



PATIENT

Mini Romero

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Suci

INVOICE

72317

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Seen somewhere else for poor appetite since 3/2 and one episode of vomiting 3/2. Possible abdominal mass palpated, AUS was recommended
- No C/S/D, owner unsure if PU/PD
- Bloodwork pending

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 appears mildly turbid. 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 3.55×1.72 cm, with cortical thickness measuring 0.30 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 4.70×2.26 cm, with cortical thickness measuring 0.35 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma, and corticomedullary definition is preserved.

A well-defined subcapsular cystic structure measuring 6.57×9.57 mm is identified along the renal surface, located between the renal capsule and the underlying parenchyma. This structure causes mild compression of the adjacent renal parenchyma without evidence of parenchymal invasion. The overlying renal capsule appears markedly thickened, measuring up to approximately 2.4 mm.

The contents of this subcapsular structure are heterogeneous, with echogenic suspended debris and multiple punctate hyperechoic foci producing reverberation/comet-tail artifacts. Subcapsular reverberation artifact is also noted.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane show the left adrenal gland measuring 0.51 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.46 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

Splenic thickness measures 0.62 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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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.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic. The common bile duct measures 2.28 mm, which is within reported reference ranges for cats.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.68 mm and preserved wall layering.

The duodenum measures 1.59 mm. The jejunum measures 2.24 mm, and the ileum 1.91 mm. Wall layering is preserved throughout the evaluated small intestinal segments. The ileocecal junction was not visualized. No ultrasonographic evidence of intestinal inflammation, obstruction, ileus, or foreign material is identified.

The colon measures 0.82 mm, with a small amount of formed fecal material present within the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of inflammation or focal pancreatic lesions.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Right renal subcapsular lesion.
- Mildly turbid urinary contents.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A subcapsular fluid-containing lesion associated with the right kidney is identified, characterized by a lenticular collection between the renal capsule and underlying parenchyma with marked capsular thickening and heterogeneous internal debris. The presence of punctate hyperechoic foci producing reverberation/comet-tail artifacts raises concern for gas or particulate inflammatory



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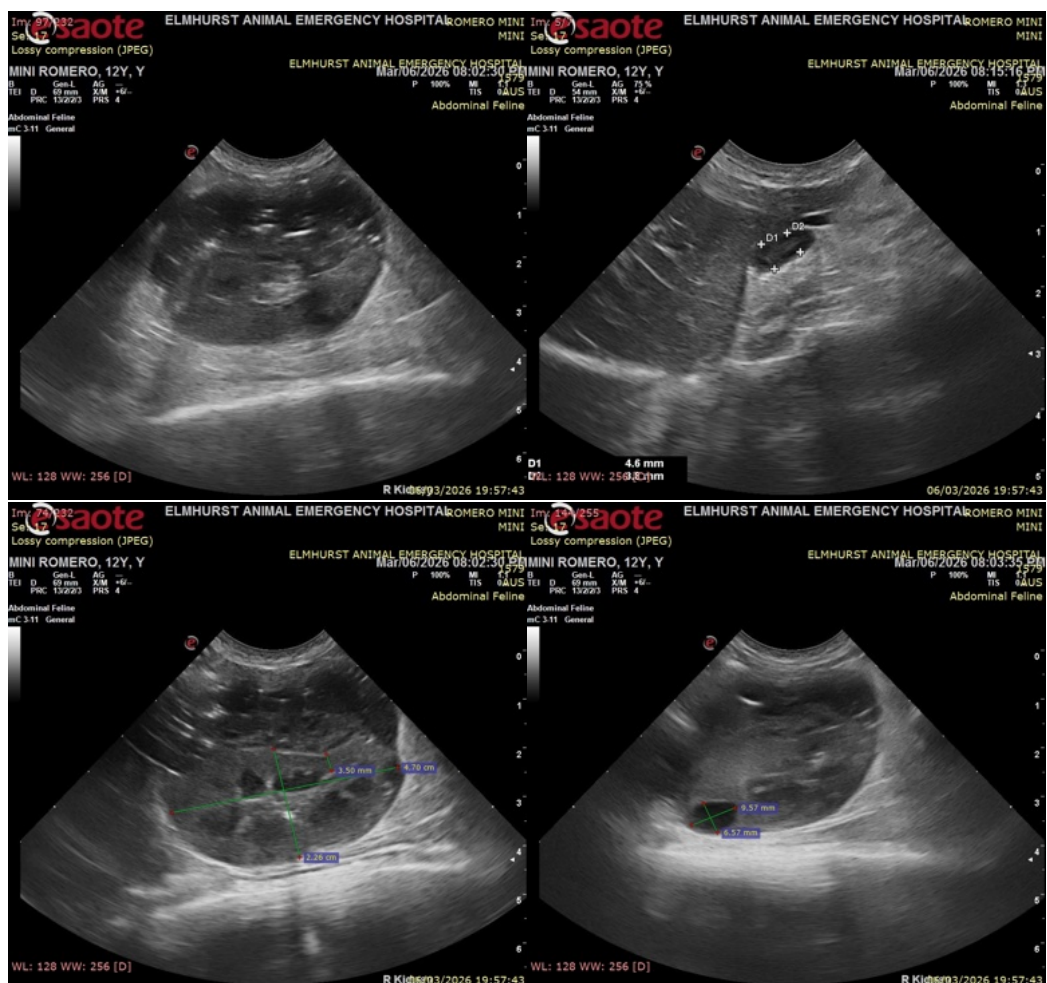
3/6/26

