

PATIENT

Jack Molta

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

5 years

WEIGHT

10 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Scott

INVOICE

71237

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Feral cat that was found in someone's garage-
- upon intake pet was congested with nasal and ocular discharge
- was given convenia, rabies vax, and nexgard plus about 5 days ago - slight improvement in congestion but still no app (no food for 1 week now)
- PE- nasal and ocular discharge, ulcer in one eye cbc pending, FIV/FelV pending chem- Creat 0.4, Phos 8.4, liver values normal, Glob 5.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth. The urine is markedly turbid. 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 5.74×3.34 cm. Cortical thickness measures 0.46 cm in the sagittal plane. The right kidney measures 5.67×3.25 cm. Cortical thickness measures 0.53 cm in the sagittal plane. Both renal cortices are isoechoic relative to the hepatic parenchyma. Corticomedullary definition is preserved. A marked medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.28 cm at both the cranial and caudal poles. The right adrenal gland is not clearly visualized for evaluation.

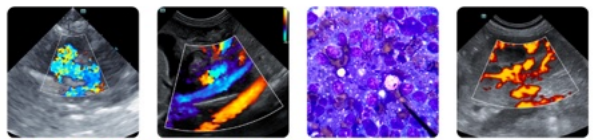
Spleen

Splenic thickness measures 0.73 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 markedly distended. The gallbladder wall is thin. The luminal contents are predominantly anechoic, with a very small amount of biliary sludge. The common bile duct measures 2.70 mm.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.43 mm.

The duodenal wall thickness measures 2.16 mm. The jejunal wall thickness measures 2.69 mm, with the following layer measurements: mucosa 1.69 mm, submucosa 0.65 mm, muscularis propria 0.50 mm. The ileal wall thickness measures 2.09 mm, with the following layer measurements: mucosa 0.88 mm, submucosa 0.79 mm, muscularis propria 0.68 mm. Wall layering is preserved.

The ileocecal junction is not visualized.

The colonic wall thickness measures 0.86 mm. Formed fecal material is present in the descending colon.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure 3.31–3.82 mm and have normal shape and echogenicity. Ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral medullary rim sign.
- Marked gallbladder distension with minimal biliary sludge, consistent with biliary stasis.

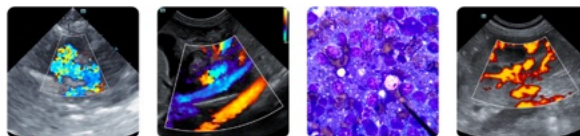
SECONDARY FINDINGS

- Turbid urine without wall abnormalities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is markedly distended, with a thin wall and minimal biliary sludge, and the common bile duct diameter is within acceptable limits for a cat. In the absence of biliary ductal dilation, gallbladder wall thickening, or hepatic parenchymal abnormalities, this appearance is most consistent with biliary stasis, which is commonly observed in cats with prolonged anorexia or reduced food intake.

In cats, a bilateral medullary rim sign is a nonspecific finding and may reflect functional corticomedullary or tubular perfusion changes. In the absence of azotemia or structural renal abnormalities, this appearance may be associated with systemic illness, dehydration, or prolonged anorexia, rather than primary renal disease. These changes are potentially reversible with resolution of the underlying systemic condition.



