | An ovoid lymph node measuring 1.01×0.73 cm is identified in the left caudal abdominal/retroperitoneal region, adjacent to the ilium, most consistent with an iliac (pelvic) lymph node. The immediately surrounding fat is mildly hyperechoic. |
| 11 years | |
| WEIGHT | A well-defined, thin-walled, anechoic cystic structure measuring 1.50×1.33 cm is identified approximately 2 cm caudal to the left kidney, located between the kidney and the urinary bladder. |
| 23 lbs | |
| INTERPRETED BY | The iliac trifurcation appears normal. |
| Dr. Alicia Angosto Guerrero | |
| IMAGING PERFORMED BY | ULTRASONOGRAPHIC FINDINGS |
| Dr. Scott | <ul style="list-style-type: none">• Mild enlargement of a left iliac (pelvic) lymph node with mildly hyperechoic surrounding fat.• Incidental thin-walled anechoic cystic structure caudal to the left kidney. |
| HOSPITAL NAME | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| Wyckoff VH | This abdominal ultrasound demonstrates largely unremarkable abdominal organ architecture, with no structural abnormalities identified to explain the patient's acute anorexia and lethargy. The urinary bladder appears normal, and no ultrasonographic cause for hematuria—such as urolithiasis, mural disease, or intraluminal mass—is identified. |
| REFERRING VET | An enlarged left iliac lymph node with mild surrounding fat hyperechogenicity is noted. This finding is nonspecific and most consistent with a reactive lymph node, potentially related to regional inflammation or lower urinary tract disease, although a definitive source is not identified on this examination. |
| Dr. Eisenberg | The thin-walled anechoic cystic structure caudal to the left kidney is most consistent with a benign cystic structure (such as a peritoneal inclusion cyst or benign retroperitoneal cyst). |
| INVOICE | Recommendations |
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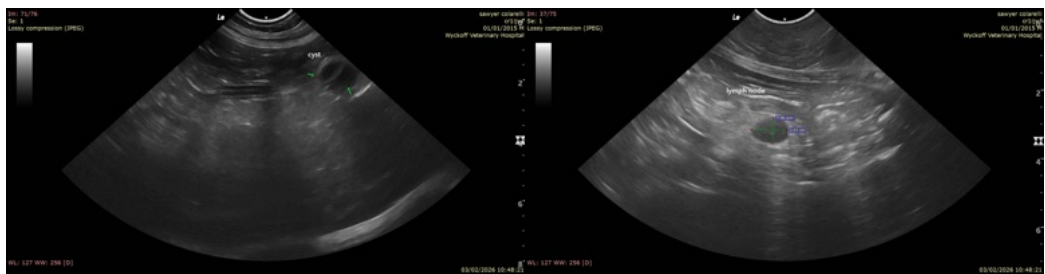
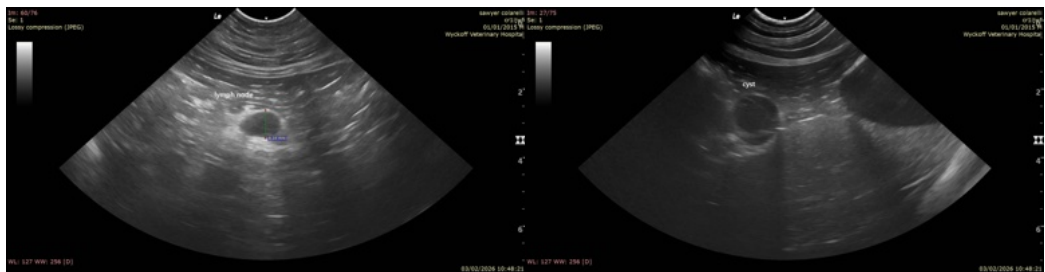
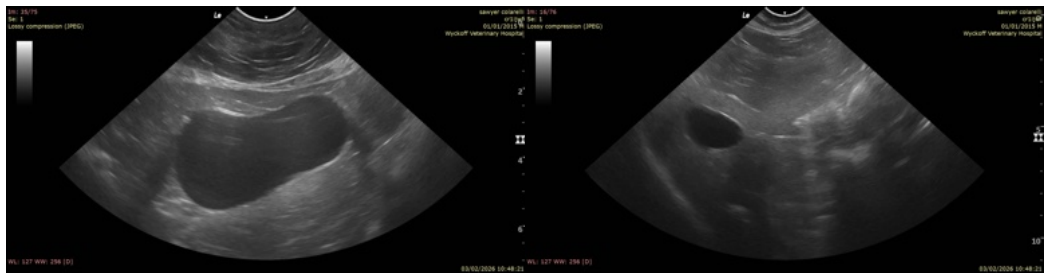
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- Correlate ultrasonographic findings with urinalysis and urine culture, as hematuria is not explained by structural abnormalities on ultrasound.
- Prioritize medical management and stabilization of diabetes mellitus and associated metabolic or electrolyte disturbances, as these are more likely contributors to the patient's acute anorexia and lethargy.
- Monitor the identified iliac lymph node clinically; repeat imaging may be considered if clinical signs persist, worsen, or new abnormalities arise.
- No immediate intervention is recommended for the incidental cystic structure unless clinical or imaging changes are noted on follow-up.



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.



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MV Esp Ultrasound in Domestic and Wild Animals

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info@SonoPath.com

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