material within the collection. The surrounding perirenal fat appears hyperechoic and reactive, supporting the presence of local inflammatory change.

These findings are most compatible with a renal subcapsular abscess with an infected perirenal pseudocyst considered a less likely differential, particularly given the subcapsular location and compressive effect on the adjacent renal parenchyma. The underlying renal parenchyma appears structurally preserved.

Recommendations

- Correlation with pending hematologic and biochemical results is recommended to assess systemic inflammatory response and renal function.
- Management options may include surgical exploration with possible nephrectomy, particularly if the contralateral kidney is functional. Image-guided aspiration of this lesion may carry a risk of leakage or rupture of the collection into the peritoneal cavity, and therefore may not be advisable.
- Therapeutic decisions should be guided by the attending veterinarian based on the patient's clinical status and laboratory results.





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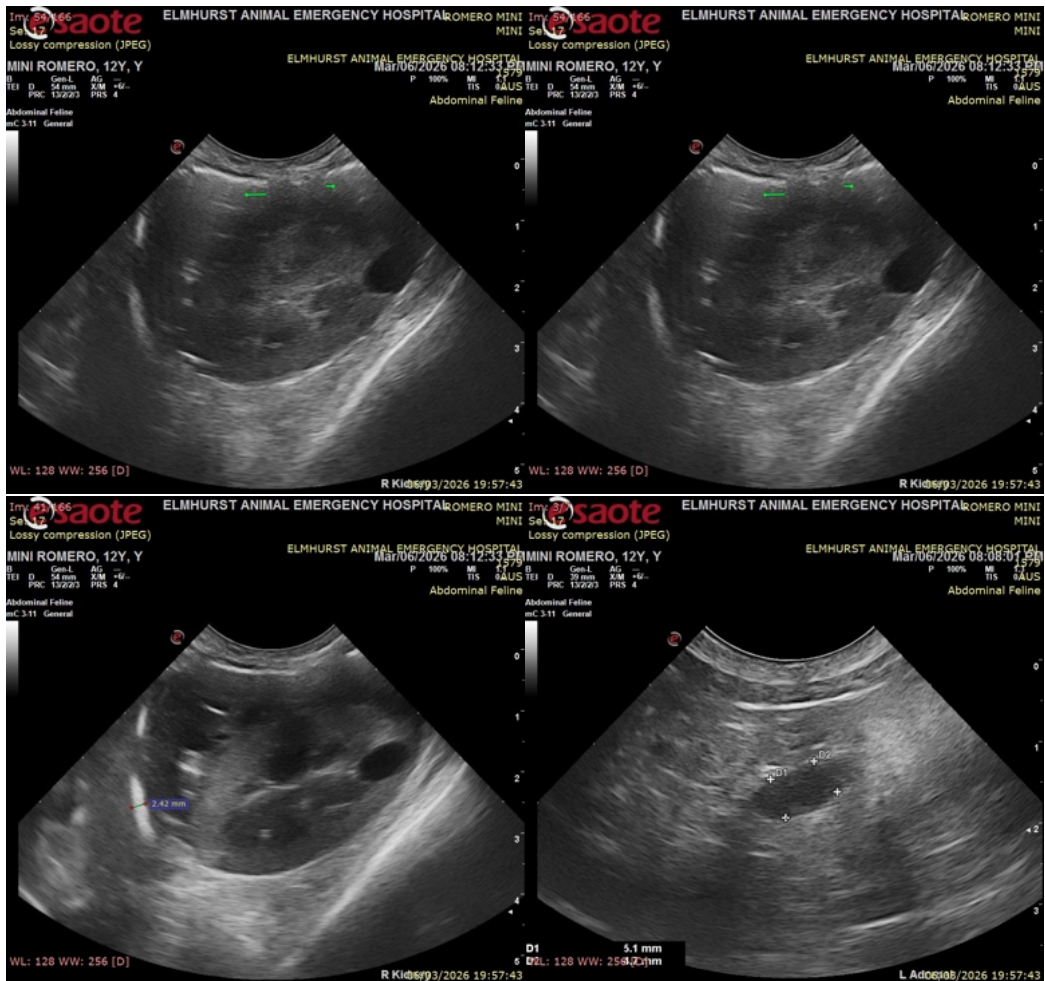
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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