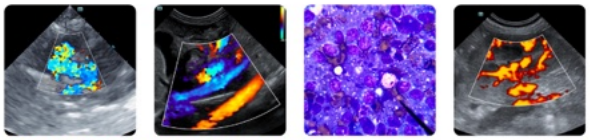




**PATIENT**

Merlin Animals In Distress

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

4 ½ years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Dr. Renee Ziegler Post

**HOSPITAL NAME**

For Cats Only VC

**REFERRING VET**

Dr. Renee Ziegler Post

**INVOICE**

73463

**DATE**

3/12/26

## PRESENTING CLINICAL SIGNS

- FIV positive
- Persistent anemia

## 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 markedly turbid with abundant suspended echoes. The bladder neck and proximal urethra have a normal appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.19×2.05 cm, and the cortical thickness measures 0.34 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.21×2.08 cm. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.39 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.33 cm at the caudal pole.

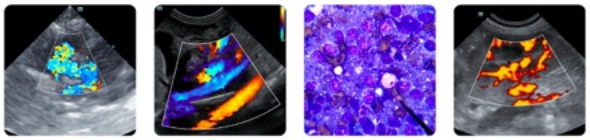
### *Spleen*

Splenic thickness measures 0.74 cm. The 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 edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared with the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.





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### *Gastrointestinal*

The stomach is empty and folded, with mural thickness measuring 1.25 mm and preserved wall layering. A small amount of fluid is present within the lumen. The pylorus measures 2.73 mm. The duodenum measures 1.44 mm.

The jejunum measures 2.60 mm, with mucosa measuring 1.05 mm, submucosa 0.43 mm, and muscularis propria 0.47 mm. The ileum measures 2.19 mm with mucosa measuring 0.93 mm, submucosa 0.80 mm, and muscularis propria measuring 0.35 mm, with preserved wall layering.

The ileocecal junction measures 2.32 mm, with mucosa measuring 0.83 mm and muscularis 0.38 mm. No sonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures 0.93 mm, with formed fecal material present within the descending segment.

### *Pancreas*

The evaluated pancreatic regions do not demonstrate sonographic evidence of overt inflammation or neoplastic disease.

### *Peritoneal Cavity*

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 3.79 mm, ileocecal lymph nodes 2.93 mm, and the pancreaticoduodenal lymph node 3.11 mm; all maintain normal shape and echogenicity. The iliac trifurcation region appears normal.

## ULTRASONOGRAPHIC FINDINGS

Floating echogenic sediment in the bladder.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clinically significant ultrasonographic abnormalities are identified within the abdominal organs that would clearly explain the patient's persistent anemia.

The spleen, liver, abdominal lymph nodes, and gastrointestinal tract do not demonstrate sonographic features suggestive of infiltrative disease, lymphoma, or other neoplastic processes. This is particularly relevant in the context of the patient's FIV-positive status, as affected cats are predisposed to lymphoproliferative disorders.

The urinary bladder contains marked echogenic sediment, which may represent cellular debris, inflammatory material, crystalluria, or concentrated urine. While this finding is nonspecific, correlation with urinalysis is recommended to evaluate for possible lower urinary tract inflammation or infection.

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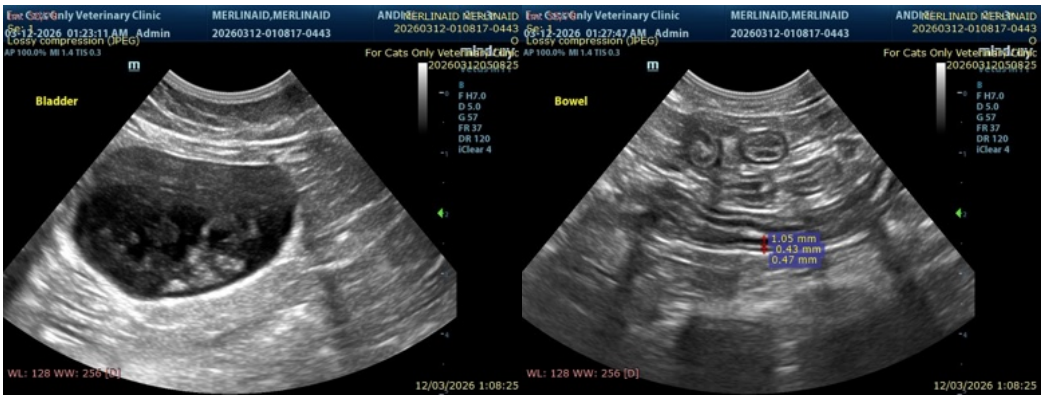
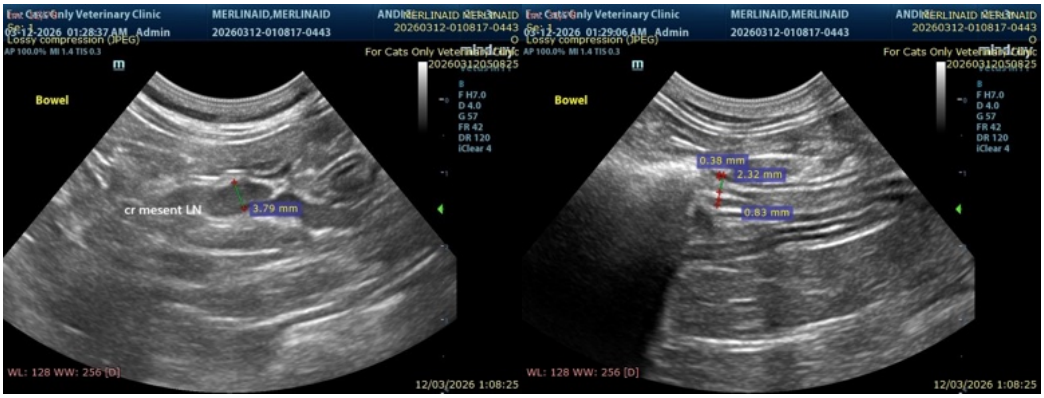
Recommendations

