



PATIENT

Cougar Schaljo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

20 years

WEIGHT

6.14 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Allison Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Maxey

INVOICE

71238

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Dx hyperthyroid 8/2025 and started on methimazole therapy
- ~48 hour duration of vomiting multiple times per day, soft stools for a few weeks, decreased appetite.
- Weight loss of ~0.3lbs since 8/2025
- Thin - BCS 3/9. Tachycardia, grade 1/6 heart murmur. Skin tenting. mm light pink. No obvious masses on abdominal palpation. Few small firm structures palpated mid/caudal abdomen (stool vs lymphadenopathy vs. mass). Neutrophilia (15,300/ul), mild hyperglycemia (218 mg/dl), BUN 39 mg/dl, ALT 142 U/L, glucosuria (1000 mg/dl). Pancreatic lipase > 50 U/L Fructosamine and urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth. 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 is normal in shape and size, measuring 3.49×2.31 cm. Cortical thickness measures 0.30 cm in the sagittal plane. A small cortical cyst measuring 1.34×1.34 mm is identified. The renal cortex is diffusely increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.61×1.98 cm. Cortical thickness measures 0.28 cm in the sagittal plane. A focal hyperechoic structure measuring 3.64 mm is identified within the renal parenchyma, consistent with a forming nephrolith, without associated acoustic shadowing. The renal cortex is diffusely increased in echogenicity, with increased corticomedullary distinction. There is no evidence of pyelectasia or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.43 cm at the cranial pole; the caudal pole is not clearly visualized. The right adrenal gland is not visualized.

Spleen

Splenic thickness measures 0.64 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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. The common bile duct measures 2.14 mm.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.71 mm. The pylorus measures 2.20 mm.

The duodenal wall thickness measures 2.08 mm. The jejunal wall thickness measures 2.09 mm. The ileal wall thickness measures 1.10 mm. Wall layering is preserved throughout. The ileocecal junction is not visualized. No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colonic wall thickness measures 0.45 mm. Formed fecal material is present in the descending colon.

Pancreas

The pancreas measures 6.03–6.61 mm in thickness. Pancreatic margins are irregular, although the parenchyma is homogeneous, without discrete nodules or mass lesions. The pancreatic parenchyma is markedly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.42–1.82 mm in diameter.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes are small and have normal morphology. A pancreaticoduodenal lymph node measuring 3.16×5.62 mm is identified and appears normal. Ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic enlargement with irregular margins, marked hypoechogenicity, and mild pancreatic duct dilation.
- Diffusely increased renal cortical echogenicity bilaterally.
- Small left renal cortical cyst.
- Suspected forming nephrolith in the right kidney.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is enlarged, with irregular margins, marked hypoechogenicity relative to the surrounding omental fat, and mild pancreatic duct dilation. In the context of a pancreatic lipase concentration >50 U/L and acute gastrointestinal signs, these ultrasonographic findings are most compatible with pancreatitis. While ultrasonographic features can overlap between acute and chronic pancreatic disease in cats, the overall appearance is most consistent with chronic pancreatitis with acute exacerbation. Ultrasonography alone cannot fully characterize disease chronicity.

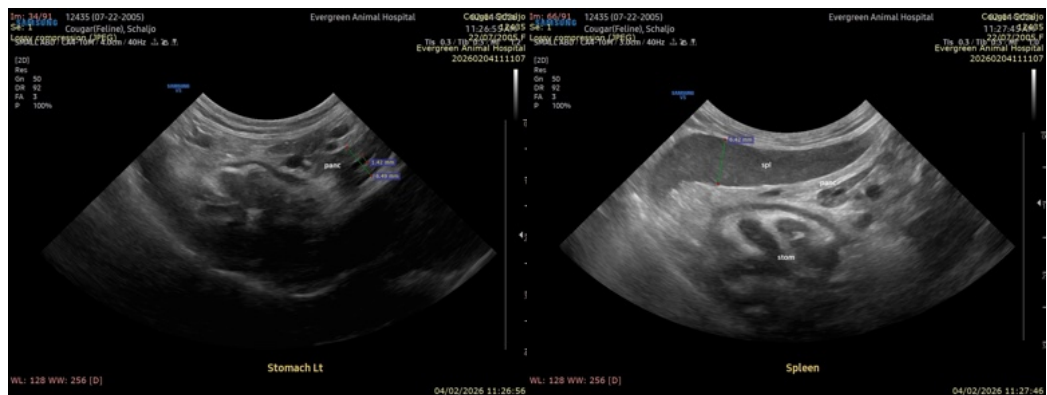
Renal findings are nonspecific and may be associated with early or chronic renal change, or age-related variation. They are considered incidental at this time, and of no current clinical significance.

