



## PATIENT

Hissy Fit Greig

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

12 years

## WEIGHT

11 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Amanda Favis

## HOSPITAL NAME

Ruidoso AC

## REFERRING VET

Dr. Favis

## INVOICE

73783

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

- Unexplained weight loss. Decreased mobility. History of barbering. Behavioral changes.
- Chemistry, CBC and T4 wnl. FeLV/FIV negative. USG 1.023

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is anechoic with abundant suspended echogenic debris. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney measures 3.17×2.09 cm. The contour is mildly irregular. Cortical thickness is 0.57 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. Corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney measures 4.50×2.35 cm. Cortical thickness is 0.58 cm in the sagittal plane. The cortex is mildly hyperechoic compared to the liver parenchyma. Corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.30 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland was not visualized.

### *Spleen*

Splenic thickness is 0.60 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to 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 evident dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach contains a small amount of fluid and has normal wall layering, with a wall thickness of 1.57 mm. The pylorus measures 4.60 mm.

The duodenum measures 1.86 mm and appears mildly corrugated. The jejunum measures 2.14 mm (mucosa 1.22 mm, submucosa 0.41 mm, muscularis propria 0.48 mm), with preserved wall layering. The ileum measures 1.99 mm (mucosa 0.88 mm, submucosa 0.50 mm, muscularis propria 0.42 mm), with preserved wall layering.

The ileocecal junction measures 3.10 mm (mucosa 1.49 mm, muscularis 0.91 mm). The ascending colon measures 0.73 mm and contains semiliquid content; the transverse colon measures 0.75 mm; and the descending colon measures 0.83 mm and is largely empty. No evidence of obstruction, ileus, or intraluminal foreign material is identified.

## *Pancreas*

The right limb measures 6.41 mm and the left limb 4.72 mm in thickness. Pancreatic parenchyma is isoechoic relative to the surrounding mesenteric fat. The pancreatic duct measures 1.42 mm in diameter. No peripancreatic fat changes are observed.

## *Free Abdomen*

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

## PRIMARY FINDINGS

- Urinary bladder sediment (echogenic debris).
- Mild intestinal changes: slight duodenal corrugation; muscularis prominence at ileocecal junction.

## SECONDARY FINDINGS

- Mild bilateral renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys show mild chronic changes, including increased cortical echogenicity and mild contour irregularity. Renal length in cats is typically ~3.0–4.5 cm; the right kidney (4.50 cm) is at the upper limit of normal, while the left (3.17 cm) is within normal limits, resulting in mild asymmetry. Cortical thickness remains within expected ranges, supporting preserved renal architecture. These findings are most consistent with early or mild chronic renal change rather than advanced chronic kidney disease. The urine specific gravity (1.023) is suboptimally concentrated for a cat and may be consistent with early functional compromise, although not diagnostic in isolation.

The gastrointestinal tract shows preserved wall layering and thickness within normal feline ranges



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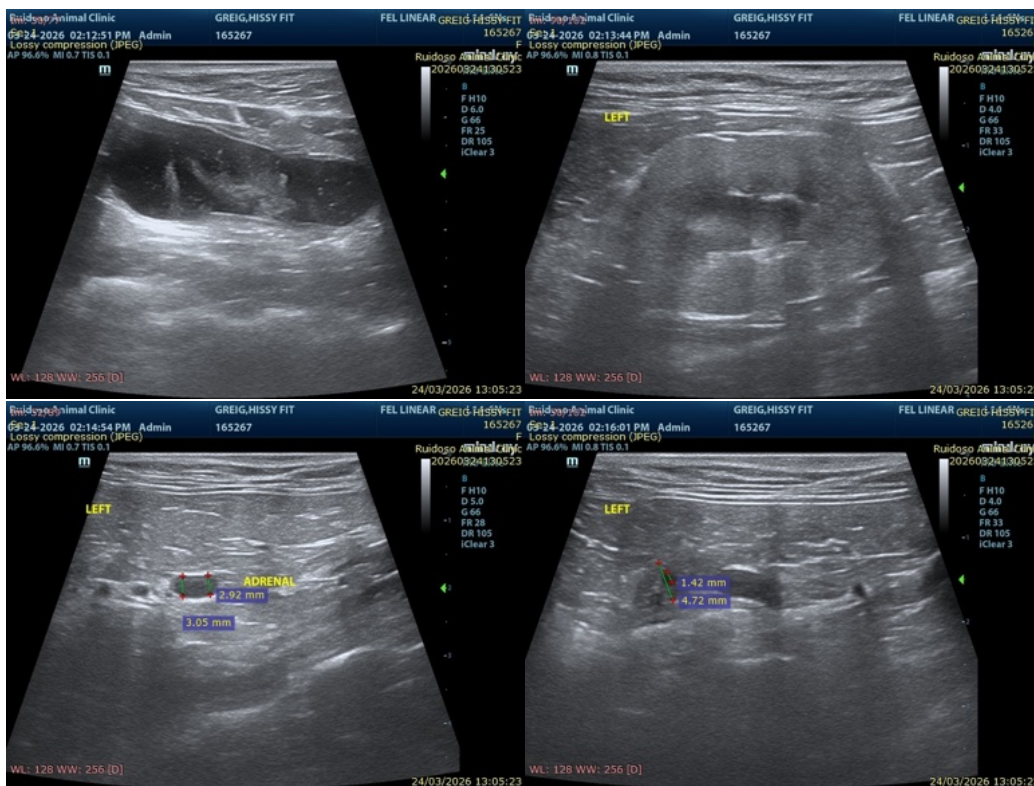
(<2.5–3.0 mm). There is mild muscularis prominence, most evident at the ileocecal junction (ratio ~0.61), while jejunal ratios (~0.39) remain within normal limits. These findings are nonspecific but compatible with mild chronic enteropathy. Although early small-cell lymphoma cannot be excluded based on ultrasound alone, the current ultrasonographic features do not support it.

