



PATIENT

Sweetie Walter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19 years

WEIGHT

11.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Dr. Reyana Zuber

INVOICE

11238

DATE

2/3/2026

PRESENTING CLINICAL SIGNS

- Loss per owner, acting like she has a hard time chewing food
- Recent weight loss (0.4 lb)
- Hyperthyroid, on methimazole, dose recently reduced due to appetite loss/thyroid being lower than ideal

Abnormal PE/Chem/CBC/UA Results: Exam - thin, but abdomen distended CBC - NSF chem - H SDMA 20, prev 21 - H Creatinine 2.7, prev 2.8 - H BUN 46, prev 50 - H ALP 65, prev 60 Total T4 2.8.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is markedly distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic change.

The left kidney measures 3.05×2.19 cm. Cortical thickness measures 0.37 cm in the sagittal plane. The right kidney measures 3.33×2.11 cm. Cortical thickness measures 0.35 cm in the sagittal plane.

In both kidneys, the renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. Multiple small, punctate hyperechoic foci are scattered throughout the renal parenchyma, without distal acoustic shadowing or mass effect, consistent with chronic parenchymal changes/fibrosis, a common finding in geriatric patients. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.24 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland is not clearly visualized.

Spleen

Splenic thickness measures 0.93 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal parenchymal 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 uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The luminal contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal



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The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.55 mm. The pylorus measures 2.87 mm.

The duodenal wall thickness measures 2.07 mm.

The jejunal wall thickness measures 2.27 mm, with the following layer measurements: mucosa 1.32 mm, submucosa 0.55 mm, muscularis propria 0.26 mm.

The ileal wall thickness measures 2.48 mm, with the following layer measurements: mucosa 0.80 mm, submucosa 0.73 mm, muscularis propria 0.81 mm. Wall layering is preserved.

The ileocecal junction measures 2.11 mm.

No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colonic wall thickness measures 0.69 mm, with formed fecal material present in the descending colon.

Pancreas

The pancreas measures between 8.18–9.98 mm in thickness and has irregular margins. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.09 mm in diameter. Mildly hyperechoic peripancreatic fat is identified, most evident in the region of the right pancreatic limb.

Free Abdomen

A small volume of peritoneal effusion is present in the perirenal regions bilaterally, with an additional minimal amount of free fluid noted between the hepatic lobes. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Enlarged, hypoechoic pancreas with irregular margins and mild peripancreatic fat hyperechogenicity.
- Ileal muscularis appears relatively prominent.
- Small-volume peritoneal effusion.

SECONDARY FINDINGS

- Multiple punctate hyperechoic renal medullar foci.
- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys demonstrate mild fibrotic change at the medulla, a finding commonly observed in geriatric cats. No overt renal abnormalities are observed.

The pancreas is enlarged, hypoechoic, and irregularly margined, with mildly hyperechoic peripancreatic fat. In cats, these findings are supportive of pancreatitis, recognizing that ultrasonographic changes may be subtle or variable in chronic or acute-on-chronic disease. Overall, the pancreatic appearance is most consistent with active pancreatitis.



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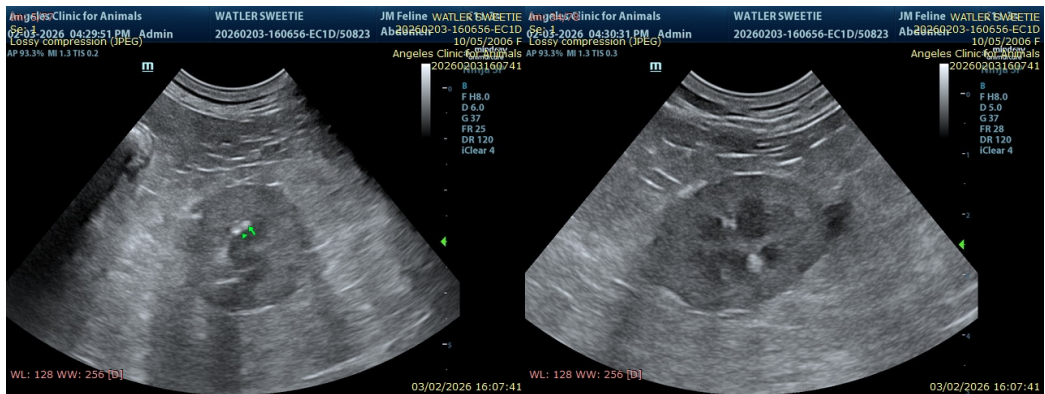
2/3/2026

Small intestinal wall thicknesses and layering are preserved and within expected limits overall; however, the ileal muscularis appears relatively prominent by layer measurement (muscularis:mucosa ≈1), a finding that may be seen with early or mild chronic enteropathy but can also be incidental in the absence of other supportive ultrasonographic abnormalities.