The gastrointestinal tract demonstrates preserved wall layering and thicknesses within expected limits, with no ultrasonographic evidence of infiltrative disease, obstruction, or protein-losing enteropathy to explain the chronic soft stools or weight loss.

Overall, ultrasonographic findings support clinically significant pancreatitis in a geriatric cat with hyperthyroidism and acute gastrointestinal decompensation.

Recommendations

- Manage pancreatitis.
- Monitor renal parameters and hydration status, recognizing that the renal changes may be functional or age-related but could be exacerbated by dehydration or systemic illness.
- Reassessment of thyroid control may be appropriate, as hyperthyroidism can contribute to weight loss and may complicate interpretation of concurrent disease processes.





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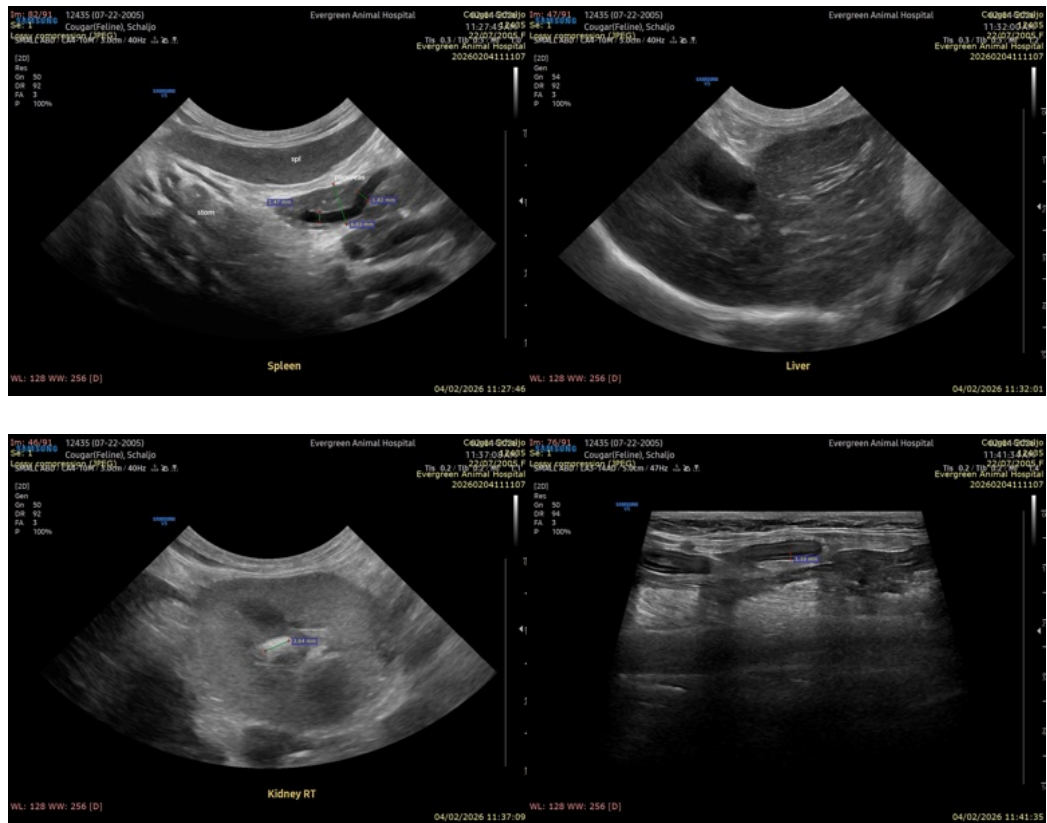
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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