



## PATIENT

Luanne Angles  
Rescuing Animals

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

4 years

## WEIGHT

8.8 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Kristi Whitten

## HOSPITAL NAME

North Fork VC

## REFERRING VET

Dr. Whitten

## INVOICE

73983

## DATE

3/31/26

## PRESENTING CLINICAL SIGNS

- Chronic urinary issues. Urinates outside the box. Has been on prozac. I thought was on SO diet but apparently has not been.
- Normal PE Mg phos crystals in the urine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended, with a thin, smooth wall. The urine is turbid, with abundant suspended echogenic sediment. The bladder neck and proximal urethra appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size (3.47×2.31 cm), with a cortical thickness of 0.37 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation shows a normal perfusion pattern.

The right kidney is normal in shape and size (2.97×2.58 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 within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation shows a normal perfusion pattern.

### Adrenal Glands

The left adrenal gland is not confidently visualized. The right adrenal gland measures 0.34 cm (cranial pole) and 0.31 cm (caudal pole), with normal shape and echogenicity.

### Spleen

Splenic thickness is 0.88 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is empty and folded, with a wall thickness of 1.75 mm and preserved layering.

Pylorus: 3.26 mm. Duodenum: 1.29 mm. Jejunum: 1.96 mm (mucosa 0.81 mm, submucosa 0.50 mm, muscularis 0.35 mm). Ileum: 1.70 mm (mucosa 0.73 mm, submucosa 0.54 mm, muscularis 0.51 mm). Wall layering is preserved throughout. The ileocecal junction is not visualized.

Colon: 1.04 mm, with abundant formed feces in the descending segment.

## *Pancreas*

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

## *Free Abdomen*

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

## PRIMARY FINDINGS

- Turbid urinary bladder contents with abundant suspended sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder contains abundant suspended echogenic sediment without evidence of urolithiasis, wall thickening, or structural abnormalities. In the context of known struvite crystalluria, this finding is most consistent with crystalluria and/or urinary sediment accumulation, likely influenced by urine composition and diet.

Importantly, there are no ultrasonographic findings to support structural lower urinary tract disease, such as uroliths, mass lesions, or significant cystitis. However, ultrasonography may be normal or only mildly abnormal in cats with feline idiopathic cystitis.

The kidneys and upper urinary tract are unremarkable, with no evidence of obstruction or secondary changes.

## Recommendations

- Initiate or strictly implement a urinary diet (struvite dissolution/prevention diet), as diet is a key factor in managing crystalluria.
- Encourage increased water intake to reduce urine concentration
- Recommend urinalysis with sediment exam ± culture to further characterize sediment and exclude infection.
- Address environmental and behavioral factors, as these are critical in the management of feline idiopathic cystitis.



