



PATIENT

Callie Oatridge

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.18 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Francis

INVOICE

72308

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Decreased appetite with increased pickiness for about 1 month; has not eaten canned or dry food for over 2 weeks; will eat temptations; chronic neurologic disease causing CP deficits in the rear limbs. Minimal response to maropitant for possible nausea - owner reports still decreased appetite and will cry like she's hungry but she has gained 0.5lb in 2 weeks
- CBC: mild lymphopenia 0.424 (0.5-6.8), eosinopenia 0.07 (0.209-1.2) Chem: SDMA 18 (0-14), BUN 39 (16-37), Cystatin B 366(0-99) UA: USG 1.020, pH 5.5, Protein 1+, Blood 2+ T4: 1.7 Radiographs: slightly smaller renal silhouette otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 3.08×1.93 cm, with cortical thickness measuring 0.32 cm in the sagittal plane. The right kidney measures 2.95×1.71 cm, with cortical thickness measuring 0.29 cm in the sagittal plane. In both kidneys, the cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are within normal limits. The left adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness measures 0.92 cm. The splenic 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 relative to the falciform fat with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures 2.43–2.21 mm, which is within reported reference ranges for cats.



PATIENT

Callie Oatridge

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.18 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Francis

INVOICE

72308

DATE

3/6/26

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.61 mm and preserved wall layering. The pylorus measures 3.77 mm.

The duodenum measures 1.51 mm. The jejunum measures 2.97 mm, with mucosa measuring 1.36 mm, submucosa 0.84 mm, and muscularis propria 0.79 mm. The ileum measures 2.35 mm, with mucosa 0.69 mm, submucosa 1.01 mm, and muscularis propria 0.65 mm. Wall layering is preserved. The ileocecal junction measures 3.81 mm, with muscularis measuring 1.33 mm. No ultrasonographic evidence of intestinal obstruction, ileus, or foreign material is identified.

The colon measures 0.88 mm in the transverse segment and 1.48 mm in the descending segment, with formed fecal material present within the lumen.

Pancreas

The pancreas measures 6.55 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.49 mm. No peripancreatic fluid or inflammatory fat changes are identified.

Peritoneal Cavity

A very small amount of abdominal effusion is suspected.

Cranial mesenteric lymph nodes are not visualized, and the surrounding regions appear unremarkable. Ileocecal lymph nodes measure 4.06 mm and 2.75 mm, with normal shape and hypoechoic echogenicity.

The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild small intestinal muscularis thickening, most evident in the jejunum and ileocecal region.

SECONDARY FINDINGS

- Pancreatic thickness near the upper limit of reference ranges.
- Mild biliary sludge.
- Mild renal changes compatible with chronic kidney disease.
- Very small volume abdominal effusion.



PATIENT

Callie Oatridge

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.18 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Francis

INVOICE

72308

DATE

3/6/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal size is at the lower end of reported reference ranges, and a mild medullary rim sign is present. Renal architecture otherwise appears preserved. These findings are nonspecific, but in the context of the patient's laboratory abnormalities may be compatible with early chronic renal changes, although ultrasonography alone does not demonstrate definitive features of chronic kidney disease.

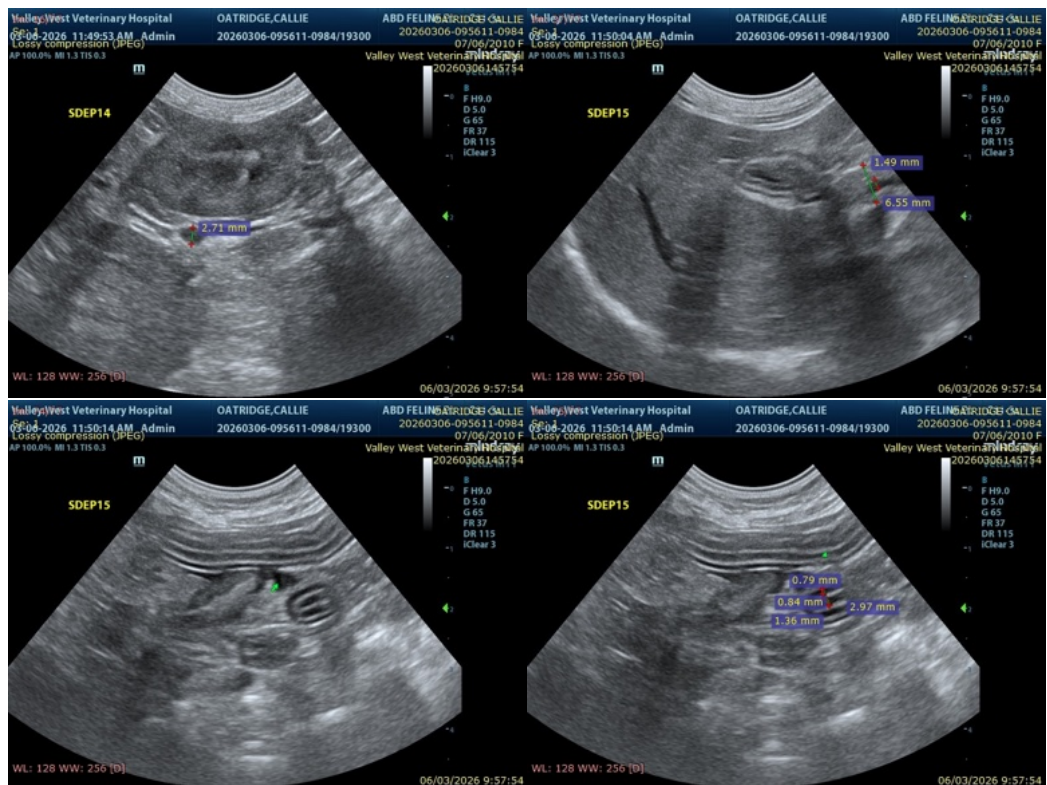
Pancreatic findings may represent age-related variation, but mild or subclinical chronic pancreatitis cannot be excluded based on ultrasonography alone.

