



PATIENT

Casey Losurdo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

5.28 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Patrick Hennigan,
DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

72306

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Presented for progressive weight loss. Stage 2 CKD (stable). Chronic 3/6 parasternal heart murmur.
- Chronic snuffler (lymphocytic plasmocytic rhinitis dx via bx).
- CBC- Neuts (10.8k) Chem- Creat (2.3) stable from last check in October 2025 TT4-2.0 U/A -
USG 1.012 and quiet

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 is normal in shape and size, measuring 3.80×2.18 cm, with cortical thickness measuring 0.40 cm in the sagittal plane.

The right kidney measures 3.40×2.47 cm and shows mild irregularity of the renal contour, although overall renal size remains within expected limits. Cortical thickness measures 0.42 cm in the sagittal plane.

In both kidneys, the cortex appears hyperechoic relative to the liver parenchyma. The corticomedullary ratio is preserved and corticomedullary definition remains visible. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland demonstrates normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane show the left adrenal gland measuring 0.34 cm at the cranial pole and 0.32 cm at the caudal pole. Small incidental mineral foci are identified within the adrenal parenchyma.

The right adrenal gland was not reliably identified.

Spleen

Splenic thickness measures 0.90 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 preserved echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with mild mineral sediment present within the lumen.

Additionally, mild to moderate mineral sediment is suspected within several intrahepatic bile ducts. The common bile duct measures 2.71–2.30–1.59 mm, which remains within reported reference ranges for cats.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.44 mm and preserved wall layering. The pylorus measures 3.74 mm.

The duodenum measures 1.50 mm. The jejunum measures 2.45 mm with mucosa measuring 1.36 mm, submucosa 0.65 mm, and muscularis propria 0.44 mm. The ileum measures 1.58 mm with mucosa 0.65 mm, submucosa 0.67 mm, and muscularis propria 0.39 mm. Wall layering is preserved throughout the evaluated intestinal segments. The ileocecal junction was not visualized. No ultrasonographic evidence of intestinal inflammation, obstruction, ileus, or foreign material is identified.

The colon measures 0.99 mm, with formed fecal material present within the descending colon.

Pancreas

The pancreas measures 5.28–7.17 mm in thickness. The pancreatic parenchyma appears hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.13 mm.

No peripancreatic free fluid or inflammatory fat changes are identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity with medullary rim sign. Mild contour irregularity of the right kidney.
- Mild mineral sediment within the gallbladder and suspected intrahepatic bile ducts.
- Left pancreatic limb thickness at the upper limit of reported reference ranges for cats, with mild pancreatic parenchymal hypoechogenicity.

SECONDARY FINDINGS

- Small incidental adrenal mineralization.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonography demonstrates bilateral renal cortical hyperechogenicity with a medullary rim sign and mild contour irregularity of the right kidney, findings consistent with chronic renal parenchymal disease, which correlates with the patient's known CKD.

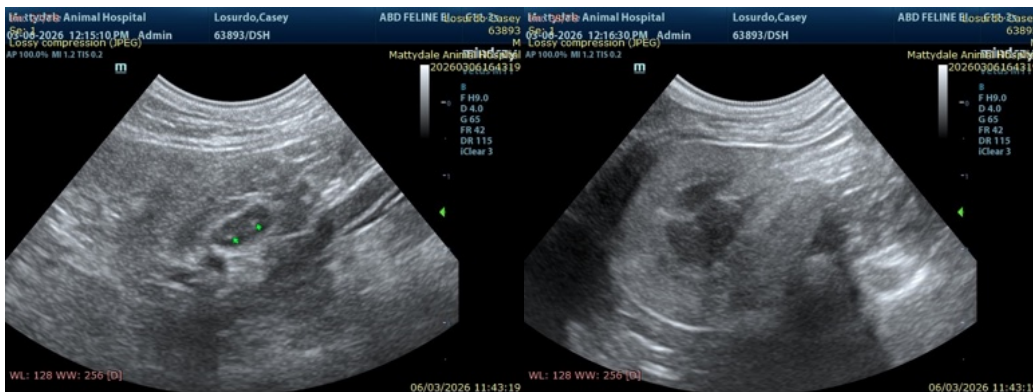
The left pancreatic limb measures up to 7.17 mm, at the upper limit of reported reference ranges for cats. The pancreatic parenchyma is mildly hypoechoic relative to surrounding fat, without peripancreatic inflammatory changes or pancreatic duct dilation.

