



## PATIENT

Syrio Miller

## SPECIES

Feline

## BREED

DSH

## SEX

NM

## AGE

10 years 11 months

## WEIGHT

12.48 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Ryan Moreno

## HOSPITAL NAME

Seven Fields  
Veterinary Hospital

## REFERRING VET

Dr. Christina Miller

## INVOICE

11435

## DATE

3/10/2026

## PRESENTING CLINICAL SIGNS

- Intermittent vomiting of hairballs. Eats c/d stress had left kidney removed back in 2019 due to ureteral stones. Vomited 10 times yesterday evening. Heart murmur grade 2/6.

Abnormal PE/Chem/CBC/UA Results: FPL: 8 (mildly elevated per ER) ALT: 140 (H) TBili: normal Rads Report from ER: Mild left cardiomegaly and mild bronchial pattern lung pattern. Non-specific gastroenteritis with a functional component.

## 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. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The right kidney measures 5.25×3.15 cm, with cortical thickness measuring 0.55 cm in the sagittal plane. The renal cortex appears mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is preserved and corticomedullary definition remains visible. A medullary rim sign is present. A nephrolith measuring 5.31 mm is identified. There is no evidence of pyelectasia or hydronephrosis. Doppler color evaluation demonstrates a normal vascular pattern.

### Adrenal Glands

The adrenal glands were not clearly visualized in the provided images.

### Spleen

Splenic thickness measures 0.81 cm. The splenic parenchyma demonstrates normal echogenicity and homogeneous echotexture. At the dorsal splenic extremity, a solid mass measuring 2.09×3.04 cm is identified. The lesion is mildly heterogeneous, mildly vascularized, and causes focal deformation of the splenic capsule.

### Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears isoechoic relative to the falciform fat but demonstrates a mildly coarse echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin and the contents are anechoic. The common bile duct measures 1.89–1.58 mm, which is within reported reference ranges for cats.

### Gastrointestinal

The stomach is empty and folded, with a small amount of luminal fluid. Gastric wall thickness measures 1.69 mm, and wall layering is preserved. The pylorus measures 4.86–5.62 mm.

The duodenum measures 2.44 mm.

The jejunum measures 2.17 mm.

The ileum measures 1.66 mm.



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Wall layering is preserved throughout the evaluated small intestinal segments. The ileocecal junction was not visualized.

At the end of the examination, a small amount of luminal fluid was present within the intestinal segments. No obstructive pattern or foreign body is identified. However, intestinal segments demonstrate abundant intraluminal gas with reduced motility, findings that may be compatible with a functional ileus.

The colon measures 1.09 mm, with a small amount of formed fecal material in the descending segment.

### *Pancreas*

Pancreatic thickness measures 6.38 mm. The pancreatic parenchyma appears isoechoic relative to the surrounding omental fat. The pancreatic duct measures 1.06 mm.

### *Free Abdomen*

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

## PRIMARY FINDINGS

- Solid splenic mass (2.09×3.04 cm).
- Right renal nephrolith.
- Compensatory hypertrophy of the right kidney.
- Reduced intestinal motility with increased luminal gas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant abnormality identified on this examination is a solid splenic mass (2.09×3.04 cm) arising from the dorsal splenic extremity and causing focal capsular deformation. Differential considerations include splenic neoplasia (including lymphoma, mastocytoma or other primary splenic tumors) and less likely due to the size and vascular pattern: nodular hyperplasia or splenic hematoma. Imaging alone cannot reliably differentiate these entities.

The right kidney demonstrates compensatory hypertrophy, expected in a patient with a history of left nephrectomy. A renal nephrolith (5.31 mm) is present without evidence of obstruction. Mild cortical hyperechogenicity and a medullary rim sign are noted, which may represent chronic renal changes or nonspecific tubular alterations.

The pancreas measures near the upper limit of reported reference ranges, and the pancreatic duct is mildly visible. Although no overt ultrasonographic evidence of pancreatitis is identified, these findings should be interpreted in conjunction with the elevated feline pancreatic lipase (fPL 8), in some cases pancreatitis may occur in cats with minimal ultrasonographic changes.

The gastrointestinal tract shows reduced motility and increased intraluminal gas, compatible with a functional ileus, which may occur secondary to gastrointestinal inflammation or pancreatitis.

### Recommendations

- Cytologic sampling of the splenic mass may be considered to further characterize the lesion.