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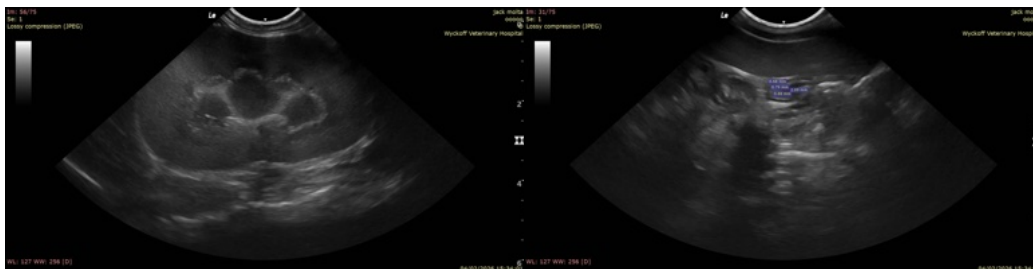
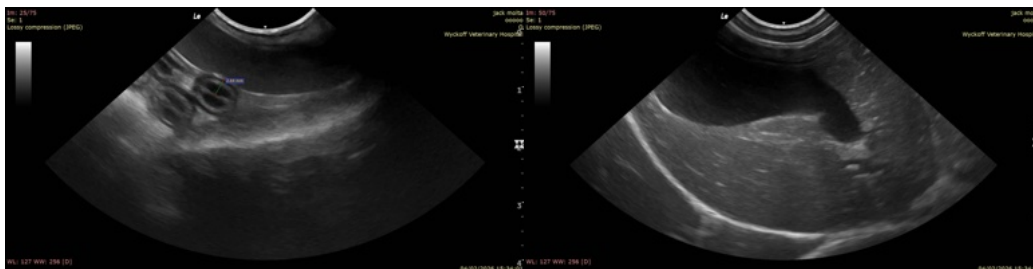
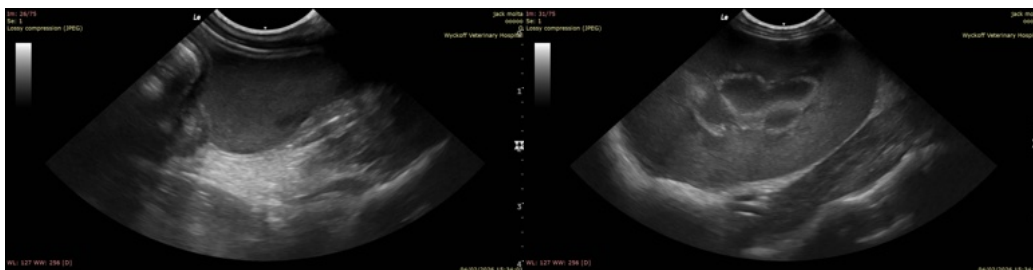
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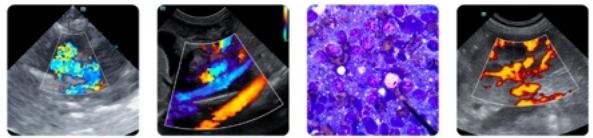
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The urinary bladder contains markedly turbid urine, without wall abnormalities or urolithiasis, a finding most consistent with concentrated urine or benign sediment in the absence of sonographic signs of cystitis.

Recommendations

- Address the ongoing anorexia as a clinical priority, recognizing the risk of hepatic lipidosis in cats with prolonged reduced food intake. Early nutritional support should be considered if voluntary intake does not improve.
- Continue management of upper respiratory disease, as nasal congestion and reduced olfactory stimulation are common causes of anorexia in cats and may explain the current clinical picture in the absence of abdominal pathology.
- Urinalysis with sediment examination may be considered, if clinically indicated, to further characterize the markedly turbid urine.





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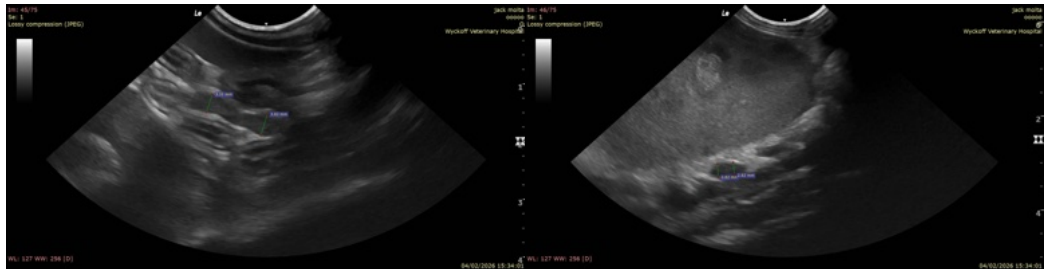
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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