A small volume of peritoneal effusion is present in the perirenal regions and between the hepatic lobes. Given the minimal volume and distribution, this fluid is most consistent with inflammation.

Recommendations

- Measurement of feline pancreas-specific lipase (Spec fPL) is recommended if not already performed, to further support or exclude pancreatitis, given the supportive ultrasonographic pancreatic findings and the patient's clinical signs.
- If there is ongoing or progressive weight loss, chronic gastrointestinal signs, or clinical concern for chronic enteropathy, a comprehensive gastrointestinal panel may be considered. In this context, particular attention should be given to serum cobalamin concentration, as hypocobalaminemia is common in feline chronic enteropathies and may warrant supplementation.





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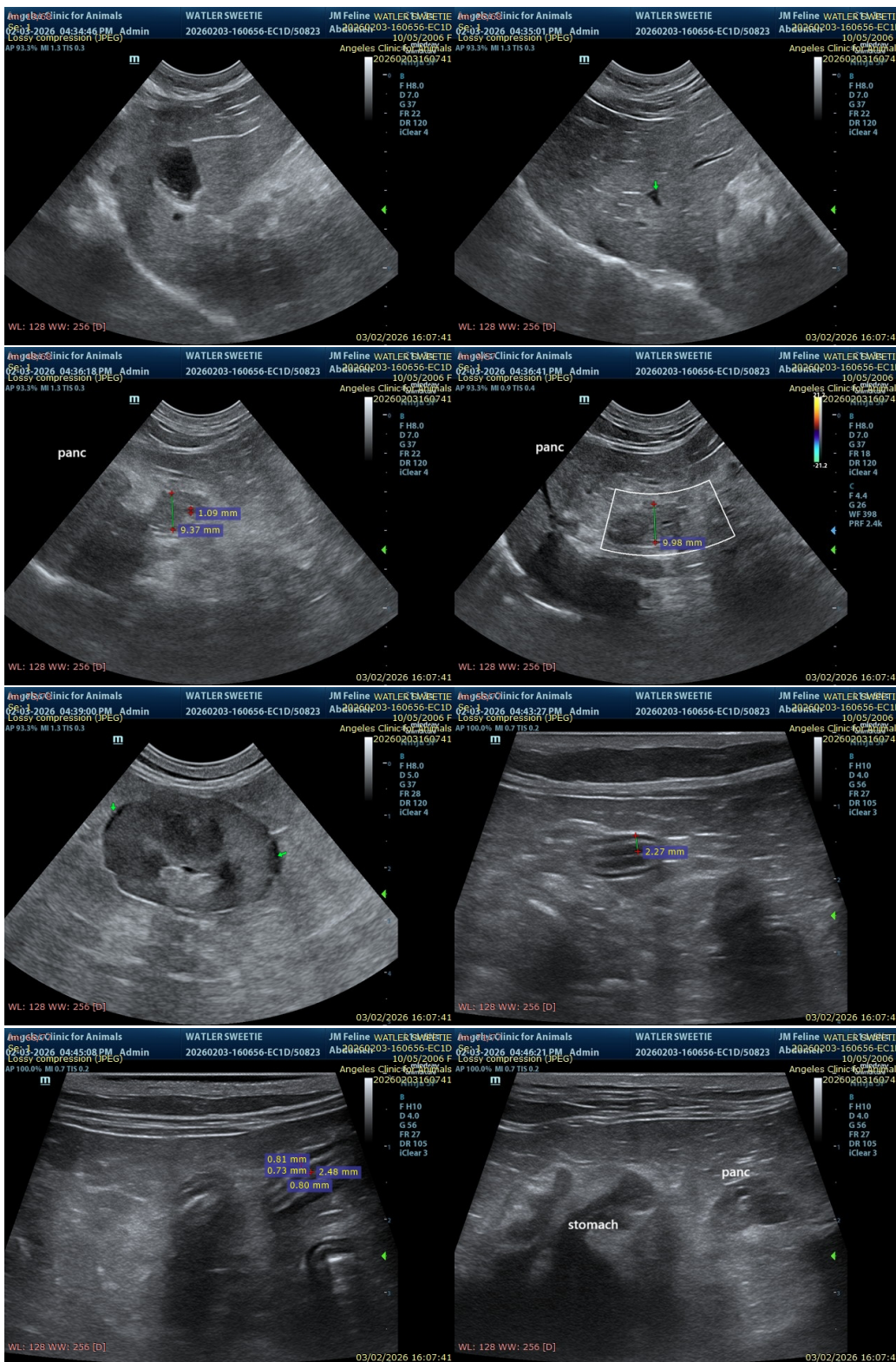
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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