



PATIENT

Wendigo Sweredoski

SPECIES

Feline

BREED

Siamese Mix

SEX

Spayed female

AGE

9 years

WEIGHT

10.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool VAH

REFERRING VET

Dr. Gupta

INVOICE

78343

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Chronic intermittent vomiting for a few months, mild improvement with oral antiemetic medication (ondansetron). History of urinary issues- on c/d diet
- Normal CBC/CHEM/TT4/UA 3/3/26 Normal PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 3.80×2.23 cm, with a cortical thickness of 0.32 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, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is smaller and irregular in contour: 3.28×1.64 cm, with a cortical thickness of 0.27 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is preserved. A cystic structure measuring 5.94×4.44 mm is present, containing a central mineralized focus. No pyelectasia, additional nephroliths, or hydronephrosis are identified. Color Doppler demonstrates 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 0.28 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measures 0.21 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 1.07 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended, with a thin wall. The contents are anechoic. The common bile duct measures 2.11–1.71 mm, within normal limits for a cat.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.67 mm and preserved wall layering. The pylorus measures 2.99 mm. A small amount of intraluminal fluid is present.

The duodenum measures 1.96 mm. The jejunum measures 2.17–2.28 mm, with preserved wall layering (mucosa: 1.19 mm; submucosa: 0.48 mm; muscularis propria: 0.34 mm). The ileum measures 2.20 mm (mucosa: 0.53 mm; submucosa: 0.93 mm; muscularis propria: 0.46 mm), with preserved layering. The ileocecal junction is not clearly visualized.

No signs of overt inflammation, ileus, or foreign material are identified.

The colon measures 0.67 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 2.90–3.47 mm and have normal shape and echogenicity. The ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Right kidney: reduced size, irregular contour, cortical hyperechogenicity.
- Right renal cystic lesion with central mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney is reduced in size and irregular, with increased cortical echogenicity. Compared to the left kidney (3.80 cm vs 3.28 cm length), this represents true asymmetry and supports chronic unilateral renal change, most consistent with prior insult (chronic pyelonephritis, ischemic injury, or chronic interstitial nephropathy). The small cystic lesion with central mineralization likely represents mineralized cyst or focal dystrophic mineralization with surrounding fluid.

The contralateral kidney is within normal limits, which is clinically important and may explain the absence of azotemia.

No ultrasonographic abnormalities are identified in the gastrointestinal tract to explain the history of chronic intermittent vomiting. A small amount of intraluminal fluid is present within the stomach, which can be a normal finding or associated with mild nausea. Wall thickness and layering are within normal limits, and there is no lymphadenopathy. This does not exclude chronic enteropathy, as mild or functional gastrointestinal disease may be present without detectable structural changes. The hepatobiliary system and pancreas are unremarkable on ultrasound.