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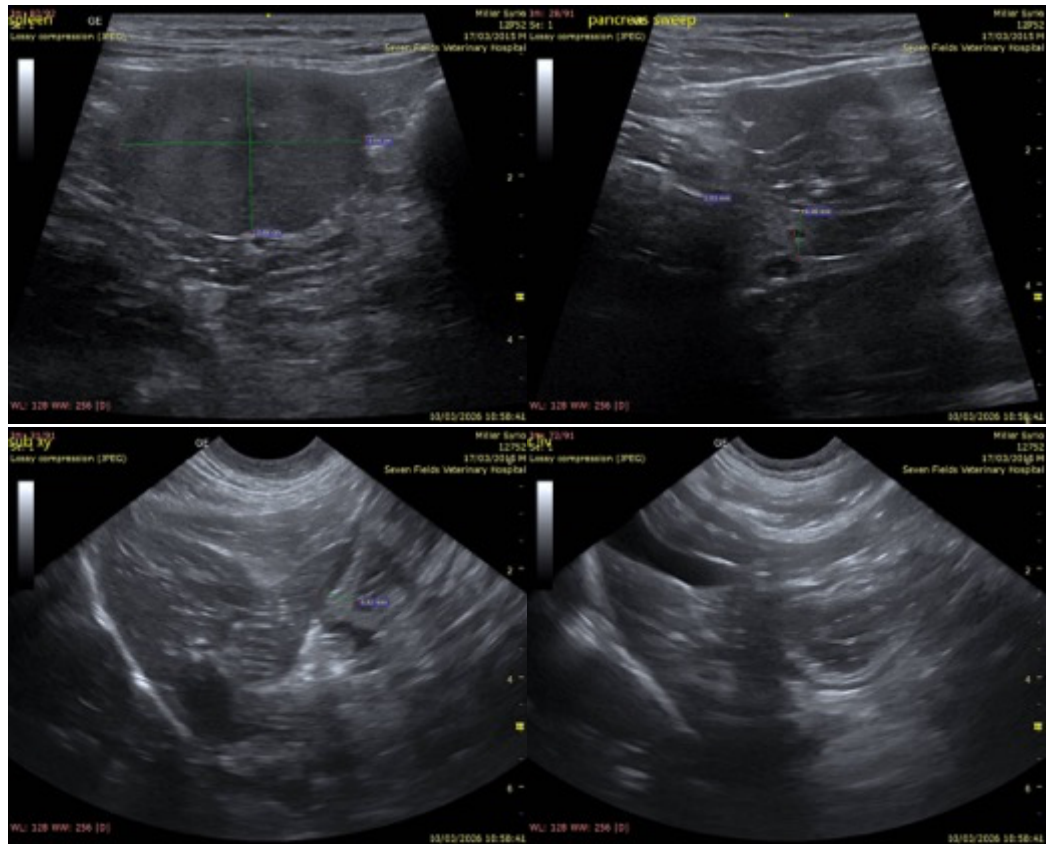
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- Correlation with pancreatic lipase results and clinical signs is recommended, as mild pancreatitis remains a possible contributor to the patient's vomiting.
- Clinical monitoring for resolution of the suspected functional ileus is recommended, particularly as gastrointestinal hypomotility may occur secondary to pancreatitis or gastrointestinal inflammation.
- Continued monitoring of the remaining kidney is recommended given the presence of nephrolithiasis and the patient's history of nephrectomy.





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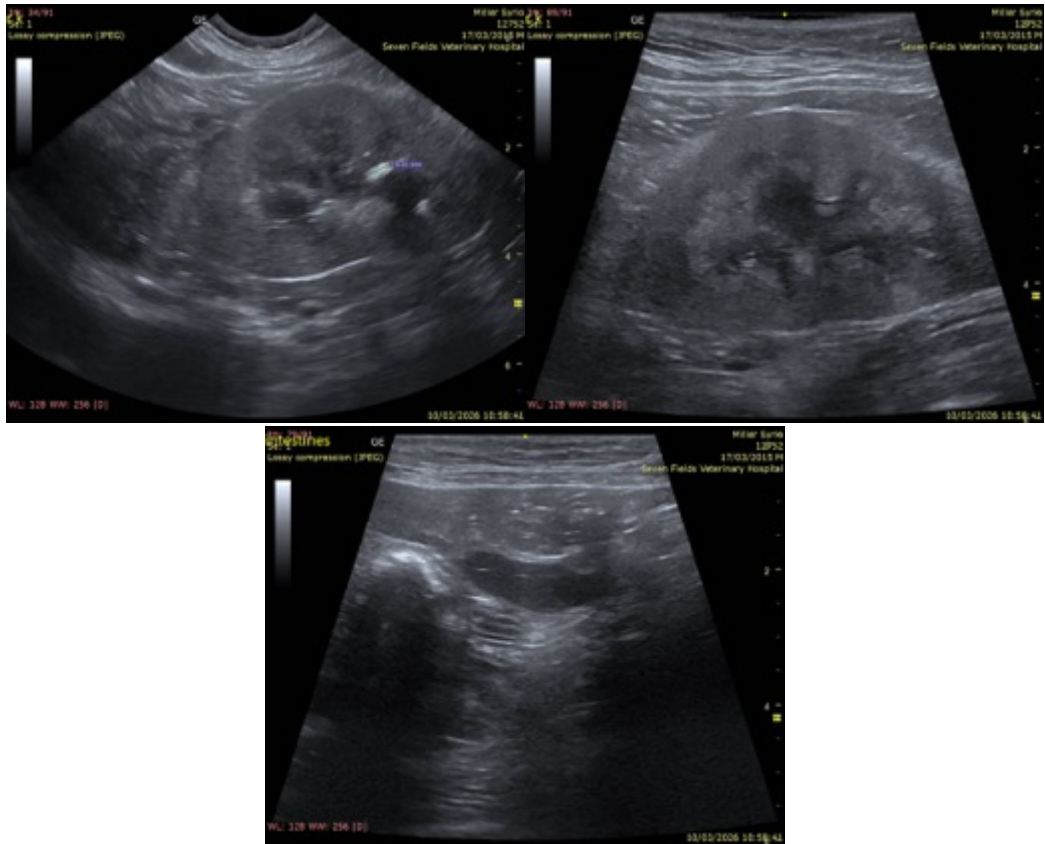
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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