- Correlation with urinalysis and urine sediment evaluation is recommended given the marked echogenic bladder sediment.
- If anemia persists, further investigation for non-abdominal causes may be warranted, as these conditions may not produce detectable ultrasonographic abnormalities. In FIV-positive cats, anemia may occur secondary to chronic infection, immune-mediated mechanisms, or bone marrow suppression.
- Further diagnostic and therapeutic decisions should be guided by the attending veterinarian based on the patient's overall clinical status.



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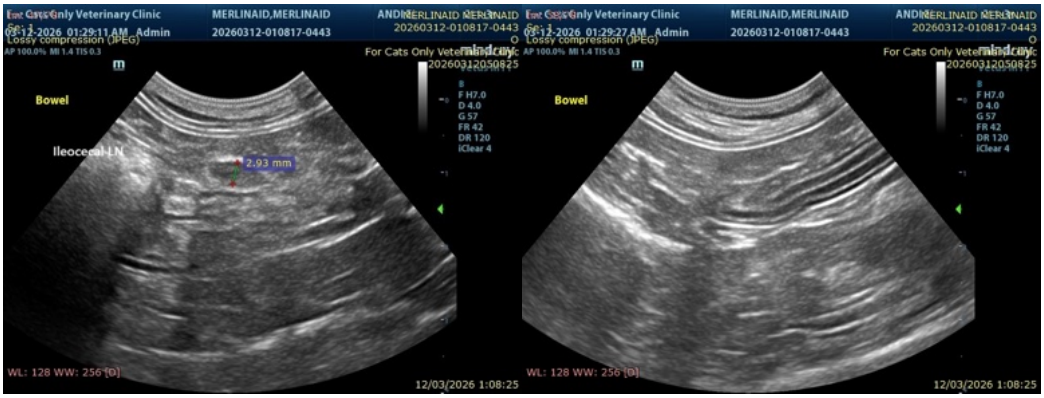


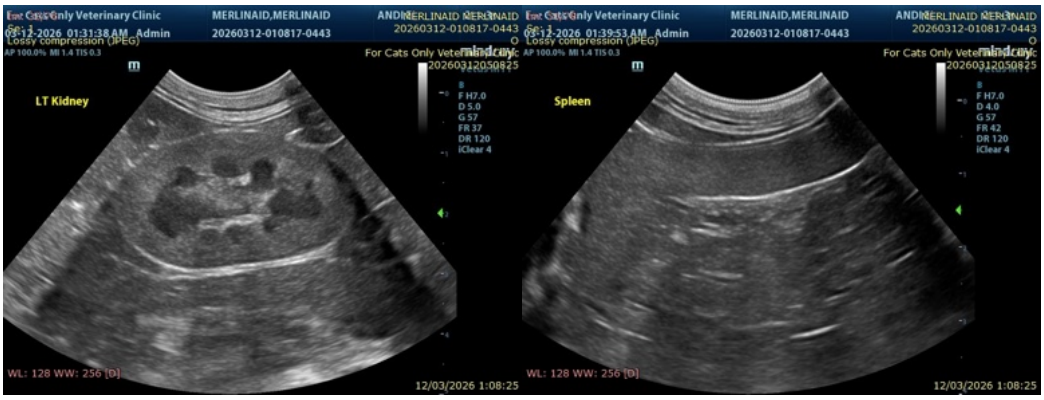


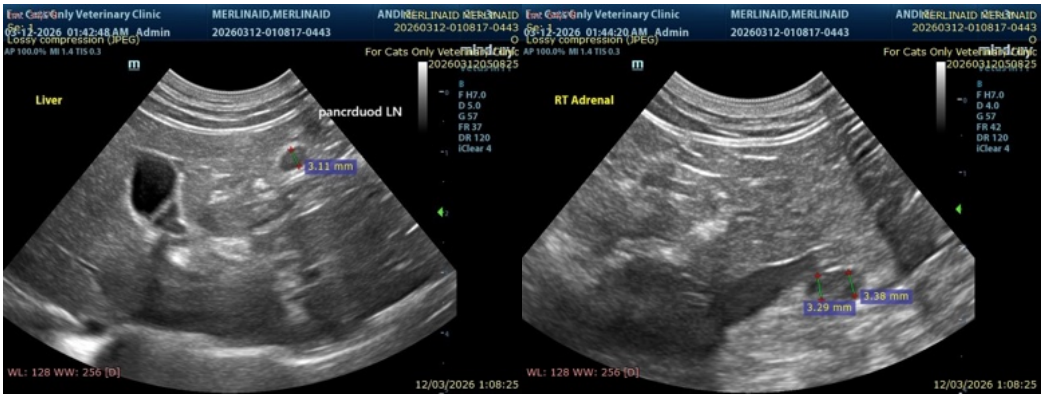


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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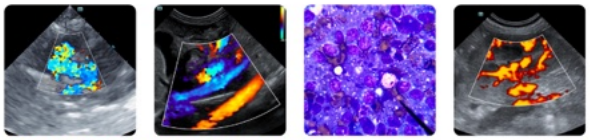

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