



## PATIENT

Tiptoe Smith

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

10 months

## WEIGHT

7.25 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Wiederholt

## HOSPITAL NAME

Dreaming Summit AH

## REFERRING VET

Dr. Wiederholt

## INVOICE

73780

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

- One month history of decreased appetite and weight loss. Intermittent vomiting (1-2 episodes only),
- Febrile on physical exam (initially 102.8F, today 104F) with moderate muscle wasting but otherwise unremarkable.
- Only medication is Mirataz – minimal improvement in appetite.
- Recent radiographs confirmed abdominal effusion but no evidence of GI obstruction or foreign material.
- Only abnormality on labwork was moderate hyperproteinemia and hyperglobulinemia.
- CBC: unremarkable. Chem17/lytes: TP 9.4 (H), globulin 6.8 (H), remainder wnl. FPL 0.7 (normal). UA: 1+ protein, 2+ blood, otherwise unremarkable. Felv/FIV negative.

## 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. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.78×1.99 cm, and the thickness of the cortex is 0.42 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 3.67×1.96 cm, and the thickness of the cortex is 0.39 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

### Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.22 cm at the cranial pole and 0.20 cm at the caudal pole. The right adrenal gland is not confidently visualized.

### Spleen

Splenic thickness is 0.68 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. A splenic lymph node measures 3.25 mm in thickness, with normal shape and hypoechoic appearance.

### Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is homogeneous with normal echogenicity and echotexture. No hepatic lymphadenopathy is observed.



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

### ***Gastrointestinal***

The stomach is empty and folded, with mural thickness (1.63 mm) and preserved wall layering. The pylorus measures 2.44 mm.

Duodenum: 1.93 mm. Jejunum: 1.98 mm; one segment measures up to 3.29 mm, with a clear increase in the muscularis layer. Ileum: 2.14 mm, with preserved wall layering. The ileocecal junction is not visualized.

Colon: 0.86 cm, with a small amount of formed feces in the descending segment.

### ***Pancreas***

Pancreatic thickness ranges from 4.63–5.35 mm. The parenchyma appears within normal limits. The pancreatic duct is not dilated.

### ***Free Abdomen***

A moderate volume of mildly turbid abdominal effusion is present. The surrounding mesenteric fat appears hyperechoic.

Cranial mesenteric lymph nodes measure 7.58–8.52 mm in thickness, are rounded, and hypoechoic.

A right gastric lymph node measures 4.41 mm.

The iliac trifurcation is normal.

### **PRIMARY FINDINGS**

- Moderate volume mildly turbid abdominal effusion.
- Hyperechogenic mesenteric fat.
- Enlarged, rounded, hypoechoic cranial mesenteric lymph nodes.
- Segmental thickening of the jejunal muscularis.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of abdominal effusion, hyperechoic mesenteric fat, and rounded hypoechoic mesenteric lymphadenopathy supports an inflammatory or infectious peritoneal process.

The intestinal tract is largely within normal limits; however, a focal segment of jejunum demonstrates increased muscularis thickness, which may reflect reactive or inflammatory change.



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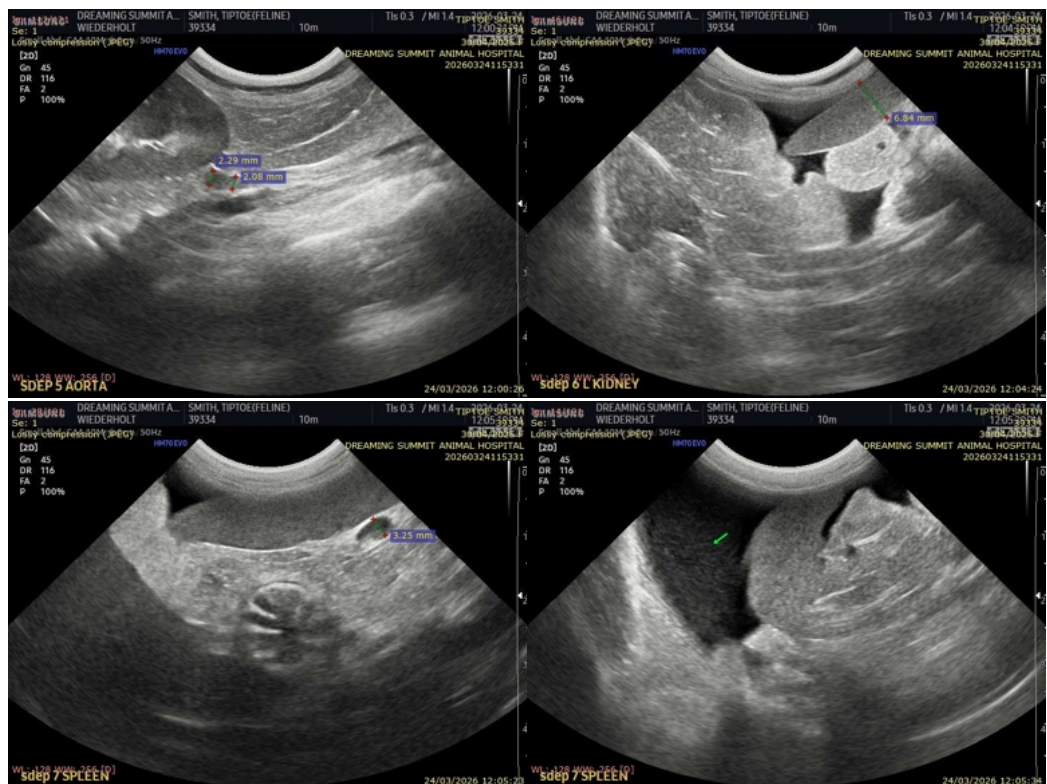
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Given the signalment (young cat), fever, hyperglobulinemia, and effusion, findings are highly compatible with a systemic inflammatory/infectious process, with feline infectious peritonitis (FIP) considered a primary differential. However, these findings are not specific, and FIP cannot be confirmed based on ultrasonographic findings alone.