Subtle pancreatic changes are most likely age-related. However, in a cat with compatible clinical signs, and considering that ultrasonography has limited sensitivity for detecting pancreatic disease in cats, early or subtle pancreatic pathology cannot be excluded based on imaging alone.

**Recommendations.**

- Renal monitoring: SDMA, repeat urinalysis including UPC if indicated, and serial USG.
- Gastrointestinal evaluation: cobalamin and folate testing, with consideration of an empirical dietary trial.
- Pancreas: consider fPLI if clinical suspicion persists.
- Urinary sediment: correlate with urinalysis.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient’s clinical status.





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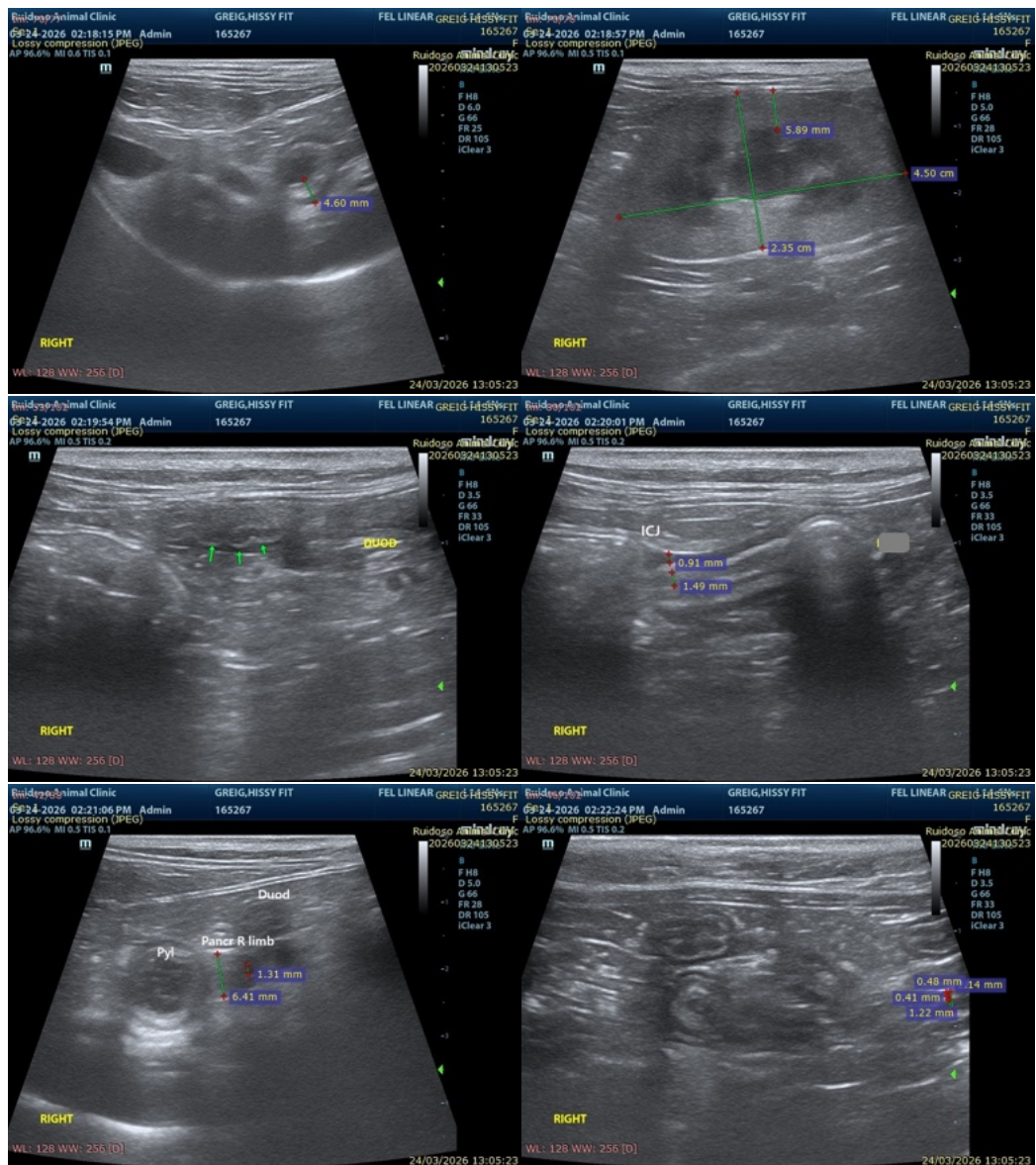
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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