Biliary findings may reflect mild biliary stasis (cholestasis), which may occur secondary to hepatobiliary dysfunction, reduced food intake, or pancreatic disease in geriatric cats.

The gastrointestinal tract shows mild disproportionate thickening of the muscularis layer, most evident in the jejunum and ileocecal region. Increased muscularis thickness relative to the mucosa has been reported in cats with chronic inflammatory enteropathy (IBD) as well as low-grade alimentary lymphoma, and these conditions cannot be reliably differentiated by ultrasonography alone.

Recommendations

- A comprehensive gastrointestinal panel, including pancreatic lipase testing (Spec fPL), may be considered to further evaluate chronic pancreatitis or chronic enteropathy, as ultrasonography may have limited sensitivity for mild or early disease in cats.





PATIENT

Callie Oatridge

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.18 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

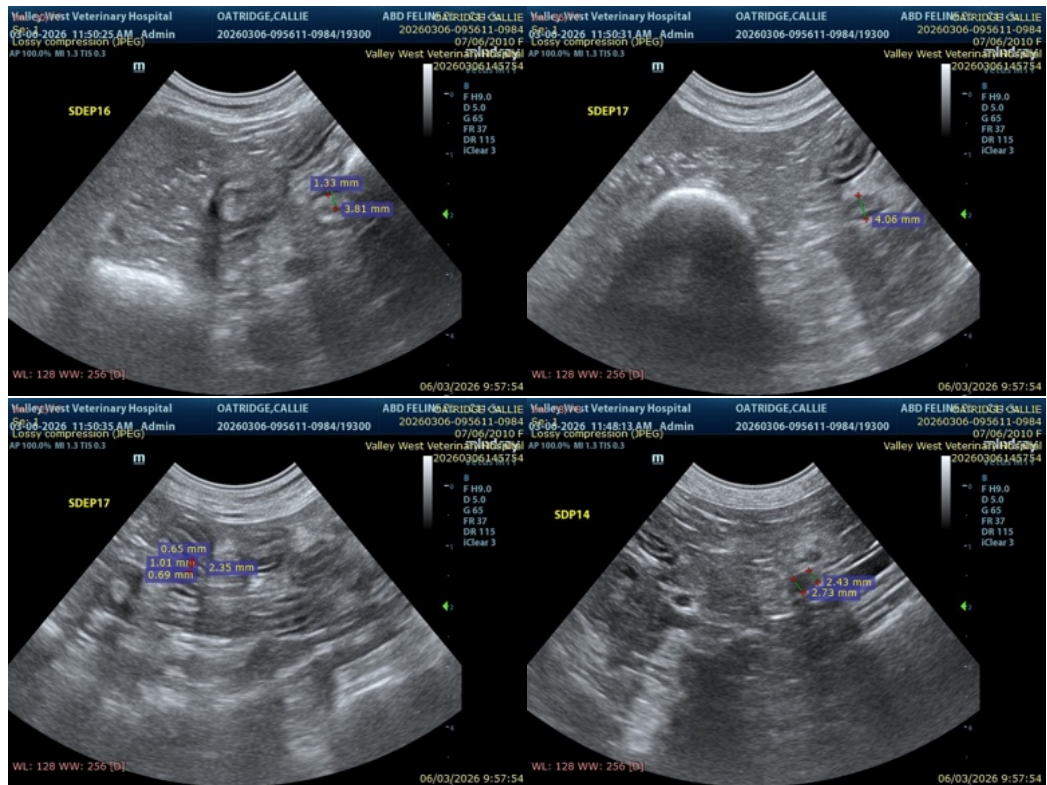
Dr. Francis

INVOICE

72308

DATE

3/6/26



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

info@SonoPath.com