### Recommendations

- Abdominal fluid analysis (pending):
  - Cytology
  - Protein concentration
  - Rivalta test
  - PCR testing if available
- Coronavirus testing as appropriate.
- Correlation with clinical and laboratory findings (especially globulins and fever).
- Supportive care as clinically indicated.

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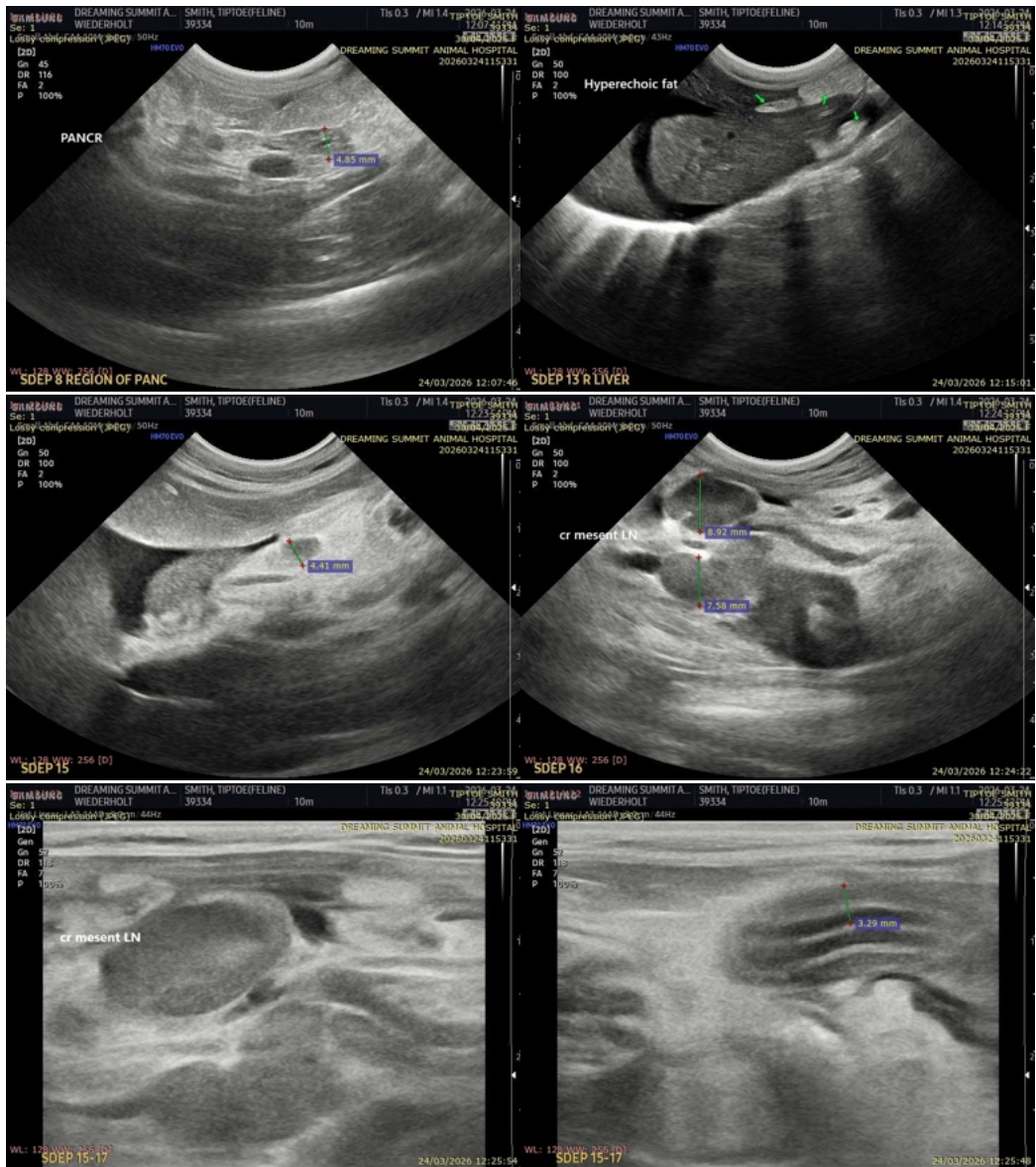
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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