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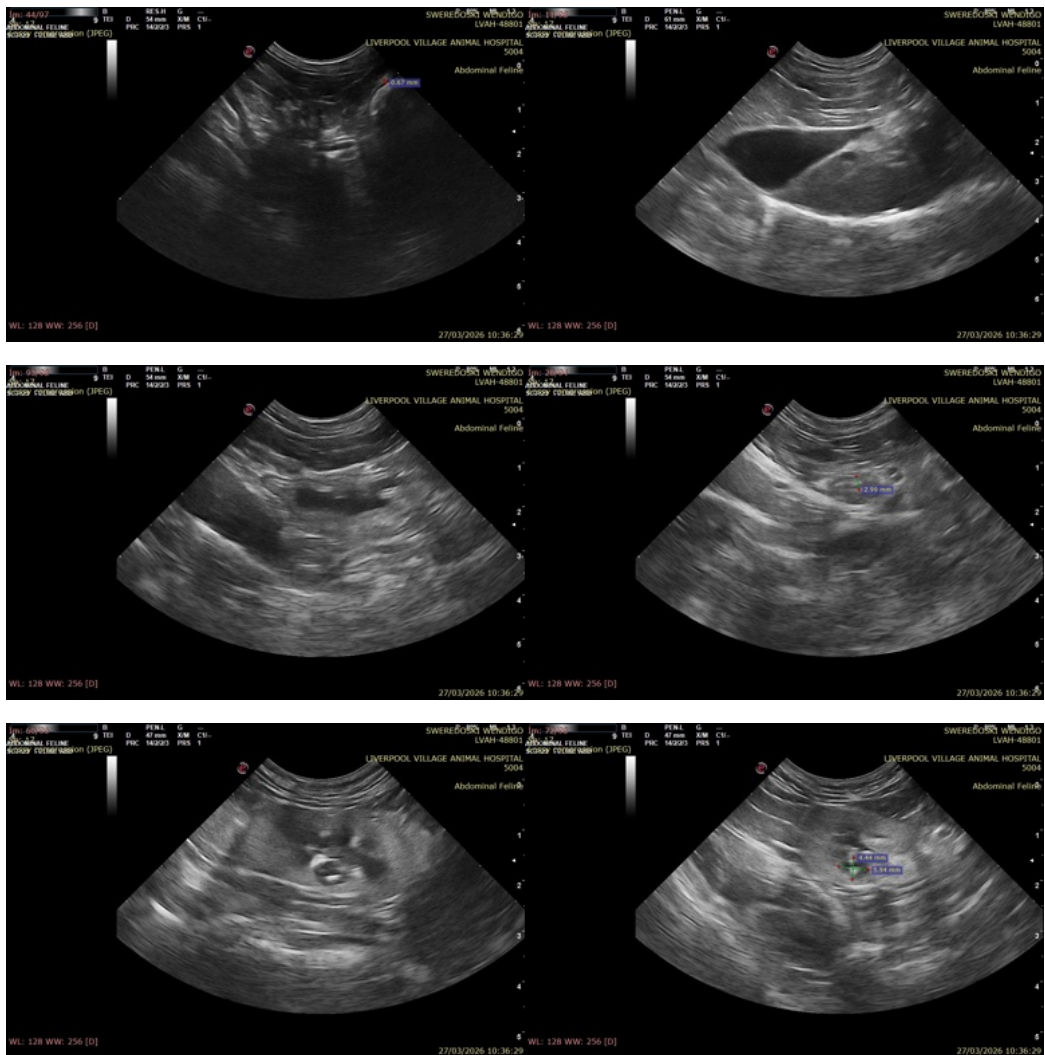
DATE

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Recommendations

- Findings do not identify a structural cause for vomiting. A stepwise gastrointestinal workup is recommended (dietary trial, cobalamin/folate assessment, ± fPLI if clinically indicated).
- Correlate with renal parameters and urinalysis. Periodic monitoring is recommended given unilateral chronic changes.

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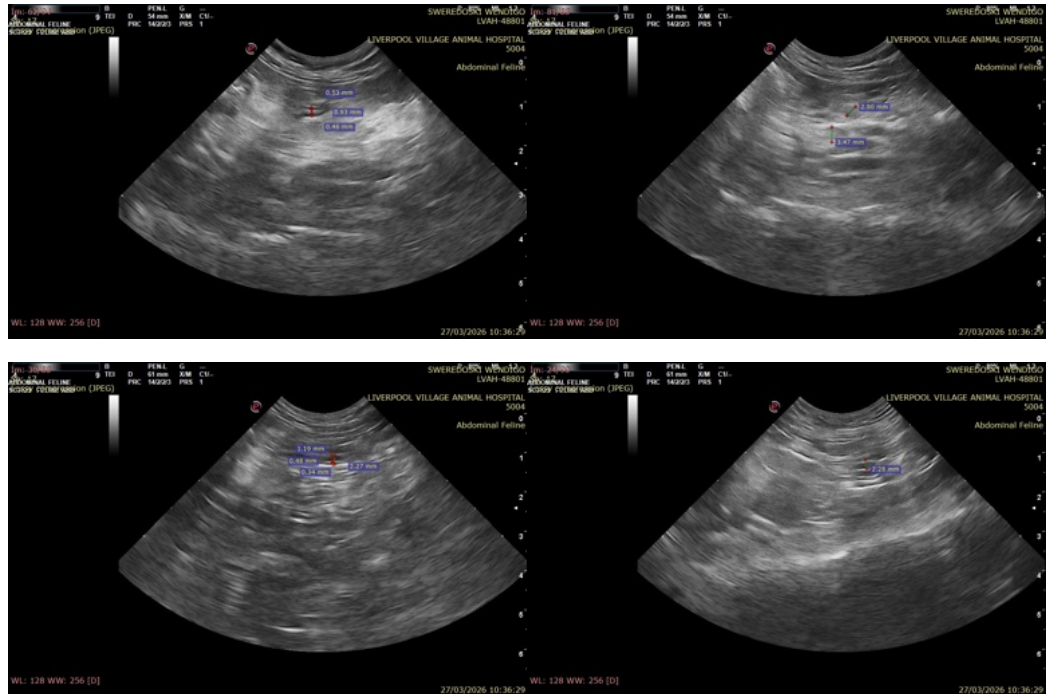
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com