Early hepatolithiasis is present without biliary duct dilation or evidence of obstruction. In geriatric cats, this finding is often incidental and may be associated with biliary stasis or age-related hepatobiliary changes.

The gastrointestinal tract does not demonstrate ultrasonographic abnormalities suggestive of inflammatory bowel disease or intestinal lymphoma.

Recommendations

- Continued clinical monitoring and management of chronic kidney disease as directed by the attending veterinarian.
- Progressive weight loss may be partially associated with chronic kidney disease and geriatric sarcopenia. However, if clinically indicated, repeat thyroid testing may be considered, as early hyperthyroidism may occasionally be present despite previously normal TT4 concentrations.
- Correlation with pancreatic biomarkers (Spec fPL) may be considered if clinical suspicion for pancreatitis exists, as ultrasonography may have limited sensitivity for mild or chronic pancreatic disease in cats.





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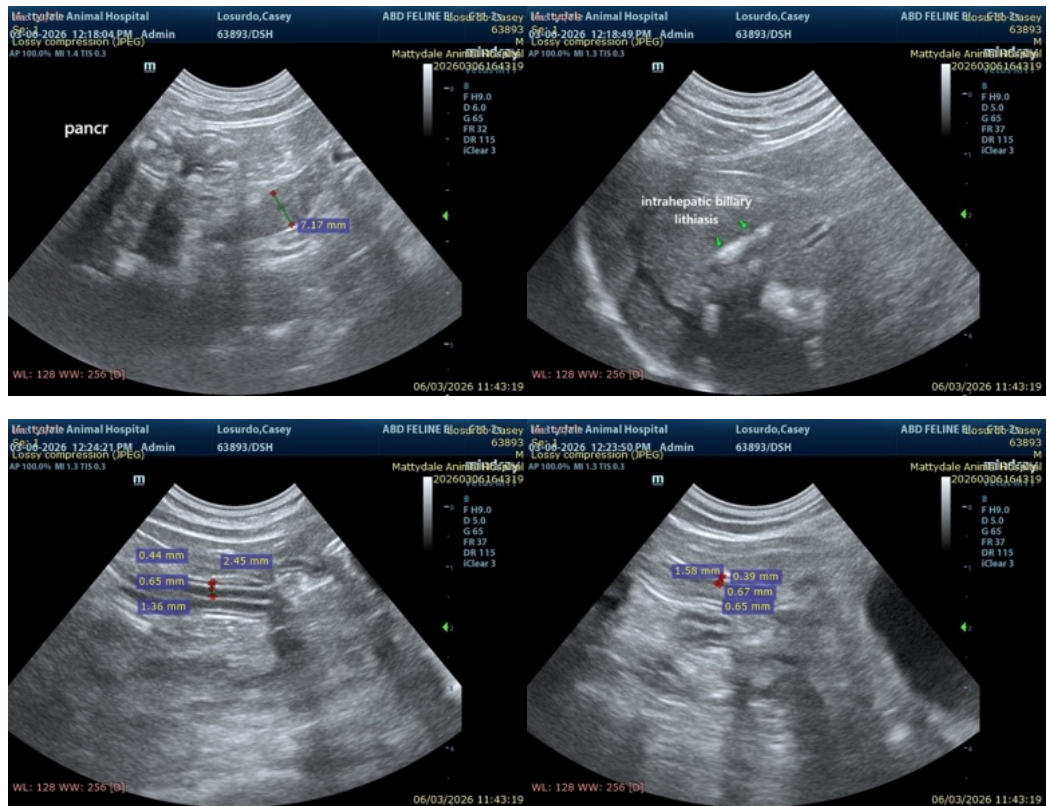
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

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