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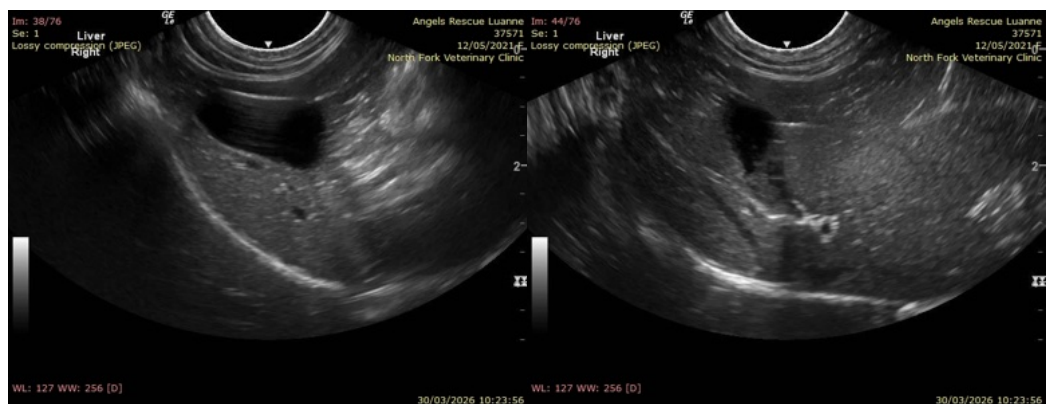
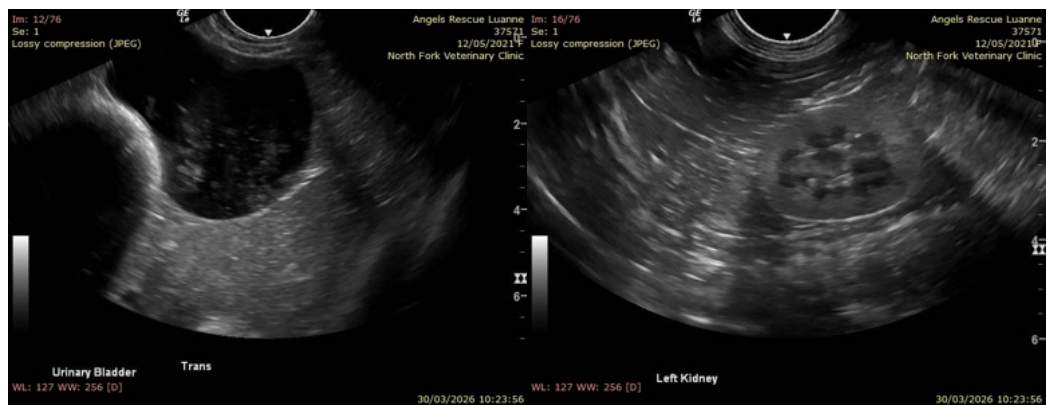
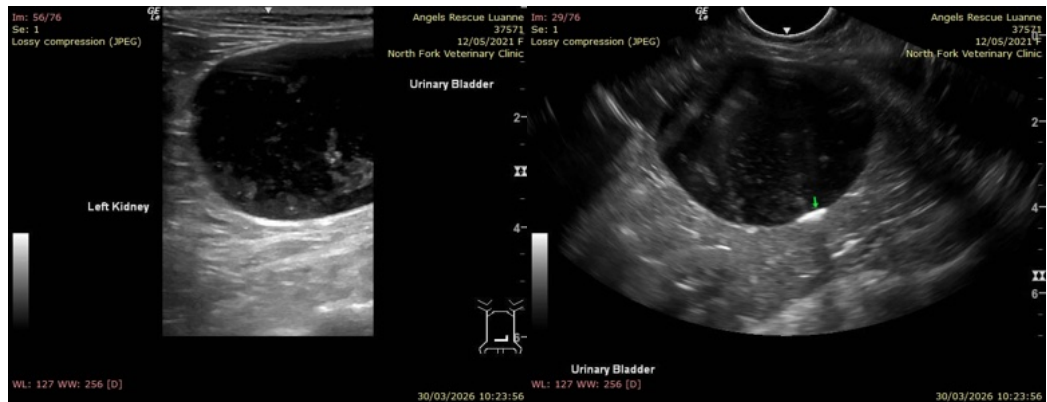
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Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status





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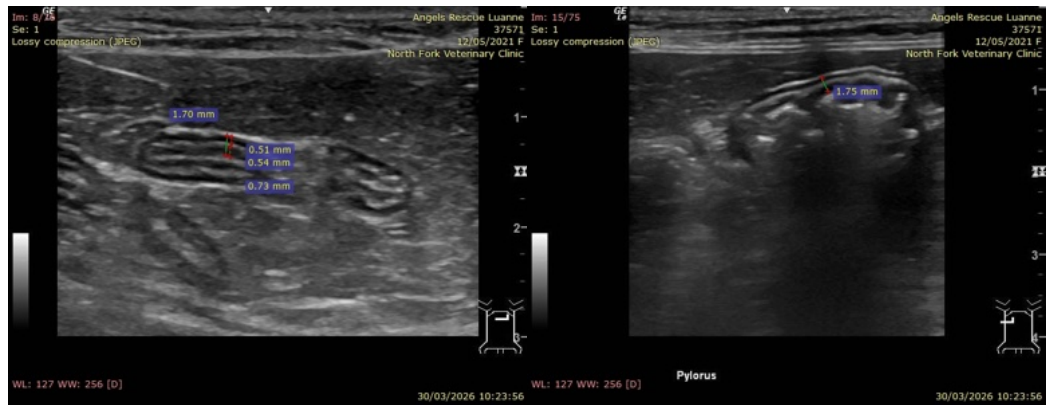
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)